

BRFSS Brief

Number 1702

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

Colorectal Cancer Screening New York State Adults, 2015

Introduction and Key Findings

Colorectal cancer (cancer that starts in the colon or rectum) is the third leading cause of cancer death for men and women in New York State (NYS). There are approximately 9,150 new cases of colorectal cancer diagnosed each year in NYS, and about 1,600 men and 1,600 women in NYS die from the disease annually.¹ Early detection of colorectal cancer, through regular screening, can improve survival rates. When colorectal cancer is found and treated early, it can often be cured. In some cases, screening can prevent the development of colorectal cancer through detection and removal of adenomatous polyps before they become cancerous.

While screening recommendations were updated in 2016², the data in this report reflect recommendations in place at the time of the survey, that men and women aged 50 to 75 years at average risk for colorectal cancer should be screened for colorectal cancer with one of the following: a yearly take-home high-sensitivity fecal occult blood test (FOBT) or fecal immunochemical test (FIT), OR a flexible sigmoidoscopy every 5 years with FOBT/FIT every 3 years, OR a colonoscopy every 10 years. People with a family history or other risk factors for colorectal cancer should talk to their doctor about starting colorectal cancer screening earlier and undergoing screening more often.^{3,4} The updated 2016 guidelines recommend screening men and women aged 50 to 75 years and outline the risks and benefits of different screening tests.²

The percentage of NYS adults aged 50 to 75 years who are up-to-date with colorectal cancer screening was 70.5% in 2015. NYS has now met, for the first time, the Healthy People 2020 objective of 70.5% of adults aged 50 to 75 years screened using the colorectal cancer screening guidelines at the time of the survey.⁵ However, substantial improvement is needed to meet the National Colorectal Cancer Roundtable's goal of 80% screened for colorectal cancer by 2018.⁶

Some segments of the adult population are less likely to be screened for colorectal cancer. Figure 2 displays differences in screening by income and education. In NYS, adults aged 50 to 75 years without health insurance are significantly less likely to have received a recommended colorectal cancer screening test (43.6%) compared to adults aged 50 to 75 years with health insurance (72.5%). Moreover, NYS adults aged 50 to 75 years without a regular health care provider are also significantly less likely to have received a recommended colorectal cancer screening test (32.5%) compared to adults aged 50 to 75 years with a regular health care provider (73.4%) (Table 1). Although the proportion of adults screened for colorectal cancer is lower among individuals who lack health insurance or a regular health care provider, of adults aged 50 to 75 years who are not up-to-date on screening, 89.0% are insured and 84.4% have a regular health care provider (data not shown). These data suggest strategies that aim to improve access to colorectal cancer screening in the entire population, including those with health insurance, represent the greatest opportunity to achieve the goal of having 80% of adults 50 to 75 years of age screened by 2018.

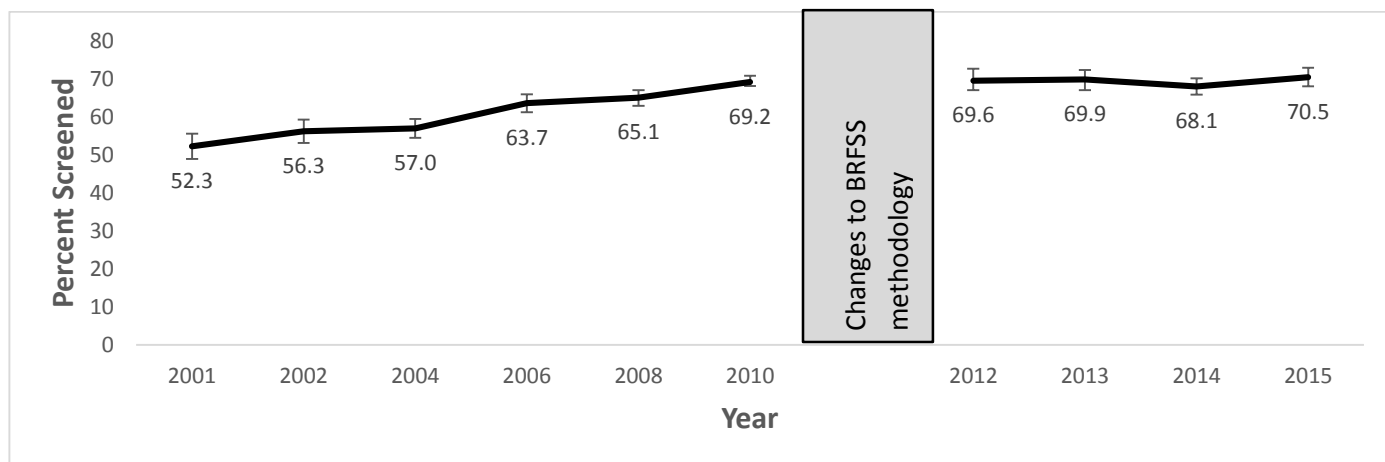
BRFSS Questions

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? [If "yes"] 2. How long has it been since you had your last blood stool test using a home kit?

3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? [If "yes"] 4. How long has it been since you had your last sigmoidoscopy or colonoscopy?

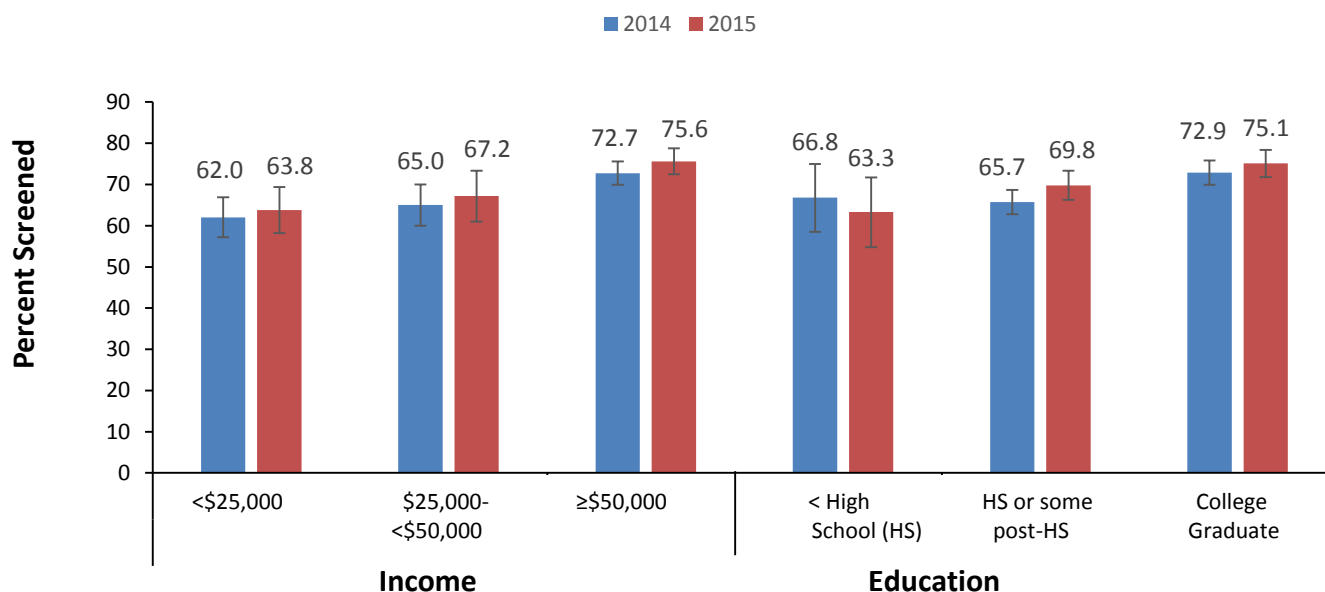
Note: Questions asked only of respondents aged 50 years and older. Questionnaire included additional question asking whether the most recent exam was a sigmoidoscopy or colonoscopy.

Figure 1. Percent of New York State adults aged 50-75 years with FOBT/FIT in the past year OR sigmoidoscopy in the past 5 years with FOBT/FIT in the past 3 years OR colonoscopy in the past 10 years, by BRFSS survey year from 2001 to 2015*



*Data from 2012-2015 are not comparable to prior years because of changes to the BRFSS methods in 2011. See the following link for more information on these changes: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6122a3.htm?s_cid=mm6122a3_w
 Note: Estimates for 2012-2015 were calculated using newly available methods from CDC to account for missing data. The estimates for 2012 and 2013 represent a minor change from previously reported estimates.
 Note: Data on FOBT/FIT and sigmoidoscopy/colonoscopy not collected in 2003, 2005, 2007, 2009, or 2011 NYS BRFSS.
 Note: Error bars represent 95% confidence intervals.

Figure 2. Percent up-to-date with colorectal cancer screening* among New York State adults aged 50 to 75 years by income and education, BRFSS 2014 and 2015 surveys



Note: Error bars represent 95% confidence intervals.

* FOBT/FIT within 1 year, or sigmoidoscopy within 5 years with FOBT/FIT within 3 years, or colonoscopy within 10 years.

Table 1. Percent up-to-date with colorectal cancer screening* among New York State (NYS) adults aged 50 to 75 years, by selected characteristics, 2015 BRFSS

	Estimated population size ^a	Up-to-date with screening*		Colonoscopy in past 10 years		FOBT/FIT in past year	
	N	% ^b	95% CI ^b	% ^b	95% CI ^b	% ^b	95% CI ^b
Total NYS [N=3,080]	5,910	70.5	68.1-73.0	68.7	66.2-71.2	7.2	5.9-8.5
Sex							
Male	2,818	69.8	65.9-73.6	68.4	64.6-72.3	6.6	4.8-8.4
Female	3,092	71.3	68.1-74.4	68.9	65.7-72.1	7.7	5.8-9.6
Age (years)							
50-64	4,045	66.0	62.8-69.1	64.8	61.6-67.9	5.7	4.3-7.1
65-75	1,865	80.6	77.0-84.1	77.2	73.4-81.0	10.5	7.7-13.2
Race/Ethnicity							
White, non-Hispanic	3,668	72.8	70.3-75.4	71.1	68.5-73.7	7.1	5.6-8.5
Black, non-Hispanic	746	77.2	70.6-83.8	75.8	69.1-82.5	6.5	3.4-9.6
Hispanic	868	62.5	54.2-70.7	60.5	52.2-68.9	7.0	3.4-10.5
Other, non-Hispanic	483	57.7	44.6-70.8	53.4	40.1-66.6	11.0	1.9-20.1
Annual household income							
< \$25,000	1,353	63.8	58.2-69.4	61.7	56.1-67.4	7.5	5.1-10.0
\$25,000 - < \$50,000	1,038	67.2	61.0-73.3	64.9	58.7-71.2	8.4	4.8-11.9
≥ \$50,000	2,691	75.6	72.5-78.8	74.4	71.2-77.6	6.2	4.4-7.9
Missing ^c	828	67.0	58.6-75.3	63.2	54.8-71.7	8.9	4.1-13.7
Educational attainment							
Less than high school	946	63.3	54.8-71.7	60.5	51.8-69.1	10.5	4.9-16.0
High school or GED	1,567	68.4	63.3-73.4	65.9	60.8-71.0	7.3	5.0-9.6
Some post-high school	1,515	71.2	66.3-76.0	69.5	64.7-74.4	7.4	5.1-9.7
College graduate	1,844	75.1	71.8-78.4	73.8	70.5-77.1	5.5	3.9-7.1
Health care coverage							
Private insurance	2,784	73.5	70.4-76.5	72.0	68.9-75.1	6.9	5.2-8.6
Medicare	1,300	74.9	70.5-79.3	73.3	68.8-77.7	8.9	6.1-11.8
Medicaid	456	60.2	51.3-69.0	58.7	49.8-67.6	5.5	2.1-9.0
Other insurance	166	70.9	56.2-85.5	66.4	51.9-80.9	s	s
No insurance	340	43.6	29.7-57.5	38.3	24.9-51.8	s	s
Regular health care provider							
Yes	5,483	73.4	70.9-75.8	71.4	68.9-73.9	7.6	6.2-9.0
No	407	32.5	23.0-42.0	31.7	22.3-41.1	s	s
Disability status^d							
Yes	1,552	70.4	65.6-75.2	68.0	63.2-72.9	8.0	5.2-10.8
No	4,134	70.8	67.9-73.7	69.1	66.2-72.0	6.9	5.4-8.4
Residence							
New York City (NYC)	2,310	67.5	63.0-72.1	65.3	60.6-69.9	6.7	4.4-9.0
NYS excluding NYC	3,600	72.4	69.5-75.2	70.7	67.9-73.5	7.5	5.9-9.1

* FOBT/FIT within 1 year, or sigmoidoscopy within 5 years with FOBT/FIT within 3 years, or colonoscopy within 10 years.

^a Estimated population size based on weighted frequencies from BRFSS, in thousands. Excludes individuals with missing data on each characteristic of interest.

^b %=Percentage; 95% CI=95% confidence interval. Percentages are weighted to population characteristics.

^c "Missing" category included because more than 10% of the sample did not report income.

^d All respondents who reported at least one type of disability (cognitive, self-care, independent living, vision, or mobility).

^s Suppressed: unstable estimate; numerator less than 10 or denominator less than 50.

References

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6. Tools and Resources – 80% by 2018. National Colorectal Cancer Roundtable. Retrieved from <http://nccrt.org/tools/80-percent-by-2018/> on November 29th, 2016

Program Contributions

New York State Department of Health
Bureau of Chronic Disease Evaluation and Research
Bureau of Cancer Prevention and Control

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