

HEALTH MATTERS BRIEF

Colorectal Cancer Mortality in Riverside County, CA

Epidemiology & Program Evaluation • April 2025

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Riverside University HEALTH SYSTEM Public Health



INTRODUCTION

Colorectal cancer (CRC) is a disease that develops in the colon or rectum and remains one of the leading causes of cancer-related deaths in the United States. It is often preventable and highly treatable when detected early, yet it continues to be a growing public health concern marked by late detection, considerable mortality, and notable disparities. CRC typically begins as small polyps in the colon or rectum, which can progress to cancer if left untreated (American Cancer Society, 2024). The disease is often asymptomatic in its early stages, which can make early diagnostic testing to detect precancerous lesions and thus reduce mortality difficult. Even with advanced screening technology and treatment options, CRC is projected to cause over 53,000 deaths in 2024 nationwide, according to the American Cancer Society (American Cancer Society, 2023b).

Traditionally considered a condition that primarily affects older adults, individuals under 50 have had increased diagnoses in recent years. This shift in disease burden has raised concerns about early-onset CRC and the need for revised screening protocols (Penz, Waldmann,& Hackl, 2023).

While older adults remain at higher risk, recent data highlight a rising risk among younger populations. CRC is likely influenced by a combination of lifestyle factors, such as diets high in processed foods, physical inactivity, obesity, and smoking, as well as genetic predispositions (American Cancer Society, 2023a). This trend calls for greater awareness of early warning signs, such as rectal bleeding, changes in bowel habits, and unexplained weight loss, and proactive screening strategies for younger adults.

This brief provides an overview of CRC mortality in Riverside County, current trends locally and nationally, demographic disparities, and opportunities for interventions to address this health issue.

RIVERSIDE COUNTY KEY FINDINGS / 2018-2022



CRC deaths have seen a 20.2% increase

in deaths over the past five years.

Individuals aged 85+

are 12.9 times

more likely to die from CRC compared to those aged 45-54.





Men are 1.4 times more likely to die from CRC than women.

American Indian and Alaska Native residents are 3.6 times more likely to die from CRC compared to Asian residents and 2.7 times more than Black residents.

COLORECTAL CANCER MORTALITY

RIVERSIDE COUNTY MORTALITY

Riverside County has seen a steady increase in the rate of CRC deaths over the past several years. From 2018 through 2022, CRC deaths have increased by 20.2%. The County's CRC death rate fluctuated between 11.6 and 14.1 per 100,000 population during this period, exceeding California's statewide rates, which have slowly been decreasing from 12.2 to 11.8 per 100,000 population. Nationally, the death rate has been stable between 13.1 and 12.6 per 100,000 population (Centers for Disease Control and Prevention, 2023). While CRC has historically been more prevalent in older populations, cases among younger individuals are rising, reflecting shifting trends in disease patterns (Wang, 2023).



MORTALITY BY RACE/ETHNICITY

From 2018-2022 American Indian/Alaska Native residents in Riverside County experienced the highest death rate from CRC at 17.4 per 100,000 population, followed by non-Hispanic Hawaiian and Pacific Islander at 10.1 per 100,000 population. For other racial and ethnic groups such as non-Hispanic Black and Asian residents, mortality rates are less than half of American Indians and Alaska Natives. These trends mirror national data, where American Indian and Alaska Native populations face the highest burden of CRC mortality followed by Blacks (American Cancer Society, 2023).

Age-Adjusted Death Rate by Race/Ethnicity, Riverside County, 2018-2022 17.4* 10.1* 7.0* 6.4 4.8 1.4 1.0 NH AIAN NH NHPI NH MR NH Black NH Asian Hispanic NH White *Note: This data point is statistically unstable and should be interpreted with caution. MR = Multiple Race (Cal-IVERS, 2023, DOF, 2023)

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DEMOGRAPHICS OF COLORECTAL CANCER MORTALITY

The age-adjusted mortality rate for CRC shows a gender disparity, with males experiencing a death rate of 15.3 per 100,000 population. Among females, the death rate is seen at 10.6 per 100,000 population. This means that males are about 1.4 times more likely to suffer from CRC mortality than females.



The mortality rate for CRC varies across different age groups, reflecting the increased vulnerability to the disease as people age. In younger age groups, such as those aged 30-44, the mortality rate is low at 3.2 per 100,000 population. When comparing to older age groups such as 55-64, the rate increases to 27.4 per 100,000 population. The mortality rate continues to increase to 48.0 per 100,000 population in the 70-74 age group.



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Death Rate by Age Group Over 5 Years, Riverside County, 2018-2022



From 2018-2022, death rates in Riverside County show distinct trends across age groups. Among those aged 25-49 the rate remained relatively stable between 0.60 and 0.90 without a clear upward or downward trend. Although national has shown increased CRC diagnoses in those aged under 50, in Riverside County, deaths rates among this population remained stable. For individuals aged 50 and older, there was a gradual upward trend, with rates increasing from 7.6 in 2018 to 9.2 in 2022. This suggests a rising mortality risk in this age group over time.

RISK FACTORS

CRC risk is influenced by a combination of changeable and unchangeable factors such as, genetic, lifestyle, and environmental factors.

In addition, genetic conditions such as Lynch syndrome and familial polyposis (FAP) increases the likelihood of developing CRC (American Cancer Society, 2023a).

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Lifestyle factors, including diets high in red and processed meats, physical inactivity, obesity, smoking, and heavy alcohol use, further contribute to CRC risk (American Cancer Society, 2023a). Racial disparities in mortality may also be linked to variations in health behaviors, access to care, and socioeconomic factors (American Cancer Society, 2023a).

IMPORTANCE OF SCREENING

Screening remains the most effective tool for reducing CRC mortality. Early detection allows for the identification and removal of precancerous polyps, lowering the risk of progression to advanced cancer (American Cancer Society, 2020). Methods such as colonoscopies, fecal occult blood tests, and stool DNA tests can identify CRC in its earliest, most treatable stages, even before symptoms appear. Data based on those who were diagnosed with CRC in 2014-2020, show that the 5-year relative survival rate for localized colon and rectal cancer is 91% and 90% respectively; meaning that those who have CRC are, on average, about 91% and 90% as likely as people who don't have CRC to live for at least 5 years after being diagnosed. (American Cancer Society, 2023c).

Current screening guidelines primarily target individuals aged 50 and older, but the rise in early-onset CRC calls for expanded efforts to reach younger adults (Penz, Waldmann,& Hackl, 2023). Tailored screening strategies that address age, race, and socioeconomic disparities are important to reducing the burden of CRC. Early detection saves lives so taking part in regular screenings is part of preventative care (Centers for Disease Control and Prevention, 2024).



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CONCLUSIONS

Colorectal cancer remains a significant health issue in Riverside County, with substantial mortality rates observed in recent years. This trend highlights the ongoing need for comprehensive strategies to address this disease. The rising mortality figures reflect not only an increase in cases but also highlight the disparities in outcomes across different demographics.

When looking at age-adjusted mortality rates by race and ethnicity, the disparities become evident, with American Indian and Alaska Native residents experiencing higher rates of colorectal cancer-related deaths, followed by non-Hispanic Hawaiian and Pacific Islander, Black, Asian, Hispanic, and White having the lowest rate. These differences highlight the need for targeted public health interventions to address the unique challenges faced by these populations. Similarly, looking at age-adjusted mortality rates by sex, reveals that males have a higher incidence of colorectal cancer mortality compared to females, pointing to the need for sex-specific awareness and preventive measures.

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Mortality rates by age group show that colorectal cancer predominantly affects older adults, reinforcing the importance of ageappropriate screening and early detection strategies. However, new data shows younger adults are also affected by CRC.

Early detection through screening significantly improves outcomes and survival rates. With localized colon and rectal cancer's 5-year survival rate at 91% and 90% respectively, emphasizing the need for widespread and accessible screening programs.

In conclusion, while the increasing death counts and disparities in colorectal cancer mortality highlight ongoing challenges, they also point to the opportunities for targeted interventions and improvements in public health strategies. By addressing risk factors, promoting early screening, and tailoring approaches for different demographic groups, we can work towards reducing the impact of colorectal cancer and improving survival rates across the population. By prioritizing these efforts, Riverside County can reduce the burden of colorectal cancer and improve outcomes for its residents.

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SUGGESTED CITATION

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