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Colorectal Cancer Prevention and Detection: Timely Screening among New Yorkers Ages 50 and Older

Colorectal cancer (CRC) is the second leading cause of cancer death in New York City (NYC). About 1,200 New Yorkers die from CRC each year, and about one third of deaths are in people younger than 65. Screening can prevent or detect CRC early, when it is easier to treat.

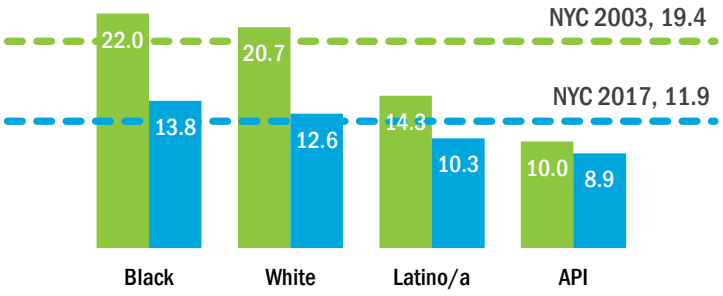
Starting in 2020, the NYC Department of Health and Mental Hygiene recommends health care providers consider starting screening at age 45 for people at average risk, because of increases in CRC at younger ages.[1, 2] Screening options include colonoscopy and stool-based tests. Previously the Health Department recommended screening starting at age 50, with colonoscopy as the preferred test.[3]

Providers use colonoscopy to examine the entire colon and remove any precancerous polyps along the way, which reduces the risk of developing CRC. Stool-based tests, which are done at home, look for signs of cancer or polyps in stool samples. A positive stool-based test is typically followed up with a colonoscopy. Screening colonoscopy is recommended every 10 years for those at average risk. Stool-based tests should be done every one to three years, depending on the test.

In 2018, 72% of NYC residents ages 50 and older (based on the previous recommendations) had received timely colorectal cancer screening, defined as colonoscopy within the past 10 years or a stool-based test within the past year. This report presents data on trends in CRC and timely screening through 2018. Page 4 contains recommendations to all New Yorkers, health care providers, policymakers and community-based organizations on colorectal cancer screening and prevention.

Colorectal cancer mortality has decreased over time across all ethnic groups

Colorectal cancer mortality by race and ethnicity, New York City, 2003 and 2017
Age-adjusted rate of death per 100,000 residents



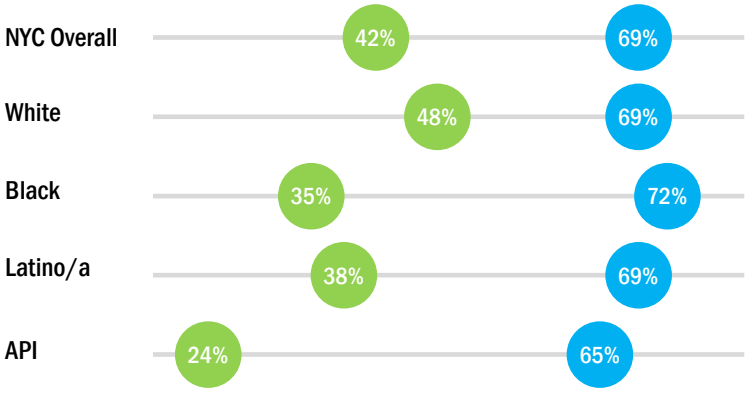
White, Black, Asian/Pacific Islander (API) race categories exclude Latino/a ethnicity. Latino/a includes Hispanic or Latino/a of any race.
Source: New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2003 and 2017

- In 2017, one-third (32%) of people living in NYC (about 2.7 million) were ages 50 and older.
- Black and White New Yorkers had the highest age-adjusted rate of death from CRC at 13.8 and 12.6 deaths per 100,000 residents, respectively. Latino/a and Asian and Pacific Islander New Yorkers had lower rates (10.3 and 8.9 deaths per 100,000 residents, respectively).
- Men were more likely to die from CRC than women (13.5 vs. 10.8 deaths per 100,000 New Yorkers).
- In 2013-2017, there were 4.1 premature CRC deaths (before age 65) per 100,000 population.

Definitions: **Race/ethnicity**: For the purpose of this publication, Latino/a mortality data include people of Hispanic origin based on ancestry reported on the death certificate, regardless of reported race. Latino/a excludes reported ancestry from non-Spanish speaking Central/South American countries, and non-Spanish speaking Caribbean islands. Community Health Survey data on Latino/a people include Hispanic or Latino/a origin, as identified by the survey question "Are you Hispanic or Latino/a?" and regardless of reported race. Black, White and Asian/Pacific Islander race categories exclude those who identified as Latino/a.
Data Sources: **New York City Community Health Survey** (CHS) 2003, 2014 – 2018. CHS is a phone survey conducted annually by the Health Department with approximately 10,000 non-institutionalized adults ages 18 and older. Analyses of data from 2003, 2014 – 2018 (combined) and 2018 were restricted to people ages 50 and older. Analysis by sex uses sex assigned at birth. Data are age-adjusted to the US 2000 standard population. For more survey details, visit nyc.gov/health/survey.
NYC DOHMH Bureau of Vital Statistics: New York City Department of Health and Mental Hygiene. 2003, 2013 – 2017.

Timely colorectal cancer screening has increased among all racial and ethnic groups

Prevalence of timely colonoscopy among adults ages 50 and older, by race and ethnicity, New York City, 2003 and 2018

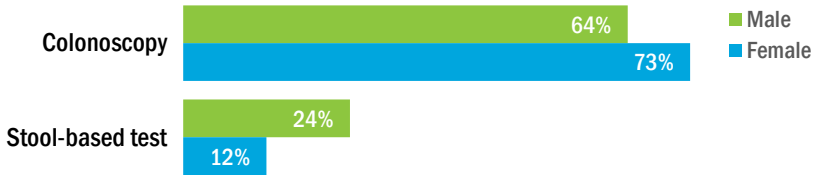


Timely colonoscopy is defined as having had a colonoscopy in the past 10 years. Comparison is not available for stool-based tests.
White, Black, Asian/Pacific Islander (API) race categories exclude Latino/a ethnicity. Latino/a includes Hispanic or Latino/a of any race.
Source: New York City Community Health Survey, 2003 and 2018

- In 2018, all racial and ethnic groups had similar timely CRC screening rates (76% among Black adults, 74% among Latino/a adults, 70% among White adults, and 69% among Asian/Pacific Islander adults).
- Between 2003 and 2018, the rate of timely colonoscopy among New Yorkers ages 50 and older increased from 42% to 69%. Since 2011, the rate has been stable at about 70%.
- In 2018, all racial and ethnic groups had similar colonoscopy rates (72% among Black adults, 69% among White and Latino/a adults, and 65% among Asian/Pacific Islander adults).
- White adults were about half as likely to have had a stool-based test in the past year (7%) compared with Latino/a (17%), Black (14%), and Asian/Pacific Islander adults (12%).

- In 2018, Latino/a adults had sex differences in colonoscopy and stool-based test utilization, which was not found among other races and ethnicities. Latino males were less likely to have had a timely colonoscopy than Latina females (64% vs. 73%).
- Latino males were twice as likely to have had a stool-based test in the past year as Latina females (24% vs. 12%).

Prevalence of timely colonoscopy and stool-based test among Latino/a adults ages 50 and older by sex, New York City, 2018



Timely colonoscopy is defined as having had a colonoscopy in the past 10 years. Stool-based test is within the past year.
Latino/a includes Hispanic or Latino/a of any race. Sex is defined as sex assigned at birth.
Source: New York City Community Health Survey, 2018

Colorectal cancer screening is associated with health care access and education

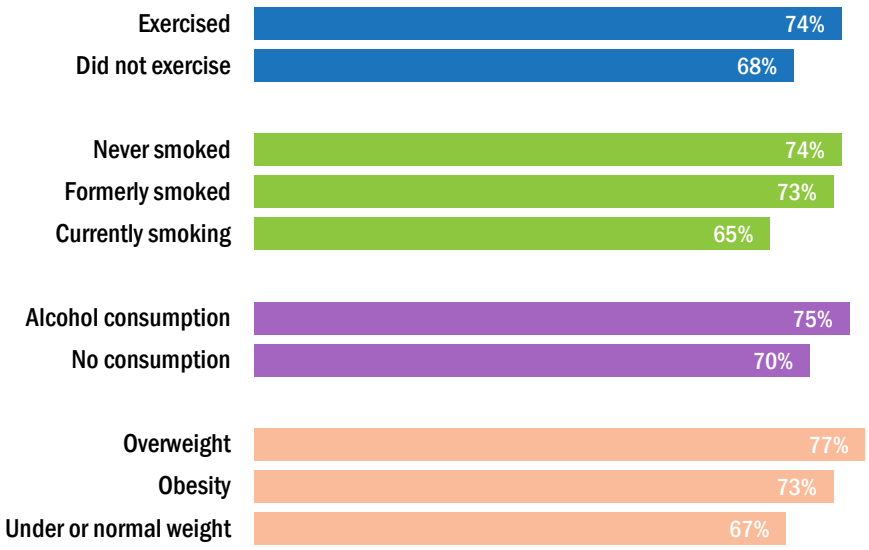
- In 2018, New Yorkers who had insurance coverage (73%) were more likely to have had timely CRC screening than those who did not have insurance coverage (52%*).
- New Yorkers who had a primary care provider (74%) were more likely to have had timely CRC screening than those who did not have a primary care provider (51%).
- Overall, college graduates (76%) were more likely to have had timely CRC screening compared with those who had less than high school education (70%) or were high school graduates (68%).
- New Yorkers who had less than high school education (15%) were about twice as likely to have had a stool-based test in the past year compared with college graduates (8%).

*Estimate should be interpreted with caution. Estimate's 95% confidence interval half-width is greater than 10, making the estimate potentially unreliable.

Definitions:
Timely colonoscopy is defined as having had a colonoscopy in the past 10 years.
Stool-based test is defined as having had a stool-based test within the past year. The 2003, 2012 and 2018 CHS included a question about stool-based tests. The guaiac-based fecal occult blood test (gFOBT) and fecal immunochemical test (FIT) is recommended annually. The FIT-DNA test can be done every one to three years.[2]
Timely colorectal cancer screening is defined as having had a colonoscopy in the past 10 years, or a stool-based test in the past year, or both.
Exercise is defined as having performed any physical activity other than your regular job in the past 30 days.
Alcohol consumption is defined as having consumed at least one alcoholic drink in the past 30 days.
Neighborhood: The United Hospital Fund classifies NYC into 42 neighborhoods comprised of contiguous ZIP codes.

Colorectal cancer risk factors have different associations with timely screening rates

Timely screening prevalence among New Yorkers ages 50 and older by colorectal cancer risk factors, 2018



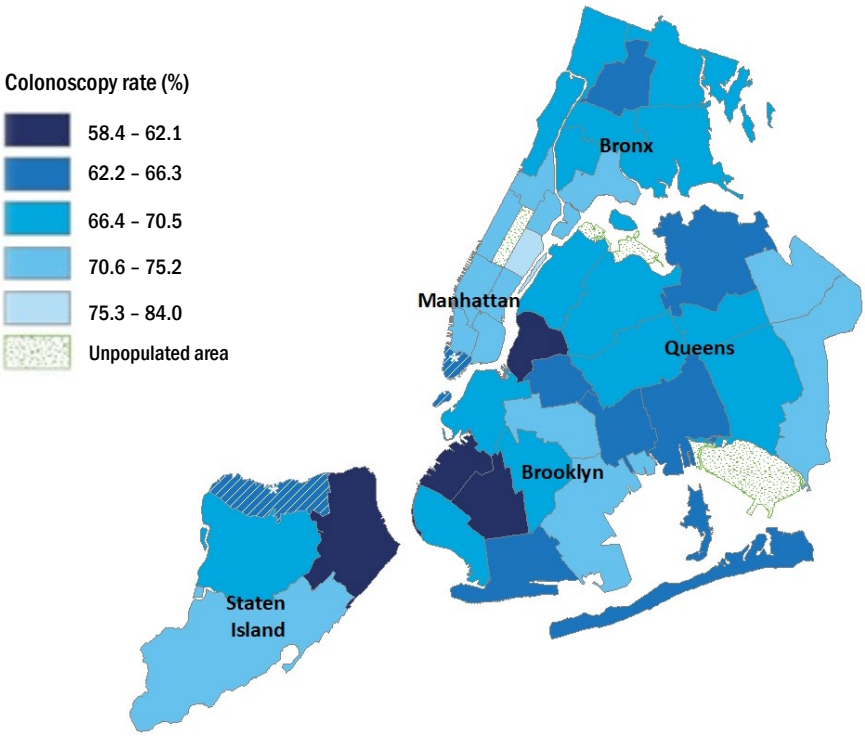
Timely colorectal cancer screening is defined as having had a colonoscopy in the past 10 years, or a stool-based test in the past year, or both
Exercise and alcohol consumption are during the past 30 days.
Source: New York City Community Health Survey, 2018

- In 2018, New Yorkers ages 50 and older who exercised in the past 30 days were more likely to have had timely CRC screening than those who did not exercise (74% vs. 68%).
- People who never or formerly smoked were more likely to have had timely screening than those who currently smoke (74% and 73%, vs. 65%, respectively).
- Adult New Yorkers who drank alcohol were more likely to have had timely screening than those who did not drink (75% vs. 70%).
- People who have overweight or obesity were more likely to have had timely screening than those who have under or normal weight (77% and 73%, vs. 67%, respectively).

Manhattan residents are more likely to have had a timely colonoscopy

- In 2014 – 2018, residents of Manhattan (74%) had a higher colonoscopy rate than the Bronx (68%), Staten Island (68%), Queens (68%), and Brooklyn (67%) residents.
- Residents of Sunset Park, Brooklyn (58%); Stapleton, Staten Island (61%); Greenpoint (61%) and Borough Park (62%) (both Brooklyn) had low colonoscopy rates.
- Residents of the Upper Eastside (84%), Chelsea - Clinton (75%), Gramercy Park (74%), Central Harlem (74%) and Union Square (74%) had high colonoscopy rates.

Prevalence of timely colonoscopy among New York adults ages 50 and older, by United Hospital Fund neighborhood, 2014 – 2018



Timely colonoscopy is defined as having had a colonoscopy in the past 10 years. Stool-based test is not included in this map. Neighborhood analysis uses combined data from 2014–2018 surveys (the most recent combined data available).
Neighborhood: The United Hospital Fund classifies NYC into 42 neighborhoods comprised of contiguous ZIP codes.
Source: New York City Community Health Survey, 2014 – 2018

Recommendations

All New Yorkers Should:

- Starting at age 45, ask your health care provider about the benefits and risks of CRC screening options, including colonoscopy and stool-based tests.
  - If getting a colonoscopy, learn more with the graphic novella, Preparing for a Colonoscopy: Sandra's Story.
- Know about your risk factors for colorectal cancer (CRC). You may need screening before age 45 if you have higher risk. For more information visit nyc.gov/health and search for colon cancer.
- Get covered. If you do not have insurance, you may be eligible to sign up for low- or no-cost health insurance through Get Covered NYC. You can receive free in-person enrollment assistance. You can call 311 or text CoveredNYC to 877877 to find the nearest enrollment location.
  - New Yorkers without insurance may be eligible for low- or no-cost screening; visit nyc.gov/health and search for colon cancer to learn more.
- Consult with your health care provider about your colon cancer risk and with your insurer about your insurance coverage before your screening test. Most insurance plans, including Medicaid and Medicare, cover colon cancer screenings for people starting at age 50. If you are between ages 45 and 49, coverage for screening varies.

Health Care Providers Should:

- Consider age 45 to begin screening for individuals at average risk of CRC because of increases in CRC at younger ages. Screen individuals at average risk using the following options:
  - Colonoscopy every 10 years.
    - OR -
  - Stool-based testing with a fecal immunochemical test (FIT) annually, a high-sensitivity guaiac-based fecal occult blood test (HSgFOBT) annually, or a multi-target stool DNA test (FIT-DNA) every 3 years. Follow up a positive stool test with a colonoscopy.
- Discuss the benefits and risks of different screening options with your patients and help with decision making.
- Be aware that individuals at familial or other increased risk may need to be screened earlier. Consult a specialist for screening recommendations.
- Keep track of your patients' family history and individual screening history. Make appropriate referrals, provide reminders and ensure timely follow up of positive test results.
- Provide patient navigation service to help patients understand what to expect before and after the screening.

Policymakers and Community Based Organizations Should:

- Increase public awareness of CRC risks and prevention steps.
- Advocate for insurance coverage for CRC screening beginning at age 45.
- Provide more resources and directions to improve health care access for preventive care screenings. For more information visit nyc.gov and search for "cancer resources."

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