

BRFSS Brief

Number 2022-05

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey of adults developed by the Centers for Disease Control and Prevention conducted in all 50 States, the District of Columbia, and several US Territories. The New York BRFSS is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventive health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

Colorectal Cancer Screening New York State Adults ages 50-75, 2020

Introduction and Key Findings

Colorectal cancer (cancer that starts in the colon or rectum) is the second leading cause of cancer death for adults in New York State (NYS). There are approximately 8,979 new cases of colorectal cancer diagnosed and about 2,997 adult deaths from the disease annually in the State.¹ Early detection of colorectal cancer, through regular screening, can improve survival rates. In some cases, screening can prevent the development of colorectal cancer through detection and removal of adenomatous polyps before they become cancerous.

In 2020, the United States Preventive Services Task Force (USPSTF) screening recommendations for colorectal cancer among average risk adults ages 50 to 75 years were: 1) a yearly take-home high-sensitivity fecal occult blood test (FOBT) or fecal immunochemical test (FIT); 2) a multitargeted stool DNA test (FIT-DNA) every 1 to 3 years; 3) a flexible sigmoidoscopy every 5 years; 4) a flexible sigmoidoscopy every 10 years plus FIT every year; 5) a CT colonography (also called virtual colonoscopy) every 5 years; or 6) a colonoscopy every 10 years.² 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}

Based on estimates from the NYS BRFSS, in 2020, 76.6% of NYS adults ages 50 to 75 years received a colorectal cancer screening in accordance with USPSTF recommendations (Figure 1). This surpasses the Healthy People 2030 objective of 74.4% but is below both the National Colorectal Cancer Roundtable and NYS Cancer Consortium goal of 80% screened for colorectal cancer in every community.⁴⁻⁶

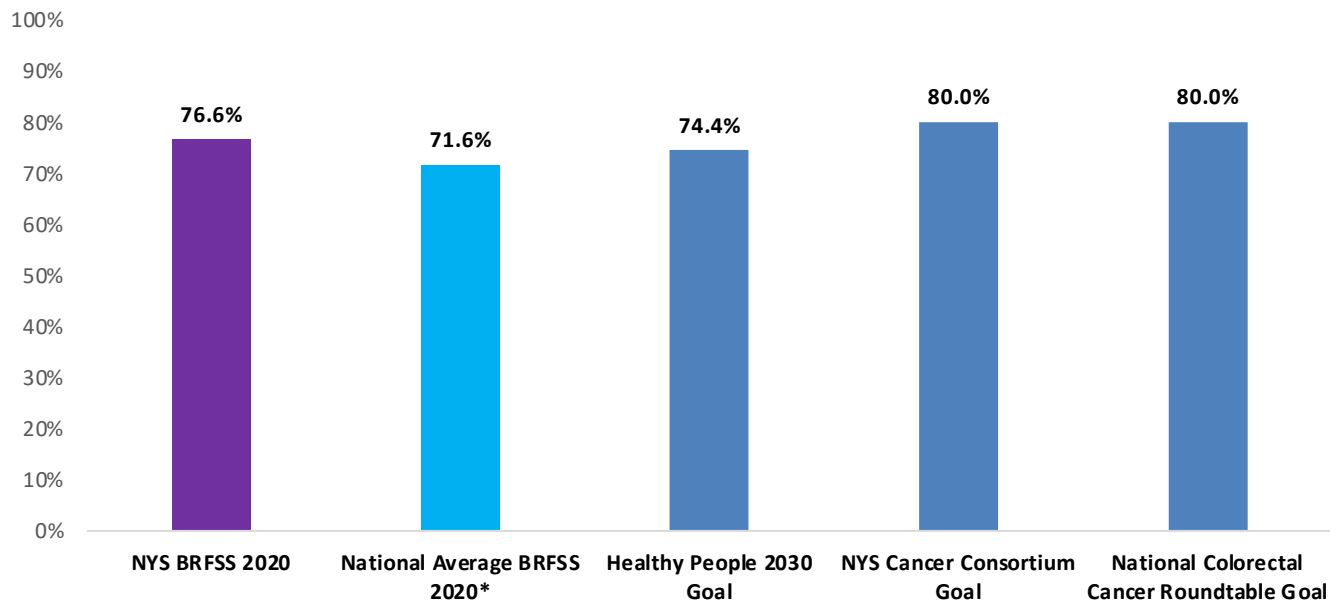
Significant differences were seen across subpopulations: those ages 50 to 54 years and 55 to 64 years, those without health insurance, those without a regular health care provider, and those with less than a college education were all less likely to report receiving a screening within the timeframe recommended (Figure 2).

BRFSS Questions

1. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy? [If “yes”] 2. How long has it been since you had this test?
3. A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy? [If “yes”] 4. How long has it been since you had this test?
5. Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit? [If “yes”] 6. How long has it been since you had this test?
7. Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test? [If “yes”] 8. How long has it been since you had this test?
9. For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy? [If “yes”] 10. How long has it been since you had this test?

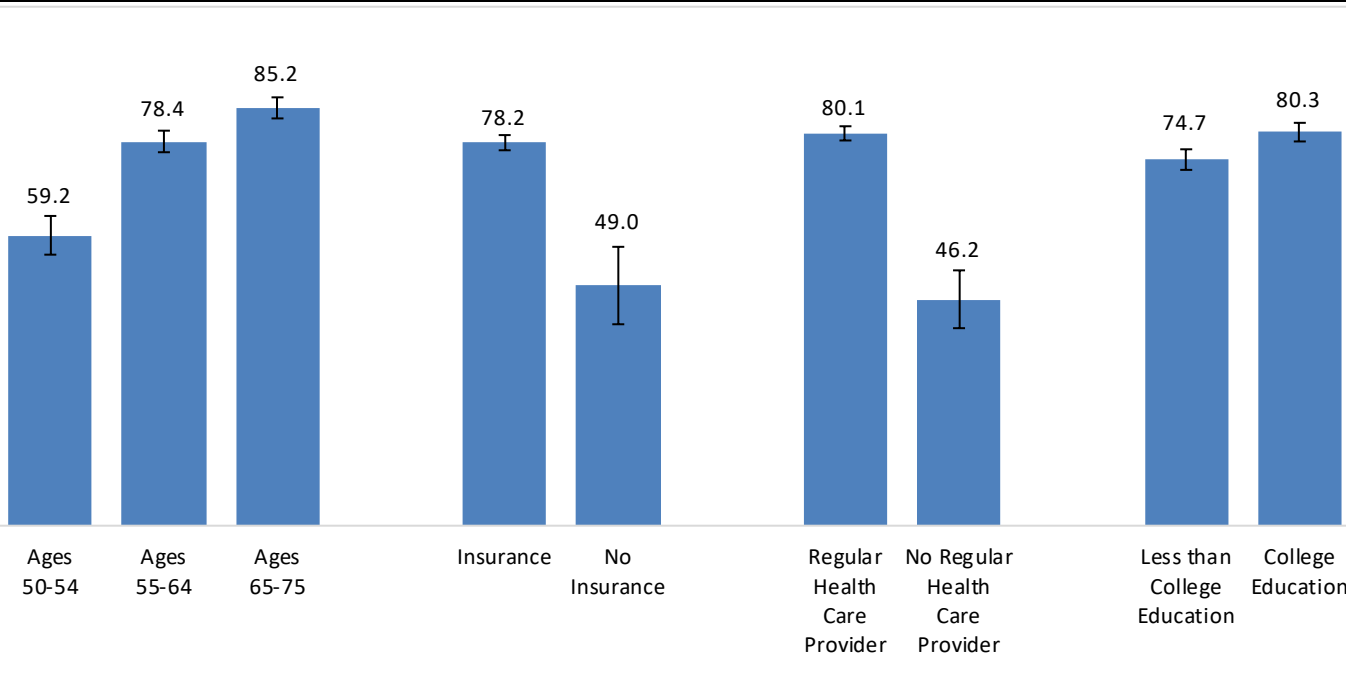
Note: Asked of respondents ages 45 and older. The 2020 BRFSS survey was the first time the core module included questions on FIT-DNA and virtual colonoscopy. Due to changes in BRFSS questions and methodology, comparisons to prior years will not be included in this report.

Figure 1. NYS colorectal cancer screening estimate compared to the national estimate and state and national goals among adults ages 50-75 years



*Sourced from: <https://www.cdc.gov/cancer/colorectal/statistics/use-screening-tests-BRFSS.htm>

Figure 2. Significant differences in the estimated percent of age-eligible adults reporting a colorectal cancer screening history aligning with USPSTF recommendations*



*USPSTF screening recommendations for colorectal cancer screening among average risk adults ages 50 to 75 years with either: 1) a yearly take-home high-sensitivity fecal occult blood test (FOBT) or fecal immunochemical test (FIT); 2) a multitargeted stool DNA test (FIT-DNA) every 1 to 3 years; 3) a flexible sigmoidoscopy every 5 years; 4) a flexible sigmoidoscopy every 10 years plus FIT every year; 5) a CT colonography every 5 years; 6) a colonoscopy every 10 years.

Note: Error bars represent 95% confidence intervals.

Table 1. History of colorectal cancer screening among New York State Adults ages 50-75, by selected characteristics, BRFSS 2020

	Estimated population size ^a N	USPSTF Recommendations*		Colonoscopy in past 10 years		FOBT/FIT in past year or FIT-DNA in past 3 years	
		% ^b	95% CI ^b	% ^b	95% CI ^b	% ^b	95% CI ^b
Total NYS [N=7,023]	5,841	76.6	75.1-78.2	70.7	69.1-72.3	12.5	11.3-13.6
Sex							
Male	2,793	75.2	72.9-77.6	69.1	66.7-71.5	11.4	9.8-12.9
Female	3,047	78.0	76.0-79.9	72.2	70.1-74.3	13.5	11.8-15.1
Age (years)							
50-54	1,284	59.2	55.3-63.2	53.3	49.2-57.3	7.8	5.6-10.1
55-64	2,467	78.4	76.2-80.6	72.8	70.4-75.1	12.1	10.4-13.8
65-75	2,090	85.2	83.1-87.4	79.0	76.6-81.3	15.7	13.7-17.7
Race/Ethnicity							
White, non-Hispanic	3,552	76.6	74.9-78.3	71.4	69.6-73.2	10.9	9.7-12.1
Black, non-Hispanic	764	78.9	74.4-83.3	71.4	66.5-76.2	15.3	11.5-19.1
Hispanic	873	77.9	73.5-82.3	69.9	65.0-74.9	19.1	14.9-23.2
Other race, multiracial, non-Hispanic**	524	70.9	63.2-78.6	66.1	58.3-73.8	8.8	4.9-12.8
Annual household income							
< \$25,000	1,074	74.4	70.5-78.3	63.7	59.5-68.0	19.7	16.3-23.1
\$25,000 - < \$50,000	830	71.3	66.8-75.9	64.5	59.8-69.1	13.8	10.8-16.8
≥ \$50,000	2,656	78.4	76.3-80.4	74.6	72.5-76.7	10.0	8.5-11.4
Missing ^c	1,281	78.6	75.2-82.0	72.4	68.8-76.1	10.7	8.1-13.3
Educational attainment							
Less than high school	808	72.9	67.0-78.7	63.6	57.5-69.8	15.6	11.1-20.2
High school or GED	1,517	70.3	66.9-73.6	64.1	60.7-67.5	11.8	9.7-13.9
Some post-high school	1,553	79.8	77.2-82.4	73.2	70.3-76.1	14.0	11.6-16.4
College graduate	1,934	80.3	78.4-82.2	76.5	74.5-78.5	10.6	9.2-12.0
Health care coverage							
Private insurance	2,928	76.3	74.2-78.4	72.1	69.9-74.2	9.3	7.9-10.7
Medicare	1,487	82.9	80.2-85.5	76.2	73.3-79.1	16.7	14.3-19.2
Medicaid	580	73.1	67.5-78.7	63.4	57.5-69.4	14.0	10.0-18.0
Other insurance	266	83.2	76.9-89.5	73.2	65.0-81.3	18.1	10.9-25.4
No insurance	371	49.0	41.1-56.9	41.2	33.6-48.7	12.0	7.0-16.9
Regular health care provider							
Yes	5,180	80.1	78.6-81.5	74.1	72.5-75.7	12.9	11.7-14.1
No	623	46.2	40.3-52.1	41.1	35.5-46.8	9.5	6.4-12.6
Disability status^d							
Yes	1,463	79.5	76.6-82.4	71.2	68.0-74.4	15.5	13.0-18.1
No	3,975	75.8	74.0-77.6	70.7	68.8-72.6	11.3	10.1-12.6
Residence							
New York City (NYC)	2,310	77.5	74.8-80.3	71.3	68.4-74.2	13.5	11.5-15.6
NYS excluding NYC	3,530	76.1	74.3-77.9	70.3	68.4-72.2	11.8	10.5-13.1

*USPSTF screening recommendations for colorectal cancer screening among average risk adults ages 50 to 75 years with either: 1) a yearly take-home high-sensitivity fecal occult blood test (FOBT) or fecal immunochemical test (FIT); 2) a multitargeted stool DNA test (FIT-DNA) every 1 to 3 years; 3) a flexible sigmoidoscopy every 5 years; 4) a flexible sigmoidoscopy every 10 years plus FIT every year; 5) a CT colonography every 5 years; 6) a colonoscopy every 10 years.

**American Indian, Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, Other, or Multiracial.

^a Estimates 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 Based on report of at least one type of disability (cognitive, ambulatory, vision, hearing, self-care, or independent living).

References

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Program Contributions

New York State Department of Health
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Bureau of Cancer Prevention and Control

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