

Sustaining Improvements in Colorectal Cancer Across Delaware

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SUMMARY

The Delaware Cancer Registry (DCR) examined whether improvements from a previous 2013 initiative to address racial disparities in colorectal cancer were sustained 10 years later. The registry used DCR's incidence and mortality data and CDC's Behavioral Risk Factor Surveillance System (BRFSS) screening data.^{1,2}

The results of this analysis were submitted as a publication to the *Delaware Journal of Public Health (DJPH)*. The authors compared results from 2015 to 2019 with findings from 2006 to 2010.

The analysis showed that Delaware continued to lower colorectal cancer rates from 2015 through 2019. Incidence and mortality rates for non-Hispanic Black and non-Hispanic White people remained stable over the past decade, and screening participation did not differ significantly between racial and ethnic groups. Additionally, stage at diagnosis was similar across both timeframes and groups.² While these results suggest the intervention's effectiveness, DCR and the Delaware Department of Public Health (DPH) will continue monitoring colorectal cancer incidence and mortality trends.

CHALLENGES

- Colorectal cancer (CRC) is the fourth highest cause of cancer mortality for men and women combined in the United States (U.S.) at a rate of 12.8 deaths per 100,000 people.
- According to CDC, from 2017 to 2021 in the U.S., non-Hispanic Black people (41.0 per 100,000 population) had a higher age-adjusted CRC incidence rate compared to non-Hispanic White people (37.0 per 100,000 population).
- Non-Hispanic Black people (16.0 per 100,000 population) die from CRC at a higher rate compared to non-Hispanic White people (13.0 per 100,000 population).³
- According to the most recent BRFSS (2022), 75.3% of non-Hispanic Black people reported being up to date with CRC screening compared to 74.6% of non-Hispanic White people in the U.S. Up-to-date CRC screening is based on the United States Preventive Services Task Force (USPSTF) recommendations.²
- In Delaware, while there were no significant differences in CRC screening use, there were changes from year to year—fluctuating from 63.8% in 2014 to 77.2% in 2020.⁴

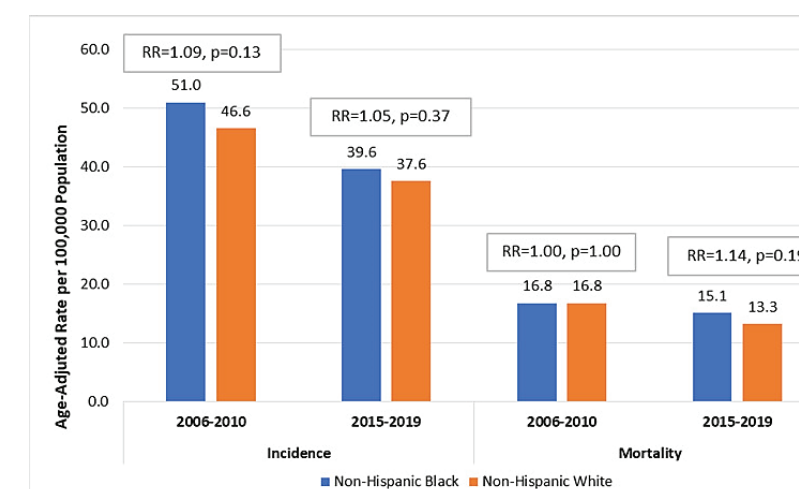
SOLUTION

To reduce racial disparities, Delaware initiated a CRC screening program in 2002 that included strategies for cancer treatment, screening, and coordination. Colonoscopies were the preferred screening technique, and people without health insurance were reimbursed. Nurse navigator systems coordinated care at five intensive care hospital units and physician networks throughout Delaware. The costs of cancer treatment were also covered for people without health insurance for 2 years, specifically prioritizing African American people through community organizations.^{1,2}

RESULTS

As detailed in the article submitted to the DJPH, authors used data from DPH's DCR and CDC's BRFSS to assess changes in cancer burden and screening. Comparing 2006 to 2010 and 2015 to 2019, CRC incidence rates decreased for non-Hispanic Black Delawareans from 51.0 to 39.6 per 100,000 population and decreased for non-Hispanic White Delawareans from 46.6 to 37.6 per 100,000 population. Between 2006 to 2010 and 2015 to 2019, CRC mortality rates decreased for non-Hispanic Black Delawareans from 16.8 to 15.1 per 100,000 population and decreased for non-Hispanic White Delawareans from 16.8 to 13.3 per 100,000 population. There were no significant differences in CRC incidence or mortality rates by race/ethnicity in either period. There were no significant differences in meeting CRC screening recommendations comparing 2010 and 2018 by race/ethnicity or directly comparing race/ethnicity groups in either year.²

Figure 1. Incidence and Mortality Rates with Rate Ratios Comparing Non-Hispanic Black and Non-Hispanic White Groups, Delaware, 2006–2010 and 2015–2019



Note. Adapted from

"Sustaining Improvements in Colorectal Cancer Across Delaware: A Look at Racial Disparities a Decade Later," by Ng, D., Belinske, S., Hollinger, D., Nagarajan, S., Little, H., Grubbs, S., & Bittner-Fagan, H., 2024, *Delaware Journal of Public Health*, 10(3), p.41.

CONCLUDING REMARKS

Previous DPH analyses found that health care access factors like insurance coverage, having a personal doctor, and timely check-ups are linked to increased CRC screening. Additional analysis should explore late-stage diagnoses, focusing on sociodemographic factors such as residency, screening history, insurance status, and age at diagnosis. Future efforts could identify interventions to boost CRC screening and monitor trends. Since these interventions have already been sustained for a decade, there is no reason to believe that DCR and DPH could not continue this progress in the future.

REFERENCES

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