Bronx Community Health Dashboard:
Colorectal Cancer

Last Updated: 9/24/2019

See last slide for more information about this project.
Colorectal cancer is the 2nd leading cause of disability among cancers in New York State

Percent of Total DALYs

- Diabetes mellitus: 4.0
- Lung cancer: 3.8
- Depressive disorders: 2.7
- Colorectal cancer: 1.6
- Breast cancer: 1.3 (women: 2.6)
- Asthma: 1.0
- Pancreatic cancer: 1.0
- Prostate cancer: 0.7 (men: 1.3)
- Liver cancer: 0.6
- Leukemia: 0.6

Diabetes mellitus, asthma, and depressive disorders are included for comparison.

Disability-Adjusted Life Years (DALYs) are calculated by adding the Years of Life Lost due to premature mortality in the population and the Years Lost due to Disability for people living with the health condition or its consequences.

Colorectal cancer incidence
Colorectal cancer rates have decreased among both sexes, but remain higher for men.

In the Bronx, the colorectal cancer rate is highest amongst men who are 80-84 years old

In the Bronx, the colorectal cancer rate is slightly higher among non-Hispanic white men.

In the Bronx, colorectal cancer rates have decreased among all race/ethnicity groups

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<td>Non-Hispanic white</td>
<td>46.8</td>
<td>46.8</td>
<td>38.2</td>
<td>38.2</td>
<td>35</td>
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</tbody>
</table>

Rates are age-adjusted to the 2000 US Std million (19 age groups) standard.
The incidence of colorectal cancer is about as expected in most of the Bronx, with incidence below and above expected in a few neighborhoods.

Data source: NY State Cancer Registry, 2010-2014

Data is presented at the Neighborhood Tabulation Area (NTA)-level and is age- and sex-adjusted.
Mortality from colorectal cancer
Mortality rates from colorectal cancer have declined for both sexes; differences between the Bronx and NYC overall have declined.
In the Bronx, the mortality rate from colorectal cancer is highest among 85+ year old men.

In the Bronx, the mortality rate from colorectal cancer is highest among non-Hispanic white men.

In the Bronx, mortality rates from colorectal cancer have decreased among all race/ethnicity groups.

Risk factors & protective factors
Potential risk factors for which there is strong evidence of an association with colorectal cancer and data available for the Bronx

Increases risk
- High BMI/obesity
- Heavy alcohol use
- Smoking

Decreases risk
- Colorectal cancer screening
- Physical activity

Though not included in the Colorectal Cancer Report 2017, randomized trials of colorectal cancer screening have shown that a biennial guaiac-based faecal occult blood test has the potential to reduce mortality by about 25% in those accepting screening.

The prevalence of obesity among adults has stabilized in most boroughs but continues to increase in the Bronx.

A BMI of 30 or greater is classified as obese.


Body Mass Index (BMI) is calculated based on respondents’ self-reported weight and height.
The percent of adults who drink heavily has increased since 2002 in all boroughs, except the Bronx and Staten Island.


Heavy drinking is defined as an average of more than 2 drinks per day for men and more than 1 drink per day for women.
The percent of current adult smokers across New York City has fallen since 2002, but remains highest for Staten Island.

Data source: Community Health Survey, 2002-2017. Staten Island 2010 data is likely an underestimate and 2011/2017 is likely an overestimate of the true prevalence of smoking due to random sampling variation.
The percent of adults who get timely colon cancer screening across New York City has increased since 2002, and remains highest in Manhattan.

Results restricted to adults aged 50 and older. Timely colon cancer screening defined as having had a colonoscopy in the past 10 years.
The percent of adults who exercised in the past 30 days remains lowest in the Bronx

Potential risk factors for which there is strong evidence of an association with colorectal cancer, but no data available for the Bronx

**Increases risk**
- Processed meat
- Red meat
- Ulcerative colitis or Crohn’s disease

**Decreases risk**
- Whole grains
- Dietary fiber
- Dairy products
- Calcium supplements
- Aspirin use
- Hormone therapy in postmenopausal women

About the Community Health Dashboard Project

- The goal of the project is to provide Bronx-specific data on risk factors and health outcomes with an emphasis on presenting data on trends, socio-demographic differences (e.g., by age, sex, race/ethnicity, etc.) and sub-county/neighborhood level data.

- Data will be periodically updated as new data becomes available.

- Produced by Montefiore’s Office of Community & Population Health using publicly-available data sources.

- For more information please contact us at OCPHDept@montefiore.org