The current Status of Colorectal Cancer in China

Suzhan Zhang
Cancer Institute, Zhejiang University
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Incidence

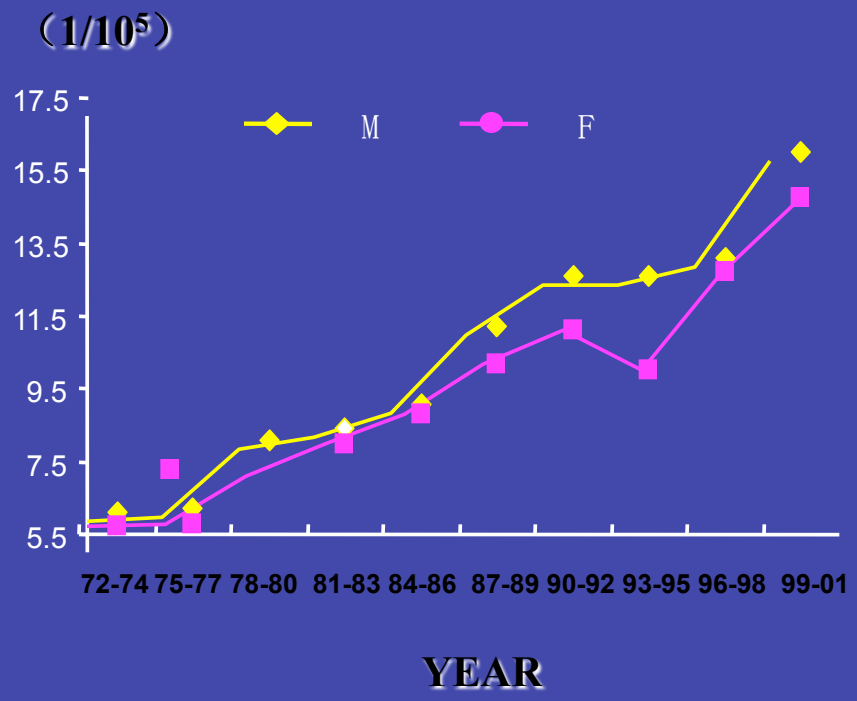
Screening

Standardization for diagnosis and treatment

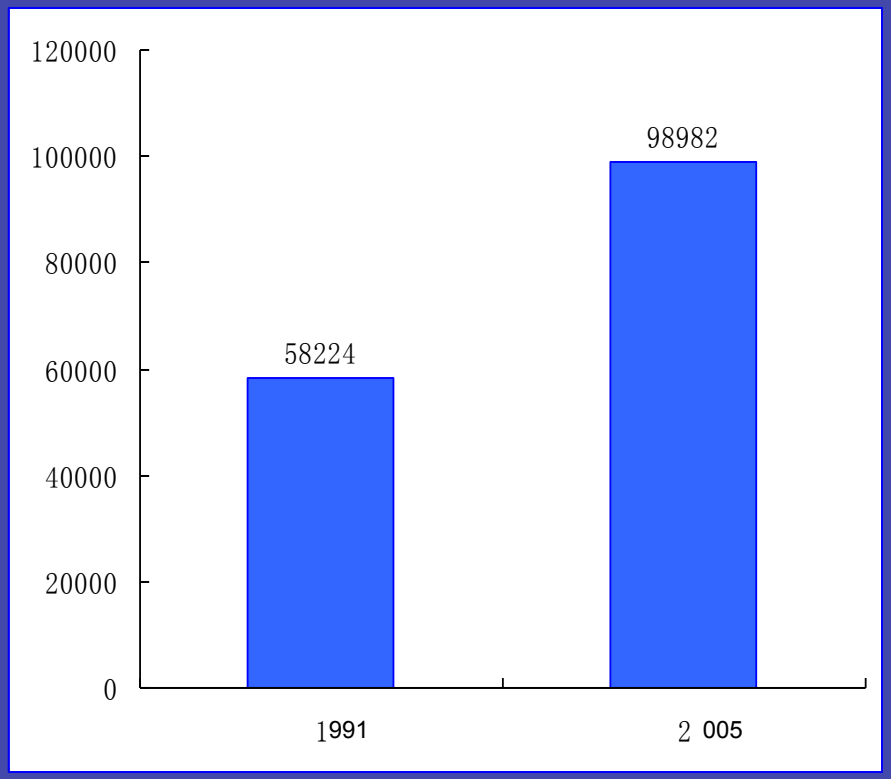
National data collection

Incidence of Colorectal Cancer in China (1970S)

红色区域为高发地区



Incidence of Colon Cancer in Shanghai1071-2001



Mortality of Colorectal Cancer in China 1991-2005

L Yang, British Journal of Cancer,2004(90):2157-2166.

Estimated New Cases*

Males			Females		
Prostate	217,730	33%	Breast	207,090	28%
Lung & bronchus	116,750	15%	Lung & bronchus	105,770	14%
Colon & rectum	72,890	9%	Colon & rectum	70,480	10%
Urinary bladder	52,760	7%	Uterine corpus	42,470	6%
Melanoma of the skin	39,870	6%	Thyroid	33,930	5%
Non-Hodgkin lymphoma	35,390	4%	Non-Hodgkin lymphoma	30,160	4%
Kidney & renal pelvis	35,270	4%	Melanoma of the skin	29,260	4%
Oral cavity & pharynx	25,420	3%	Kidney & renal pelvis	22,870	3%
Leukemia	24,890	3%	Ovary	21,880	3%
Pancreas	21,370	3%	Pancreas	21,770	3%
All Sites	**780,820**	**100%**	**All Sites**	**739,940**	**100%**

Estimated Deaths

Males			Females		
Lung & bronchus	86,220	29%	Lung & bronchus	71,050	26%
Prostate	32,050	11%	Breast	39,840	15%
Colon & rectum	26,580	9%	Colon & rectum	24,790	9%
Pancreas	16,710	6%	Pancreas	16,030	7%
Liver & intrahepatic bile duct	12,720	4%	Ovary	13,850	5%
Leukemia	12,660	4%	Non-Hodgkin lymphoma	9,500	4%
Esophagus	11,850	4%	Leukemia	8,160	3%
Non-Hodgkin lymphoma	10,710	4%	Uterine Corpus	7,950	3%
Urinary bladder	10,410	3%	Liver & intrahepatic bile duct	6,190	2%
Kidney & renal pelvis	8,210	3%	Brain & other nervous system	5,720	2%
All Sites	**299,200**	**100%**	**All Sites**	**270,290**	**100%**

FIGURE 1. Ten Leading Cancer Types for the Estimated New Cancer Cases and Deaths by Sex, 2010.

*Excludes basal and squamous cell skin cancers and in situ carcinoma except urinary bladder. Estimates are rounded to the nearest 10.

Cancer incidence in Taiwan , 2006年

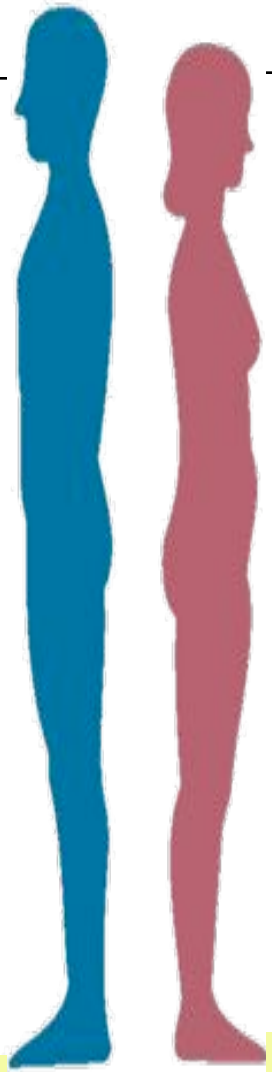
28%CRC= 5,793 + 4,455= 10,248

27%liver=7,167 + 2,925 = 10,092

24%lung=5,756 + 2,992 = 8,748

（Cases)Site	%
(7,167)liver	17
(5,793)CRC	14
(5,756)lung	14
(4,879)head and neck	12
(3,073)prostate	7
(2,455)gastric	6
(1,624)esophagus	4
(1,405)bladder	3
(1,328)skin	3
(1,116) nasopharyngeal	3
(7420)other	17

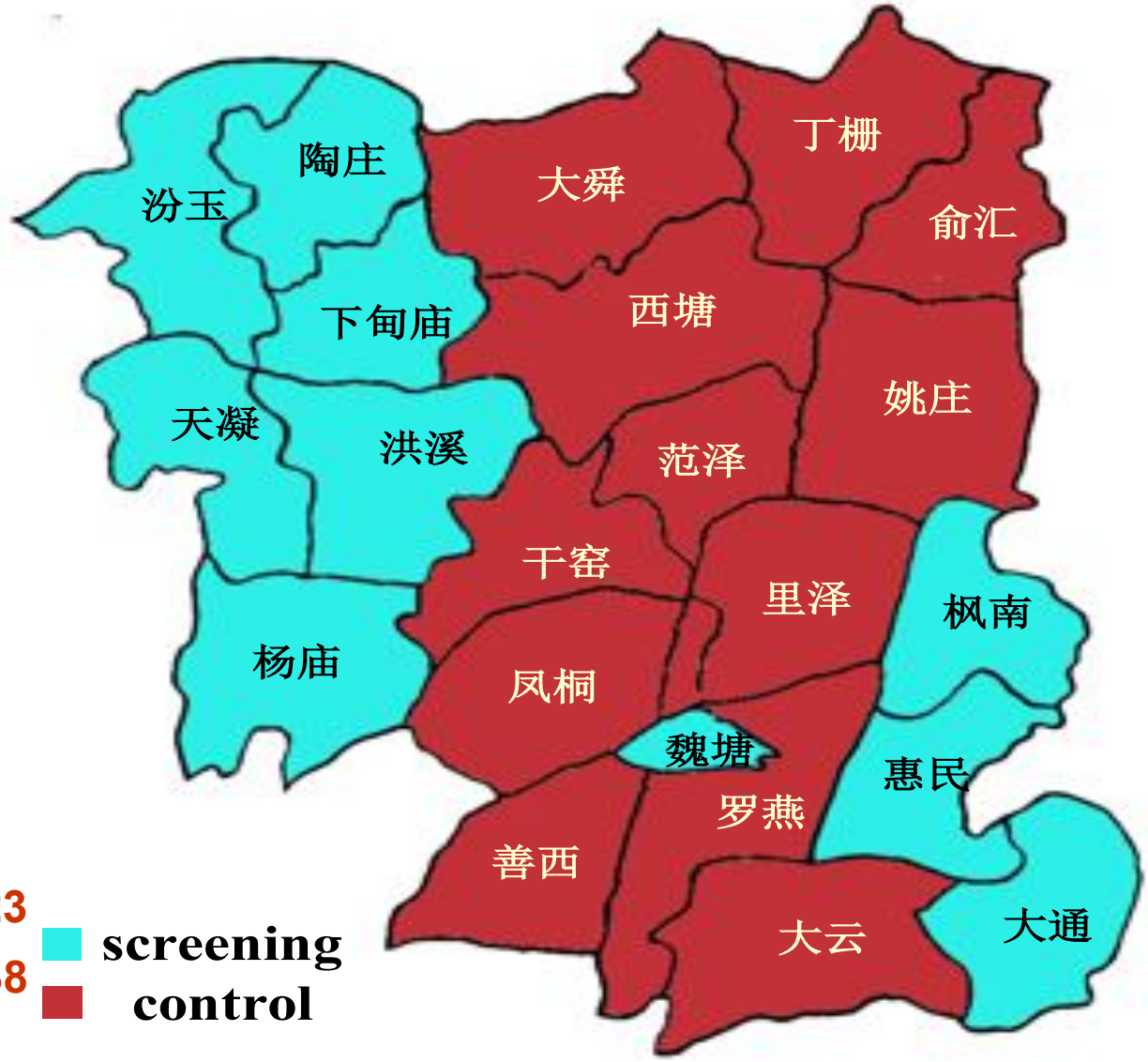
Male（42,017人）



%	Site（cases）
22	breast(6,895)
14	CRC(4,455)
10	lung(2,992)
9	liver(2,925)
6	Cervical(1,828)
4	Gastric(1,339)
4	thyroid (1,257)
4	uterus(1,159)
4	skin(1,129)
3	ovary(1,000)
20	Other(6,297)

Female（31,276人）

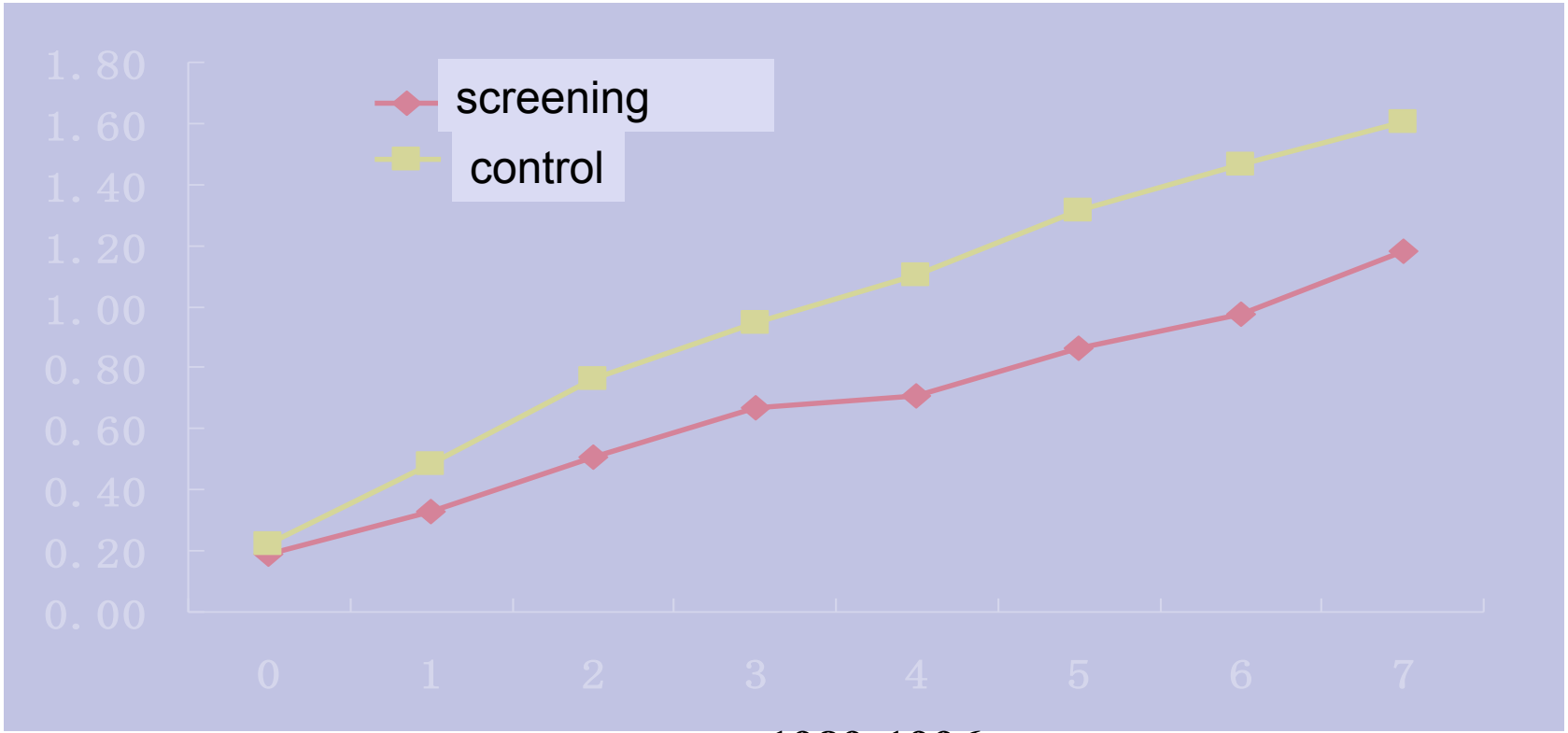
Screening and control community in Jiashan county



1990年

94423 screening

97838 control

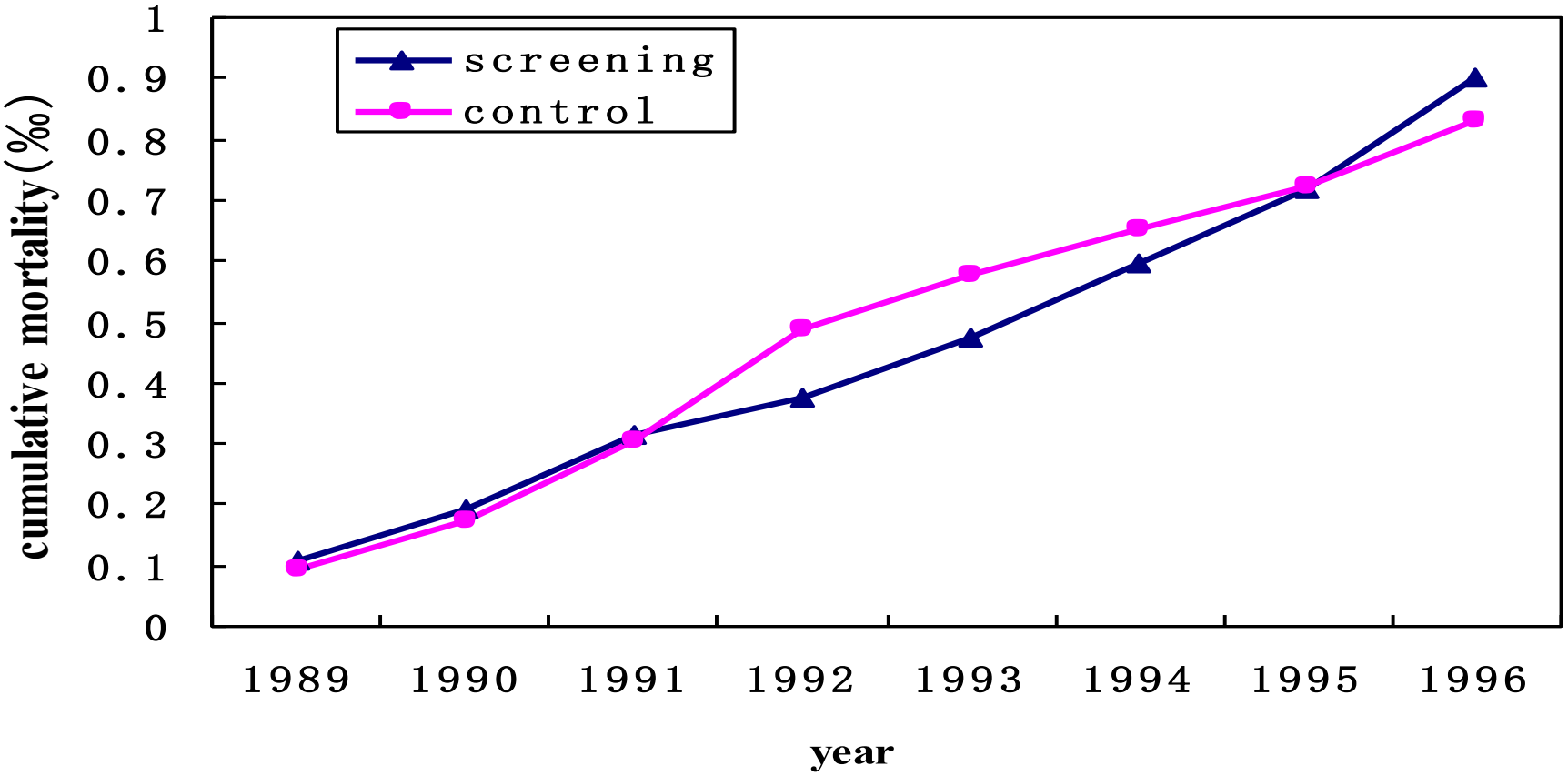


1989-1996

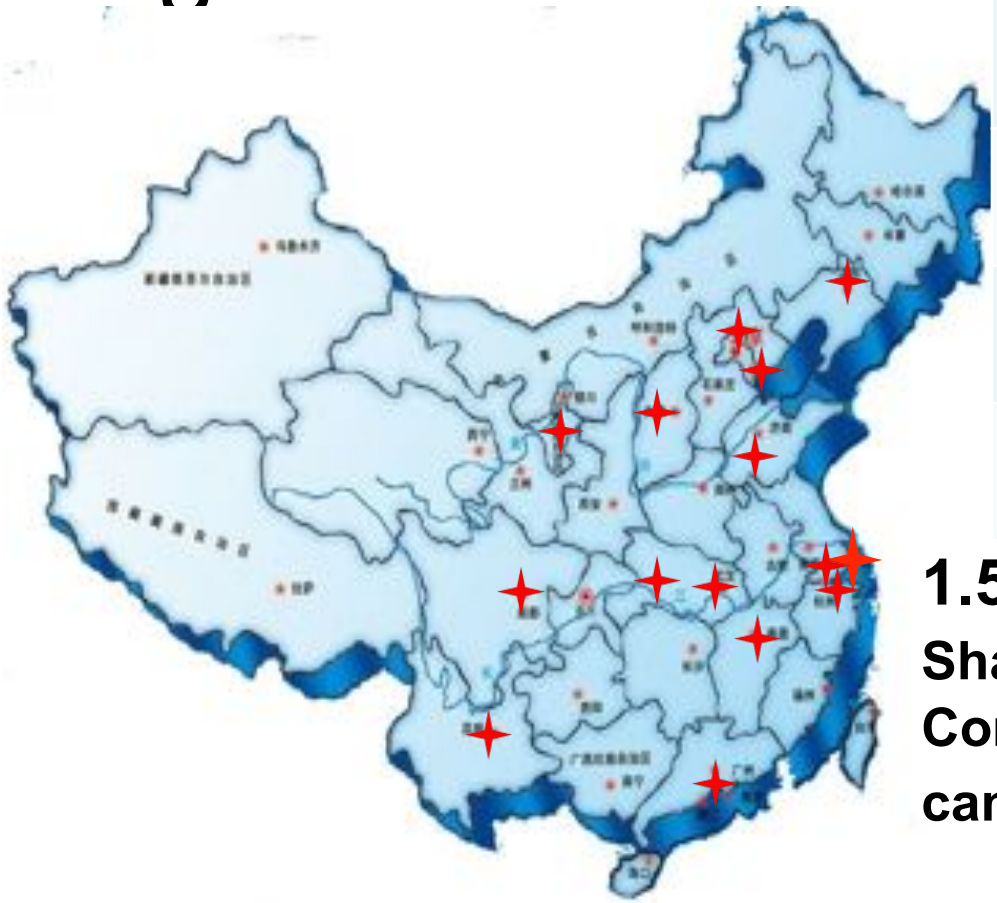
Cumulative Mortality of Rectal cancer in Jiashan

Zhengs,zhangsz, Dis colon rectum,2003, 46：51-58

Comparing cumulative mortality of conlon cancer between screening and control groups during 1989-1996



National Screening Program Sites



year	sites	Primary Screening	Colonoscopy
2007	2	100,000/y	10000/y
2010	8	300,000/y	28000/y
2011	14	400,000/y	32000/Y
2012	15	430000/y	33000/Y

1.5M was covered Since 2007

Shanghai CRC Screening 8M in 4y

Combine Screening for 5 common cancer in city 10M in 5y

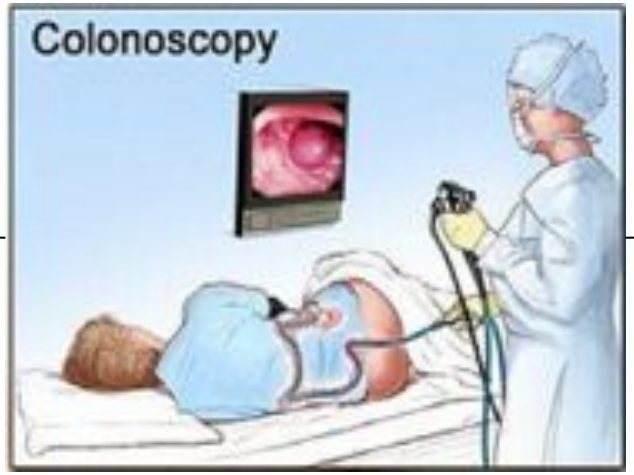
Workflow of CRC screening in China

Questionnaire survey

(+)

iFOBT

(+)



Optimized Screening Program

- Questionnaire based survey

  age≥ 40， meet one of the four requirements below:

  - **(1) Colorectal cancer history of first class relatives**
  - **(2) Personal history of any cancers**
  - **(3) Personal history of colorectal polyps**
  - **(4) meet any two of the six conditions below:**

    ①chronic diarrhea; ②chronic constipation;

    ③mucosanguineous feces; ④chronic appendicitis;

    ⑤severe psychological stress; ⑥chronic disease of biliary tract

- iFOBT

  two iFOBT, 1 week interval , any iFOBT positive is FOBT(+)

- Colonoscopy

  questionnaire (+) or iFOBT(+) subject to colonoscopy

Screen compliance in Urban and Rural area in China

		Compliance for first screen	Compliance for colonoscopy	High risk individuals
Rural area	Haining	89.8%	79.6%	16.5%
	Jiashan	88.9%	78.0%	12.6%
Urban area	Hz,Hb,Sh	45.6%	34.8%	13.3%

Screen compliance in counties is much better than that in large cities

Data in 2008

Contributions of QS & FOBT

	Adenoma	Nonadenomatous polyps	cancer	all
Ques(+)	**465(61%)**	**457(61%)**	19(21%)	941(59%)
FOBT(+)	245(32%)	225(30%)	**50(54%)**	520(32%)
Both(+)	53(7%)	68(9%)	23(25%)	144(9%)
all	763	750	92	1605

61% adenoma were discovered by Questionnaire but missed by FOBT

The 5year survival rate on world (WHO,2005)

N America	61%	Japan	57%	Sahara	37%
Mid East and N. Africa	37%	S. Europe	45%	E. Europe	30%
Australia/New Zealand	54%	S. Asia	36%	WN Europe	46%
Mid Asia	33%	Latin America	45%	China	32%

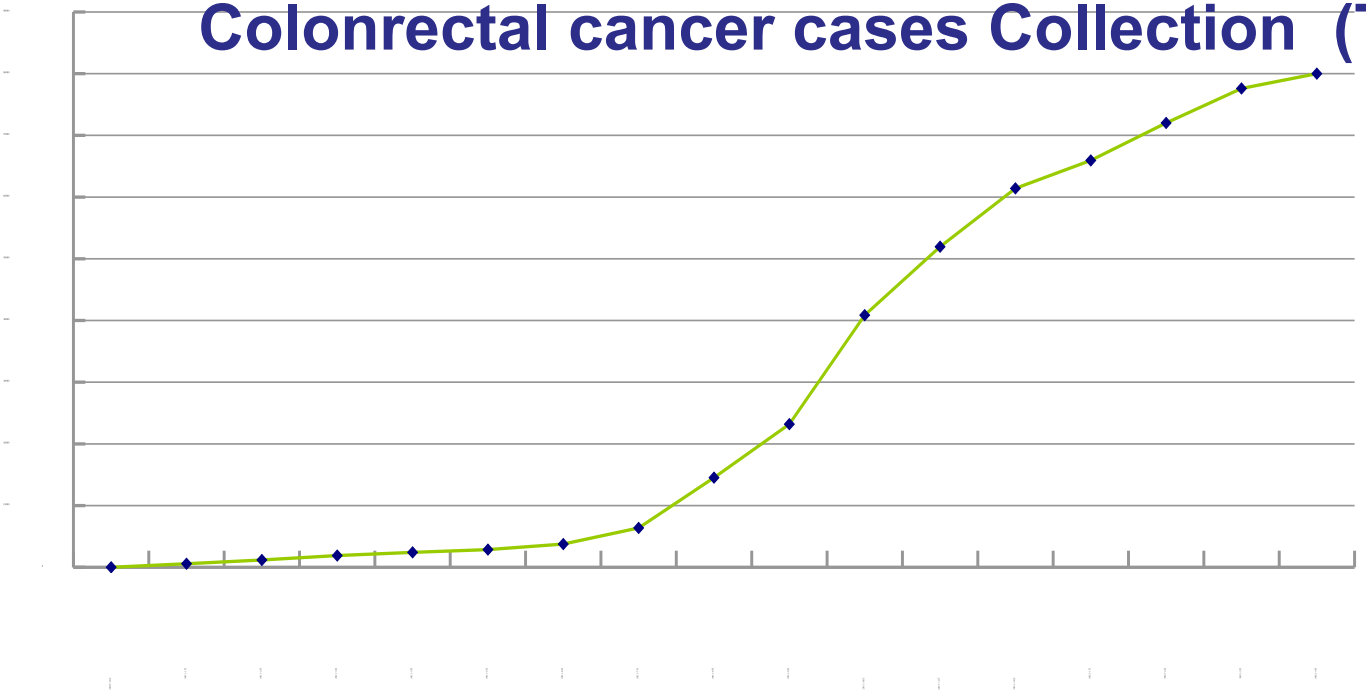
The first Guideline for Cancer dignosis and treatment was published by MOH in 2010

Manual of Colonreactal Cancer cases Collection. MOH,PR.China

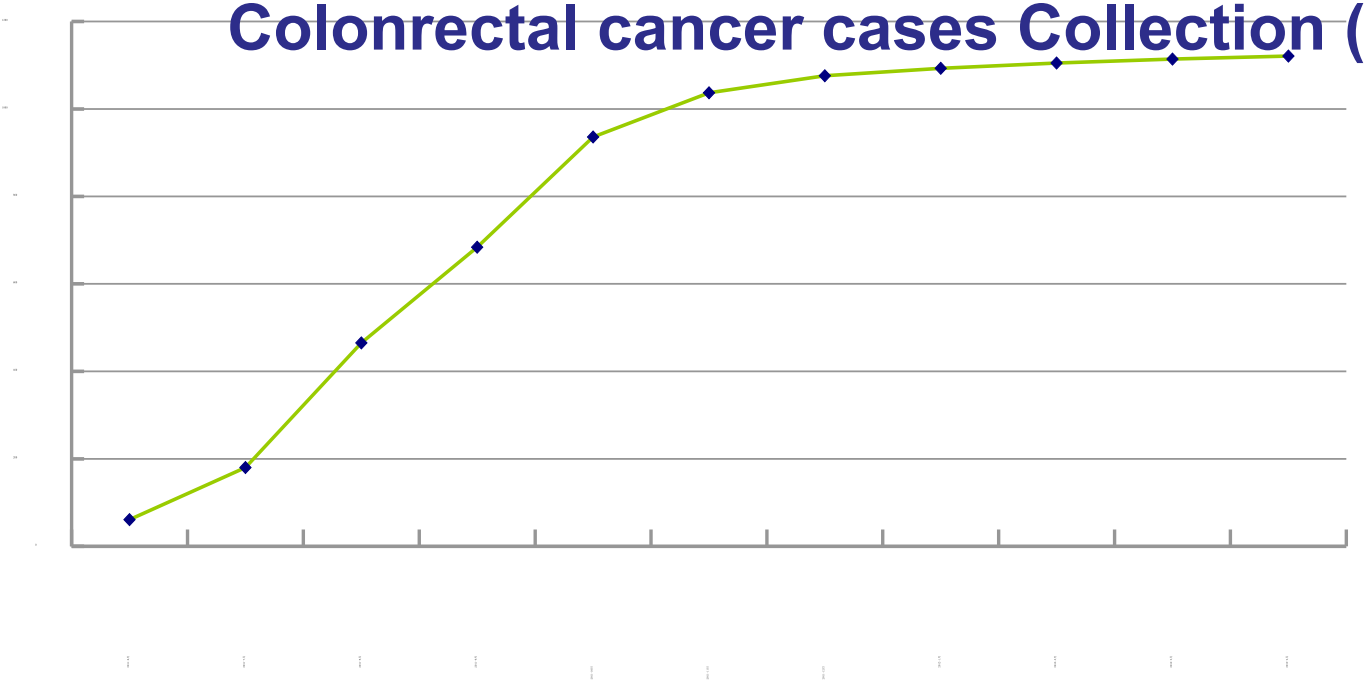
Guidline for colonrectal cancer MOH. PR. China

结直肠癌病例登记信息系统
首 页
本院新增病例
本院再治病例
统计分析
修改密码
注 销
今天是：2011年5月27日星期五
注意事项
公告信息
更多
功能菜单
最新的公告信息
医院名称
查询条件
最近的病例记录
查 询
住院号
姓名
身份证号码
入院时间
操作

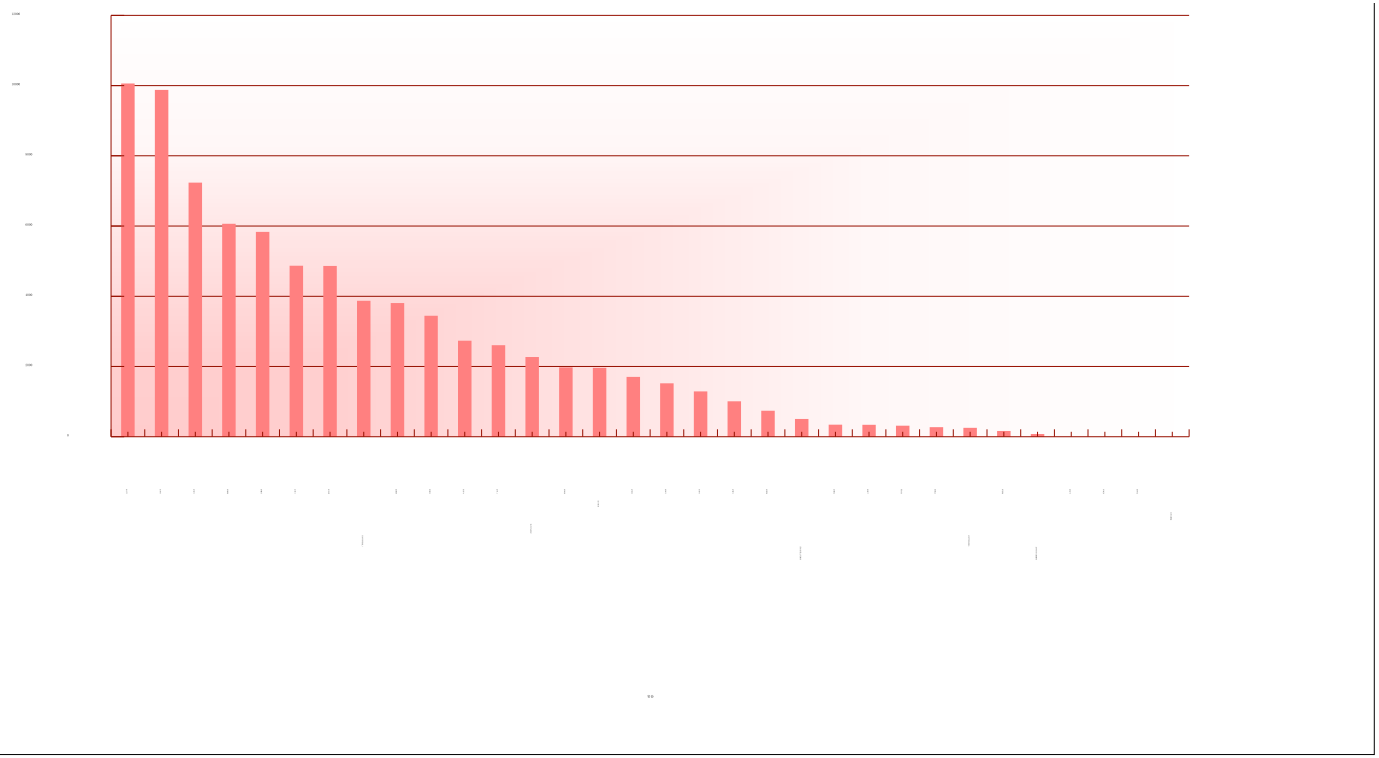
Colonrectal cancer cases Collection (Total)



Colonrectal cancer cases Collection (monthly)



Colonrectal cases Collection (Province)



National CRC Case Quality Control Statistics Requirement (2012)

1.Stage procedure should be performed before treatment

2.Phothological Confirm before treatment

3. Exploring and record the location, size, liver, pelvic and l nodes condition in operation

4. 10% Formalin buffer should be used for tissue preservation

5. The gross view, differential, deepness of infiltration , margin condition, infiltration to vessel or never , node number examined and node number involved should be reported in the final pathological report.

6. RAS status should be determined before the target therapy.

7.The field, technics and dosage of radiatherapy should be recorded.

8. Chemo-Radiation therapy used on mid and low rectal cancer above T3 or N1 stage

9.Follow the guidelines in chemotherapy for mCRC

10. Evaluate and record side effect of chemotherapy and radiatherapy .

11. Health education for CRC patients

12. Mean hospital stay and cost of CRC patients

Thank You!