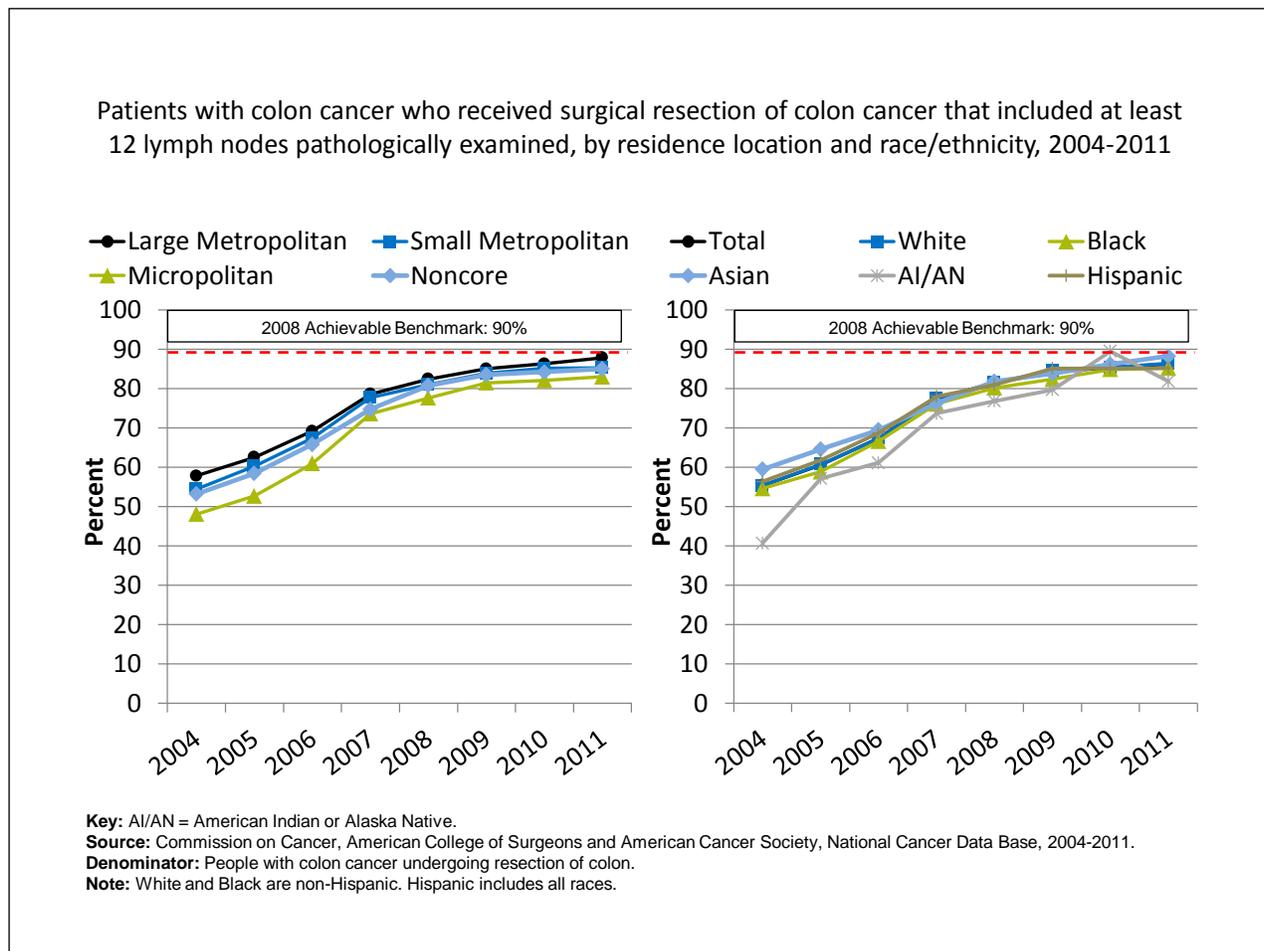


Cancer

Measures of Effective Treatment of Cancer

- Process: Patients with colon cancer who received surgical resection of colon cancer that included at least 12 lymph nodes pathologically examined
- Outcome: Age-adjusted colorectal cancer deaths per 100,000 population
- Measures of screening for cancer are located in the [Healthy Living chartbook](#).

Surgical Resection of Colon Cancer



- **Importance:** Recommended cancer treatment depends on different factors, such as the stage or extent of the cancer within the body, especially whether the disease has spread from the original site to other parts of the body. Colon cancer typically begins as a benign polyp that may become cancerous and then spread to local lymph nodes. Hence, ensuring adequate examination of lymph nodes when surgery is performed is important.
- **Trends:** From 2004 to 2011, the percentage of patients with colon cancer who received surgical resection of colon cancer that included at least 12 lymph nodes pathologically examined improved overall and for all residence location and racial/ethnic groups.

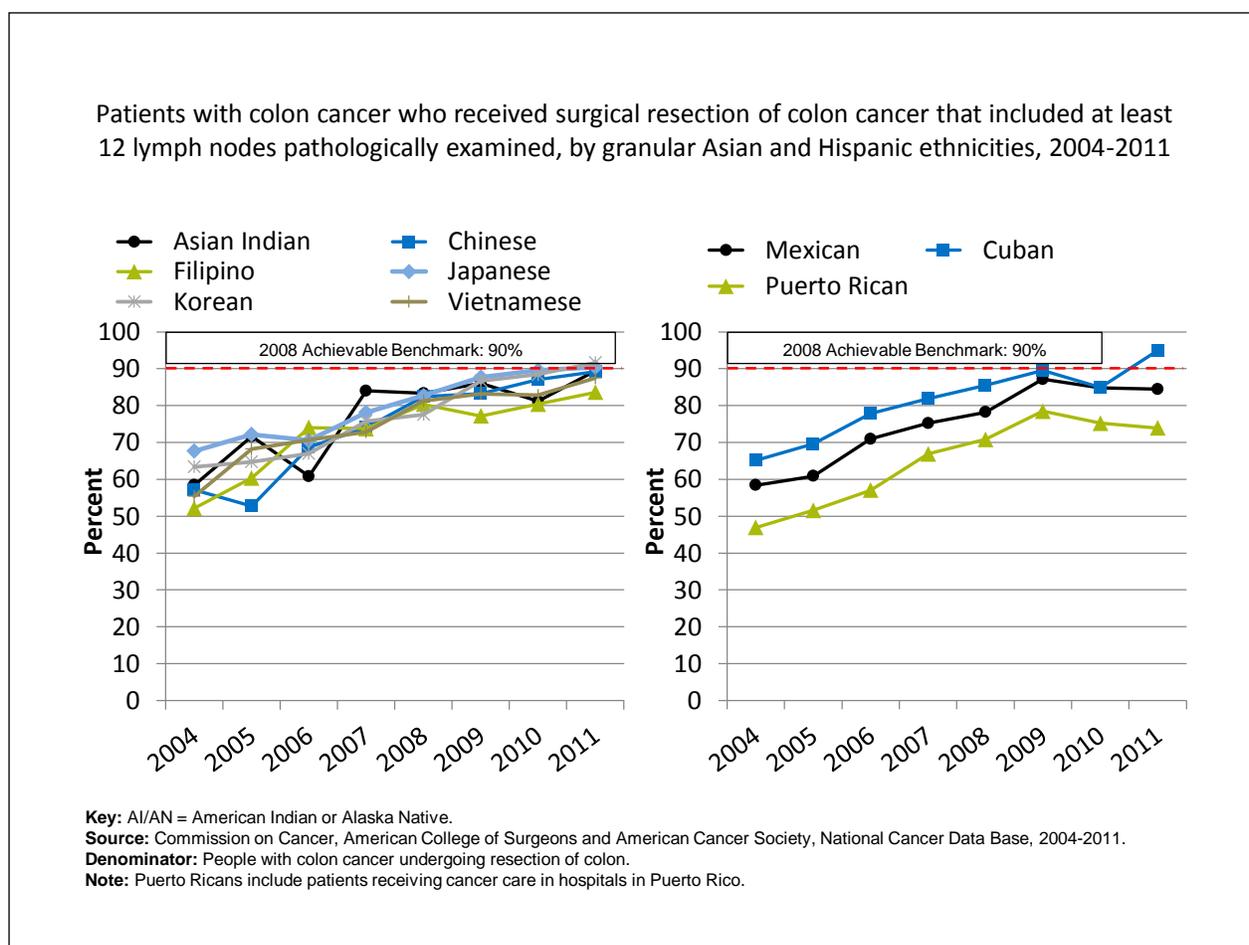
- **Groups With Disparities:**

- In all years, the percentage of patients who had at least 12 lymph nodes examined was significantly lower for residents of micropolitan areas than for residents of large metropolitan areas.

- **Achievable Benchmark:**

- The 2008 top 5 State achievable benchmark was 90%. The top 5 States that contributed to the achievable benchmark are Delaware, Missouri, Utah, Vermont, and Wisconsin.
- At the current rates of improvement, the achievable benchmark could be attained overall and for all residence location and racial/ethnic groups within a year.

Surgical Resection of Colon Cancer

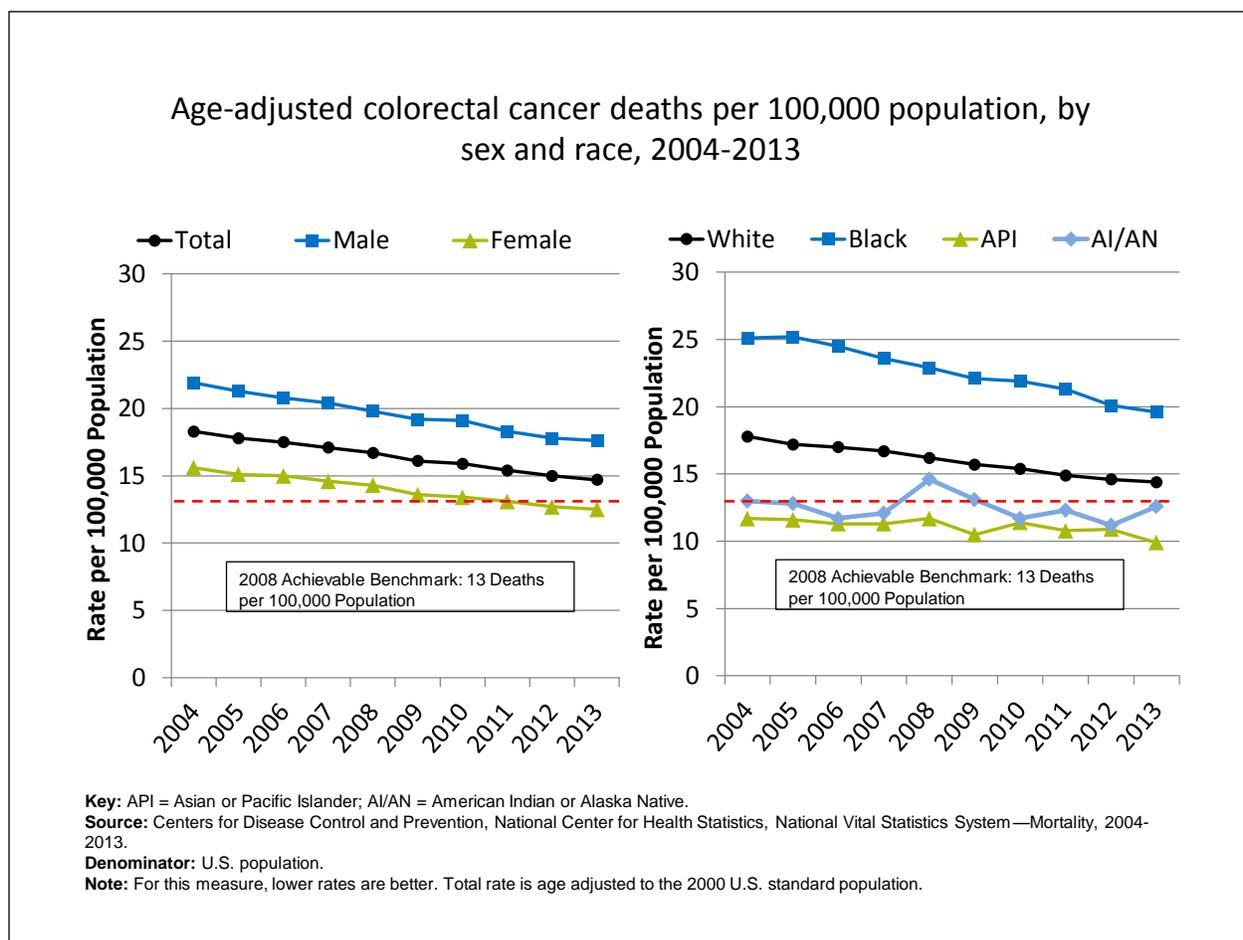


- **Importance:** Asian and Hispanic groups are not homogeneous. Data on granular Asian and Hispanic ethnicities are limited but often show variation in care.
- **Trends:** From 2004 to 2011, the percentage of patients with colon cancer who received surgical resection of colon cancer that included at least 12 lymph nodes pathologically examined improved for all Asian and Hispanic ethnic groups.

• **Achievable Benchmark:**

- The 2008 top 5 State achievable benchmark was 90%. The top 5 States that contributed to the achievable benchmark are Delaware, Missouri, Utah, Vermont, and Wisconsin.
- Cubans, Koreans, and Japanese people have achieved the benchmark.
- At the current rates of improvement, most Asian and Hispanic ethnic groups could attain the benchmark in 1 year but Filipinos would need 2 years and Puerto Ricans would need 4 years.

Colorectal Cancer Deaths



- **Importance:** The death rate from a disease is a function of many factors, including the causes of the disease; social forces; and effectiveness of the health care system in providing prevention, treatment, and management of the disease. Colorectal cancer deaths reflect the impact of colorectal cancer screening, diagnosis, and treatment.
- **Trends:** From 2004 to 2013, the age-adjusted colorectal cancer death rate improved overall, for both sexes, and for all racial groups except American Indians and Alaska Natives (AI/ANs).

- **Groups With Disparities:**
 - In all years, the colorectal cancer death rate was:
 - ◆ Higher for males than for females.
 - ◆ Higher for Blacks than for Whites.
 - ◆ Lower for APIs than for Whites.

- **Achievable Benchmark:**
 - The 2008 top 5 State achievable benchmark was 13 deaths per 100,000 population. The top 5 States that contributed to the achievable benchmark are Arizona, Hawaii, Idaho, Montana, and Utah.
 - The benchmark has been achieved by females, APIs, and AI/ANs.
 - At the current rates of improvement, the achievable benchmark could be attained overall and for Whites in 4 years but males and Blacks would require 10 years.