



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

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Dear Colleagues:

I hope you are enjoying your summer. I'd like to discuss two issues of importance this month: the U.S. Preventive Services Task Force's (USPSTF) new recommendations on colorectal cancer screening and the New York State Department of Health's (Department) Electronic Death Registration System (EDRS).

The USPSTF Colorectal Recommendations: Colorectal cancer is the second leading cause of death from cancer in the U.S., as well as here in New York State. And yet a third of eligible adults are not up to date with screening and nearly one-quarter, or 1.2 million New Yorkers, have never been screened for colorectal cancer. In the process of updating its 2008 recommendations, the USPSTF looked at the evidence surrounding the effectiveness, benefits and harms of screening with available tests including colonoscopy, flexible sigmoidoscopy, CT colonography, guaiac-based fecal occult blood tests, fecal immunochemical tests, the multi-targeted stool DNA test, and the more recently released methylated SEPT9 DNA blood test. The Task Force found with high certainty that the net benefit of screening adults aged 50 to 75 years is substantial and gave colorectal cancer screening an "A" recommendation.

Given this finding, the USPSTF recommends that adults at average risk for colorectal cancer begin screening at the age of 50 and continue until age 75, after which continued screening should be based on the patient's overall health and prior screening history. For additional guidance on screening in patients older than 75 years age, consult the [USPSTF recommendations](#). In these new recommendations, the USPSTF makes clear that the method of screening is less important than the screening itself. Citing a lack of head-to-head studies, the Task Force acknowledged that there are pros and cons to each of the available tests and noted each test has its own optimal screening interval. Rather than recommend any specific test over another, the Task Force says that the screening method chosen should be the one the patient is most likely to be able to accurately complete and recommended screening intervals be followed over time. Collaborate with your patients to determine the best method for each of them. The choice of method should also take into account the patient's preferences and availability. Patients should receive appropriate support, such as routine communication from staff, in order to ensure they complete the screening. Your recommendation and a manageable plan are the influential factors in whether a patient decides to be screened for colorectal cancer.

Electronic Death Registration System (EDRS): Every death in New York State has to be filed within 72 hours in the local registration district where the death occurs. Those responsible for filing a death certificate include licensed physicians, medical certifiers and medical facility staff at a hospital, nursing home, family care practice or hospice; a medical examiner and/or coroner; a licensed funeral director; and a local registrar. In 2014, there were more than 147,000 deaths in New York State.

Electronic Death Registration Systems (EDRS) are used to electronically complete, file, and maintain death certificates. These secure, paperless systems allow for on-line collaboration, improved data quality, and stronger reporting. EDRS also creates more efficient disease

tracking for public health purposes and aids in the prevention, intervention, and response to disease outbreaks. New York State established an EDRS in 2015 and is rolling it out county by county across the state (except for New York City, which maintains its own separate electronic death registration system). The Department expects all applicable stakeholders to have received training and to have the EDRS available to them by the summer of 2017. The system is not only easy to use, but it also improves communication for all responsible parties; improves legibility on the death certificate; and reduces fraudulent claims of benefits. New York's EDRS has been fully endorsed by the Centers for Disease Control and Prevention, National Center for Health Statistics. Please keep a look out for training and on-boarding assistance provided by the EDRS team when we roll out the EDRS in your region. Training videos and other preparation materials are available at the Department's EDRS website located at: https://www.health.ny.gov/vital_records/edrs.

Thank you for your attention. As the weather heats up, I know you will be advising your patients on how to stay cool. Remember to take care of yourselves too!

Sincerely,

Howard A. Zucker, M.D., J.D.