BRFSS Brief

Number 1201

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 2010

Introduction and Key Findings

Colorectal cancer (cancer that starts in the colon or rectum) is the third leading cause of cancer deaths for men (following lung and prostate) and for women (following lung and breast), in New York State (NYS). There are approximately 10,200 new cases of colorectal cancer diagnosed each year in NYS and about 1,700 men and 1,800 women die from the disease annually.¹

Early detection of colorectal cancer, through regular screening, can substantially improve survival rates. When colorectal cancer is found and treated early, it can often be cured. In some cases, screening can actually prevent the development of colorectal cancer by detecting and removing adenomatous polyps before they become cancerous.

Men and women aged 50 to 75 years, and at average risk for colorectal cancer, should be screened for colorectal cancer with one of the following: a yearly take-home multiple sample fecal test (fecal occult blood test [FOBT] or fecal immunochemical test [FIT]), OR a flexible sigmoidoscopy every 5 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/or undergoing screening more often. ^{2,3}

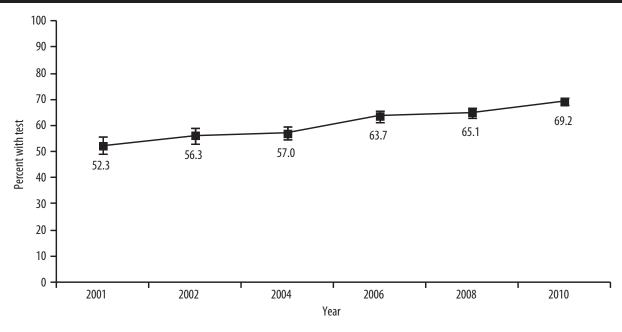
The percentage of NYS adults aged 50 to 75 years who have had a fecal test in the past year OR a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years has increased from 52.3 percent in 2001 to 69.2 percent in 2010. NYS is close to meeting the HP 2020 objective of 70.5 percent of adults aged 50 to 75 years receiving a colorectal cancer screening based on the most recent guidelines.⁴ There are some subpopulations that are less likely to be screened. In NYS, adults aged 50 to 75 years without health insurance are significantly less likely to have received a fecal test in the past year OR an endoscopy in the past 10 years (40.6%) compared to adults aged 50 to 75 years with health insurance (71.5%).

BRFSS Questions

[Note: Asked only of respondents aged 50 years and older.]

- 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?

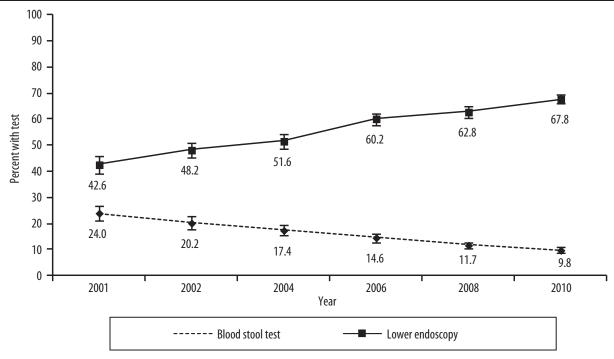
Blood stool test in past year, OR lower endoscopy (sigmoidoscopy/colonoscopy) in past 10 years among New York State adults aged 50-75 years, by BRFSS survey year



Note: Data on blood stool testing or sigmoidoscopy/colonoscopy not collected in 2003, 2005, 2007, or 2009 New York BRFSS.

Note: Error bars represent 95% confidence intervals.

Blood stool test in past year, AND lower endoscopy (sigmoidoscopy/colonoscopy) in past 10 years among New York State adults aged 50-75 years, by BRFSS survey year



Note: Data on blood stool testing or sigmoidoscopy/colonoscopy not collected in 2003, 2005, 2007, or 2009 New York BRFSS. Note: Error bars represent 95% confidence intervals.

Colorectal Cancer Screening among New York Adults aged 50-75 years by selected characteristics, 2010 BRFSS

	Blood stool test in past year		Sigmoidoscopy OR colonoscopy in past 10 years		Blood stool test in past year, OR sigmoidoscopy OR colonoscopy in past 10 years	
	% ^a	95% Cl ^a	%	95% CI	%	95% CI
New York State (NYS) [N=4,487]	9.8	8.8-10.9	67.8	66.1-69.5	69.2	67.5-70.8
Sex						
Male	10.9	9.2-12.8	67.9	65.1-70.6	69.1	66.3-71.7
Female	8.8	7.7-10.2	67.8	65.6-69.9	69.3	67.1-71.4
Age (years)						
50-64	8.8	7.7-10.1	63.4	61.2-65.5	64.9	6\$.7-(7.#
≥ 65	12.1	10.2-14.3	78.5	76.0-80.8	79.3	7(29-8#.'
Race/ethnicity						
White non-Hispanic	9.6	8.6-10.8	69.0	67.1-70.8	70.3	68.4-72.1
Black non-Hispanic	11.3	8.0-15.8	68.2	62.4-73.5	70.2	64.5-75.3
Hispanic	7.5	4.5-12.4	63.3	55.8-70.1	63.9	56.5-70.6
Other non-Hispanic	6.9	3.2-14.2	61.1	51.5-69.9	61.0	51.5-69.7
Annual household income						
< \$15,000	12.3	9.0-16.5	54.5	48.2-60.6	56.6	50.3-62.7
\$15,000-\$24,999	8.7	(.%1\$.#	62Ž	')ŽŽ()Ž%	(&\vec{z})	' +ž) Ž(+ž&
\$25,000-\$34,999	10.7)."-1(.0	(\$ <u>ž</u> #	' ' ž+Ž(* Ž'	(%2%	') ž\$Ž(+ž#
\$35,000-\$49,999	11.4	8.(-1' ."	((Ž)	(# <u>ž(</u> Ž)# <u>ž</u> &	(* <i>ž</i> *	(%ž+Ž)%ž&
\$50,000-\$74,999	11.2	*.) -#&%	(+ <u>Ž</u>	(' #Ž)%() #ž)	() ž⁄ð) ' ž)
≥ \$75,000	8.1	6.5-9.9	74.0	70.9-76.9	74.8	71.7-77.6
Missing ^b	9.7	6.9-13.6	69.4	63.3-73.2	68.1	63.1-72.7
Educational attainment						
Less than high school	8.8	5.8-13.0	52.8	45.6-59.8	55.7	48.5-62.7
High school or GED	11.4	9.3-13.9	61.0	57.5-64.4	63.4	59.9-66.8
Some post-high school	9.4	7.5-11.7	70.2	66.7-76.5	71.4	67.9-74.7
College graduate	9.2	7.8-10.9	73.6	71.2-76.0	74.2	71.7-76.5
Insurance status ^c						
Yes	10.0	8.9-11.1)".\$	68.4-71.9) #ž	(9.8-73.2
No	8.0	5.0-12.7	% ⊦ ."	%\$ <i>ž</i> \$Ž&(<i>ž</i> \$	&" <u>ž</u> (%/£* Ž&)
Disability ^d					·	
Yes	9.2	7.6-11.0	70."	() Ž' Ž) \$ž+) " 🕸	() ž\$Ž) %Ž
No	10.1	8.8-11.5	66.9	(&ž* Ž(+ž'	(*ž*	((ž(Ž)"Ž*
Residence						,
New York City (NYC)	8.1	6.6-9.9	67.4	64.5-70.2	68.0	65.1-70.8
NYS exclusive of NYC	11.0	9.6-12.4	68.1	65.9-70.2	70.0	67.8-72.0

^a %=Percentage; 95% CI =Confidence interval (at the 95 percent probability level). Percentages are weighted to population characteristics.

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

All respondents who report any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.

d All respondents who report activity limitations due to physical, mental, or emotional problems OR have health problems that require the use of special equipment.

References

- New York State Cancer Registry. Cancer Incidence and Mortality, 2004-2008, New York State. New York State Department of Health, 2011. Available at: http://www.health.state.ny.us/statistics/cancer/ registry/vol1/v1rnys.htm2.
- 2. Screening for Colorectal Cancer, Topic Page. March 2009. U.S. Preventive Services Task Force. Available at: http://www. uspreventiveservicestaskforce.org/uspstf/ uspscolo.htm

- 3. Centers for Disease Control and Prevention. Colorectal Cancer Screening, 2011. Available at: http://www.cdc.gov/cancer/colorectal/basic_ info/screening/tests.htm
- 4. HealthyPeople.gov, 2020 Topics and Objectives: Cancer. Available at: http://www.healthypeople.gov/2020/ topicsobjectives2020/objectiveslist. aspx?topicId=5

Program Contributions

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

Order Information

Copies may be obtained by contacting:

BRFSS Coordinator New York State Department of Health Bureau of Chronic Disease Evaluation and Research Empire State Plaza, Rm. 565 Corning Tower Albany, NY 12237-0679

Or by phone or electronic mail:

(518) 473-0673 or BRFSS@health.state.ny.us or www.health.ny.gov