

BRFSS Brief

Number 1506

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, 2013

Introduction and Key Findings

Colorectal cancer (cancer that starts in the colon or rectum) is the third leading cause of cancer death for men (following lung and prostate) and women (following lung and breast) in New York State (NYS). There are approximately 9,400 new cases of colorectal cancer diagnosed each year in NYS and about 1,600 men and 1,700 women in NYS 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 who are 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.^{2,3}

The percentage of NYS adults aged 50 to 75 years who have had an FOBT/FIT in the past year, OR a flexible sigmoidoscopy in the past 5 years and an FOBT/FIT in the past 3 years, OR a colonoscopy in the past 10 years was 69.5% in 2013. NYS is close to meeting the Healthy People 2020 objective of 70.5% of adults aged 50 to 75 years screened using the most recent colorectal cancer screening guidelines.⁴ However, there is room for improvement to meet the National Colorectal Cancer Roundtable's goal of 80% screened for colorectal cancer by 2018.⁵

In addition, there are some subpopulations that are less likely to be screened. Figure 2 displays differences by income and education level. In addition, in NYS, adults aged 50 to 75 years without health insurance are significantly less likely to have received a recommended colorectal cancer screening test (32.5%) compared to adults aged 50 to 75 years with health insurance (71.3%). Similarly, NYS adults aged 50 to 75 years without a regular health care provider are significantly less likely to have received a recommended colorectal cancer screening test (38.2%) compared to adults aged 50 to 75 years with a regular health care provider (71.9%). However, of NYS adults never screened for colorectal cancer (23.9% of adults aged 50 to 75), 86.4% were insured and 84.6% had a regular health care provider. While there is a need to increase colorectal cancer screening in both the insured and uninsured populations, these data indicate that the insured population presents the greatest opportunity to reach 80% screened by 2018.

BRFSS Questions

[Note: Questions asked only of respondents aged 50 years and older]

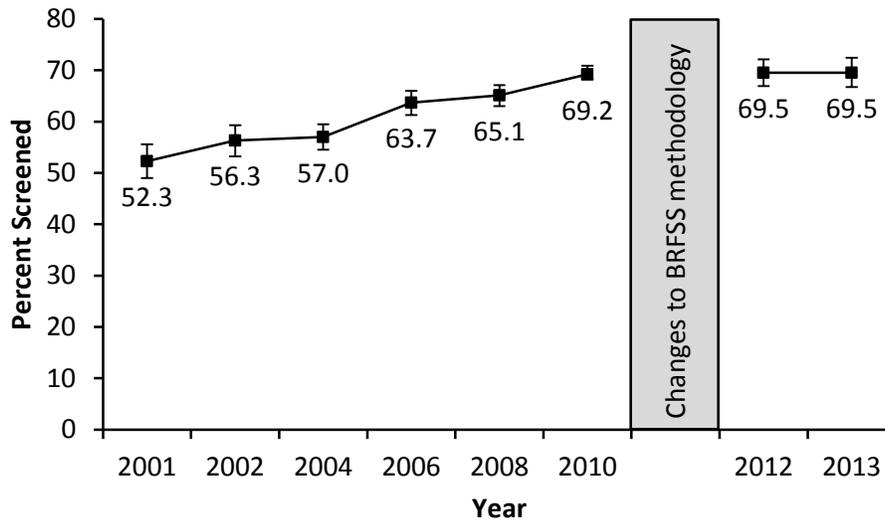
1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

[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?

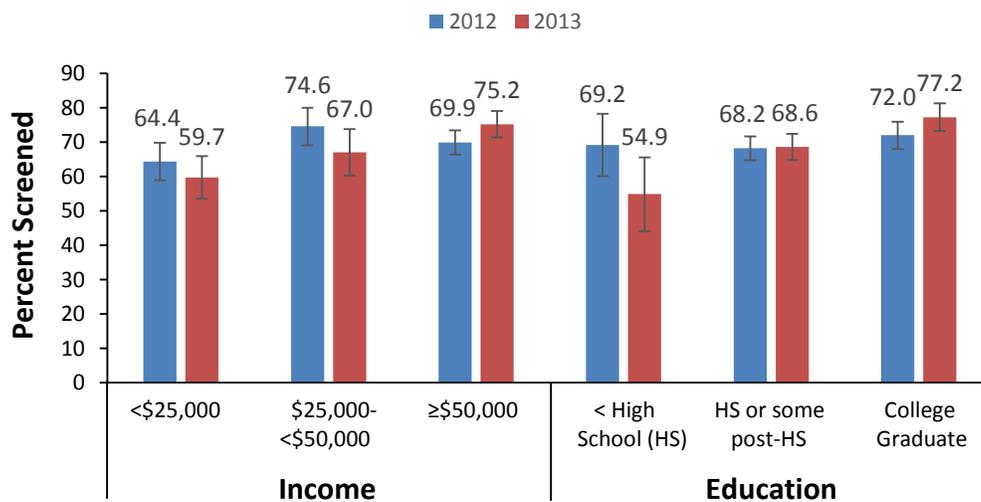
[If "yes"] 4. How long has it been since you had your last sigmoidoscopy or colonoscopy?

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 2013*



*Data from 2012 and 2013 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: 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.
 Note: Analysis for NYS 2012 and 2013 data was restricted to participants who answered both questions on history of colorectal cancer screening (BRFSS questions 1 and 3 on page 1) and represents a minor change in previously reported estimates for 2012.

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 2012 and 2013 surveys



* FOBT/FIT within 1 year, or sigmoidoscopy within 5 years with FOBT/FIT within 3 years, or colonoscopy within 10 years.
 Note: Error bars represent 95% confidence intervals.

Table 1. Percent up-to-date with colorectal cancer screening* among New York State (NYS) adults aged 50 to 75 years, by selected characteristics, 2013 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=1,793]	4,975	69.5	66.7-72.4	67.8	64.9-70.6	7.6	6.2-9.1
Sex							
Male	2,384	69.2	64.9-73.6	67.4	63.0-71.9	8.3	6.0-10.6
Female	2,591	69.8	66.1-73.5	68.0	64.3-71.8	7.0	5.1-9.0
Age (years)							
50-64	3,465	65.4	61.9-69.0	63.6	60.0-67.2	6.8	5.0-8.6
65-75	1,511	79.3	75.0-83.7	77.7	73.3-82.1	9.6	6.9-12.2
Race/Ethnicity							
White non-Hispanic	3,227	72.3	69.2-75.4	70.3	67.1-73.4	7.5	5.8-9.1
Black non-Hispanic	625	68.4	59.5-77.4	67.5	58.4-76.5	7.9	3.3-12.6
Hispanic	623	65.3	55.8-74.7	65.7	56.1-75.2	7.4	2.5-12.4
Other non-Hispanic	350	52.9	38.6-67.3	52.0	37.7-66.3	4.9	0.0-10.1
Annual household income							
< \$25,000	1,177	59.7	53.5-65.9	57.1	50.8-63.4	9.2	5.7-12.7
\$25,000 - < \$50,000	998	67.0	60.3-73.8	65.3	58.4-72.1	7.1	3.9-10.2
≥ \$50,000	2,285	75.2	71.4-79.1	73.4	69.5-77.3	7.5	5.3-9.7
Missing ^c	516	71.7	63.5-79.9	71.9	63.6-80.2	5.9	2.3-9.4
Educational attainment							
Less than high school	648	54.9	44.1-65.6	55.1	44.2-66.0	4.9	0.8-9.0
High school or GED	1,358	67.3	61.8-72.7	64.9	59.3-70.5	9.1	5.8-12.4
Some post-high school	1,360	69.9	64.6-75.1	67.8	62.4-73.2	8.0	5.1-10.8
College graduate	1,597	77.2	73.2-81.3	75.2	71.1-79.3	7.3	5.1-9.6
Health care coverage							
Private insurance	2,720	74.3	70.8-77.8	72.7	69.1-76.3	7.0	5.0-9.1
Medicare	1,141	73.4	68.1-78.7	71.9	66.4-77.4	8.5	5.6-11.5
Medicaid	356	52.5	39.0-65.9	52.3	38.7-65.9	5.6	0.9-10.2
Other government asst	156	71.5	57.3-85.6	66.2	51.9-80.6	11.2	1.8-20.6
Other insurance	209	53.3	37.7-68.9	53.9	38.1-69.8	7.7	0.7-14.8
No insurance	267	32.5	19.5-45.5	29.0	16.3-41.8	4.0	0.1-8.0
Regular health care provider							
Yes	4,610	71.9	69.0-74.9	70.2	67.2-73.2	8.0	6.4-9.6
No	354	38.2	28.1-48.3	36.5	26.4-46.5	3.3	0.5-6.1
Limitation^d							
Yes	1,491	69.1	64.0-74.2	66.6	61.3-71.8	9.5	6.5-12.4
No	3,457	69.7	66.3-73.1	68.1	64.7-71.6	6.9	5.2-8.6
Residence							
New York City (NYC)	1,797	65.4	60.4-70.4	64.9	59.9-70.0	6.8	4.4-9.3
NYS excluding NYC	3,178	71.8	68.4-75.2	69.3	65.8-72.8	8.1	6.2-10.0

* 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 colorectal cancer screening and each characteristic of interest.

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

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

^d Activity limitations due to physical, mental, or emotional problems OR health problems that require the use of special equipment.

References

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5. 80% by 2018 Fact Sheet. National Colorectal Cancer Roundtable, updated in Jul. 2014. Available at <http://ncrt.org/wp-content/uploads/80-by-2018-FACT-SHEET.FINAL.pdf>
6. CDC. Vital Signs: Colorectal Cancer Screening Test Use – United States, 2012. MMWR, Nov. 2013, Vol. 62, No. 44. Available at <http://www.cdc.gov/mmwr/pdf/wk/mm6244.pdf>.

Program Contributions

New York State Department of Health
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