Welcome

Conflict of Interest & Disclosure Statements

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

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Agenda

• Overview of Colorectal Cancer  
• Regional and Statewide Data  
• Messaging  
• Models of Collaboration  
• Networking Lunch  
• Evidence Based Interventions  
• Prevention Agenda Planning  
• Next Steps and Wrap-up

Training Goal

To provide knowledge and skills to assist local health departments, hospitals, and community partners to improve colon cancer screening rates in their communities.
Objectives

• Describe colon cancer screening guidelines
• Identify regional and statewide data
• Describe messages that address barriers to colon cancer screening
• Identify evidence-based interventions
• List priorities and strategies consistent with NYS Prevention Agenda indicators to improve cancer screening rates

COLORECTAL CANCER OVERVIEW

Why focus on colorectal cancer screening?
About 1 in 3 adults between 50 and 75 years old are not getting tested as recommended.

An estimated 1.2 million New Yorkers have never been tested.
There are several screening test options for average-risk men and women ages 50-75:

- High-sensitivity FOBT or FIT every year; or
- Flexible sigmoidoscopy every 5 years with a high-sensitivity FOBT or FIT every 3 years; or
- Colonoscopy every 10 years.

Fecal Testing

- “High sensitivity stool testing should not be judged as an inferior test to colonoscopy, especially for a patient who will not get screened if colonoscopy is the only option.”
- “We have a saying, the best test for colorectal cancer screening is the one that gets done.”

Fecal Tests

- Annual test
- Looks for hidden blood in stool
- Completed at home
- Positive test must be followed by colonoscopy
**Sigmoidoscopy**

- Examines the lower third of the colon
- Flexible tube with light inserted through the rectum into the colon
- Sedation usually not used
- Requires preparation to clean colon

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**Colonoscopy**

- Examines the entire colon (to cecum)
- Requires preparation to clean colon
- Flexible tube with light, lens, and tools to remove polyps or tissue samples
- Usually requires sedation
Why Focus on Colorectal Cancer Screening?

- Second leading cause of cancer death in NYS among men and women combined
- Preventable and treatable
- Evidence-based interventions increase screening rates
- LHDs and hospital/community based partners can play an important role
Presentation Objectives

- Describe surveillance systems used to monitor colorectal cancer at regional and state levels
- Describe burden of colorectal cancer in NYS
- Provide overview of resources for accessing regional data

Public Health Surveillance Systems

New York State Cancer Registry

Colorectal Cancer Incidence, Mortality and Prevalence

- Collects, processes and reports information about NYers diagnosed with cancer
- Provides data on number of cancer cases or deaths and rates by age, race, year, and stage of diagnosis
- County-level reports include number of cancer cases or deaths and age-adjusted rates by site of cancer and gender for most recent five-year period

Behavioral Risk Factor Surveillance Survey (BRFSS) and Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS)

Colorectal Cancer Screening Practices among NYS Adults

- BRFSS → Annual statewide random-digit-dial telephone survey of non-institutionalized adults aged 18+
- eBRFSS → County-level survey that provides estimates of health indicators at the county level
Burden of Colorectal Cancer in NYS

Third most common cancer among male and female residents of NYS

→ On average, over 9,000 residents are diagnosed with colorectal cancer each year

Third leading cause of cancer deaths in NYS

→ Colorectal cancer causes about 3,300 deaths annually or nearly 10% of total cancer deaths

Data Source: NYS Cancer Registry

Colorectal Cancer Incidence & Mortality Trends

Late-Stage Diagnosis

In 2012, over half of new colorectal cancer cases were diagnosed at a regional or distant stage.

4,751 Regional or Distant Stage

8,706 Total CRC Cases

Data Source: NYS Cancer Registry
Importance of Colorectal Cancer Screening: 5-Year Relative Survival by Stage of Diagnosis

Source: NCI SEER 18, 2005-2011, All Races, Both Sexes, by SEER Summary Stage 2000

<table>
<thead>
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<th>Stage of Diagnosis</th>
<th>2000</th>
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<td>0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Colorectal Cancer Screening Rates in NYS

Percent of New York State adults aged 50-75 years up-to-date with colorectal cancer screening, 2001-2013

Data Source: NYS Behavioral Risk Factor Surveillance Survey

In NYS, adults aged 50 to 75 years without health insurance are significantly less likely to have received a recommended colorectal cancer screening test

Data Source: NYS Behavioral Risk Factor Surveillance Survey
Colorectal Cancer Incidence by NYS County, 2008-2012

County-level Colorectal Cancer Screening Rates

NYSCR: County-level Data Resources

Data Reports for NYS Counties
• Tables
• Annual Trends
Health Data NY
https://health.data.ny.gov/

Interactive Data Visualizations

Prevention Agenda County Dashboard
https://www.health.ny.gov/preventionagendadashboard

Prevention Agenda County Dashboard
Regional Comparison Tools

Visualizations for Colorectal Cancer Prevention Agenda Indicators

March 2016 38
Prevention Agenda County Dashboard
Regional Comparison Tools

March 2016 39
Prevention Agenda County Dashboard
Regional Comparison Tools
National Cancer Institute's State Cancer Profiles

Data, maps, and graphs to help guide and prioritize cancer control activities at the state and local levels.

http://statecancerprofiles.cancer.gov/index.html

Colorectal Cancer Data Resources

DOH Reports
- BRFSS Brief Number 1506, Colorectal Cancer Screening, New York State Adults, 2013
- Information for Action #2015-01: One out of four NYS adults aged 50-75 years have never received life-saving colorectal cancer screening tests

NYC Cancer Registry
Data by county
Trends by county

Health Data NY
eBRFSS CRC screening by county

NCI State Cancer Profiles
http://statecancerprofiles.cancer.gov/

MESSAGING TO INCREASE COLON CANCER SCREENING RATES
Who is Not Getting Screened?

- Uninsured/Underinsured
- Newly insured
- Procrastinators/rationalizers (insured and uninsured)

Not Up-to Date with Screening

- No doctor recommendation
- Not provided screening options

Barriers to Screening

- Fear
- Cost
- No symptoms
- Embarrassment
- No family history of colon cancer
- No personal connection to cancer
**Messages that Address Barriers**

- Colon cancer can be prevented
- Early detection saves lives
- Colon cancer may not cause symptoms
- There are testing choices and the best test is the one that gets done
- Lifesaving preventive tests are covered
- If you are uninsured, the CSP provides free screening and diagnostic services to eligible populations

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**PSAs**

- [http://www.health.ny.gov/coloncancer](http://www.health.ny.gov/coloncancer)

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**MODELS OF COLLABORATION**
80% by 2018

A national initiative to achieve an 80% CRC screening rate among men and women ages 50 to 75 years by 2018.

The 80% by 2018 Pledge

Now closer to 700 Pledges!

Potential Impact

• Nationally, within less than 20 years could avert
  – 280,000 new colorectal cancer cases
  – 200,000 colorectal cancer deaths
• In NYS, need one million men and women aged 50-75 screened
March 2016 52

Opportunities for Success

- New Yorkers have access to affordable health care
- Screening tests are covered health insurance benefits
- An evidence-base exists for what works
- Tools and resources are available
- Partners all over the state are already working to increase colorectal cancer screening rates

March 2016 53

City-wide Model of Collaboration


March 2016 54

EVIDENCE-BASED INTERVENTIONS: KNOWING WHAT WORKS
### Increasing CRC Screening

- **Population-based screening promotion**
  - Conveys targeted information to motivate appropriate populations to increase screening

- **Small media**
  - Active, not passive; supports other interventions

- **Provider reminders**
  - Target audience is the provider
  - Occurs within health system
  - Organized, not opportunistic

### Patient reminders
- Target audience is patient
- Written, phone, e-mail, text reminders to get screened

### Flu/FIT
- Offers education/FIT kits at flu clinics
- Requires a system for clients to return kits, receive reminders, ensure test results go to both client and their primary care provider

### Additional Resources
- **NYS DOH CRC:**
  http://www.health.ny.gov/diseases/cancer/colorectal/

- **U.S. Preventive Services Task Force (CRC screening guidelines being updated)**

- **NYS Cancer Services Program**
  http://www.health.ny.gov/diseases/cancer/services/

- **80% by 2018 NCCRT’s Tools and Resources**
THANK YOU!