

Session Four

Panel

What Do the Data Tell Us? What Can We Learn From the Latest Colorectal Cancer Screening Rate Trends Over Time?



2:20 PM to 3:25 PM

Panel

What Do the Data Tell Us? What Can We Learn From the Latest Colorectal Cancer Screening Rate Trends Over Time?



Moderator
Peter Liang
MD, MPH



Sallyann Coleman King
MD, MSc



Priti Bandi
PhD



Neeraj Deshpande
MBBS, MPH, MHA

What Do the Data Tell Us About CRC Screening? The National Health Interview Survey

Priti Bandi, PhD

Scientific Director, Risk Factors & Screening Research
American Cancer Society

What Do the Data Tell Us About CRC Screening? The National Health Interview Survey.



Priti Bandi
November 2023

NHIS

National Health Interview Survey

- In person, nationally representative, household survey among non-institutionalized adults
- Self-reported CRC screening data
 - Colonoscopy
 - Sigmoidoscopy
 - FIT/gFOBT (hereafter FIT)
 - CT Colonography (added in 2010)
 - sDNA/Cologuard (added in 2018)
- 2019: Change in survey design, CRC screening questions, and rotation
- 2021: CRC screening data are collected, mix of in-person/ telephone



National Health Interview Survey

Cancer Prevention & Early Detection Facts & Figures

National and state-level screening data

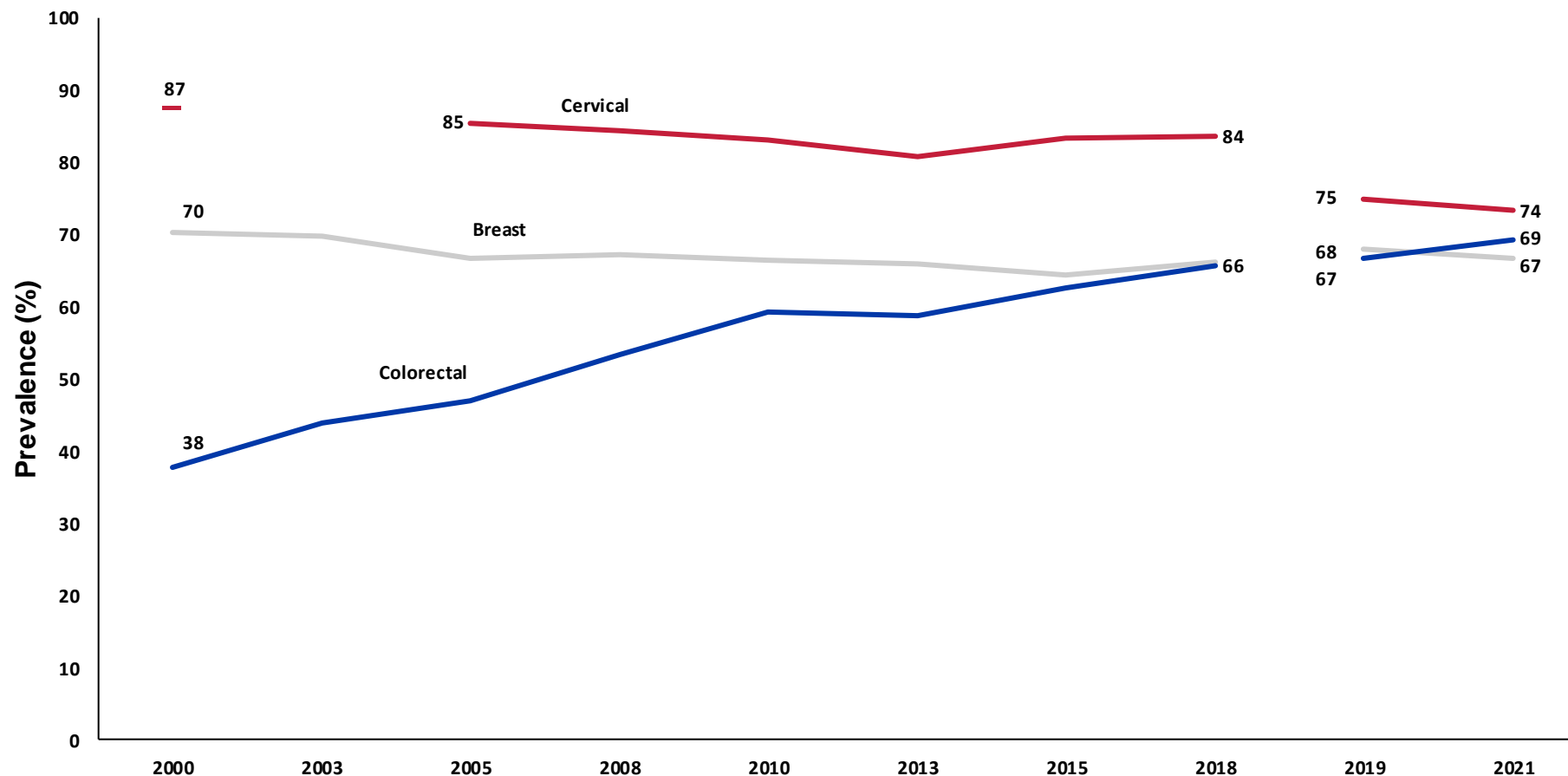
- ACS Bi-annual surveillance publication
- 2023-2024 latest
- Tables and Figures updated every year
- Historical back to 2006

American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures, 2023-2024.*

<https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html>



Trends in Breast*, Cervical†, and Colorectal‡ Cancer Screening (%), US, 2000-2021



Source: National Health Interview Survey, 2000-2021

American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures, 2023-2024.*
<https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html>





Original Investigation | Diversity, Equity, and Inclusion

Changes in Cancer Screening in the US During the COVID-19 Pandemic

Stacey A. Fedewa, PhD; Jessica Star, MA, MPH; Priti Bandi, PhD; Adair Minihan, MPH; Xuesong Han, PhD; K. Robin Yabroff, MBA, PhD; Ahmedin Jemal, DVM, PhD



original report

Cancer Screening in the United States During the Second Year of the COVID-19 Pandemic

Journal of
Clinical
Oncology[®]

Jessica Star, MA, MPH¹; Priti Bandi, PhD¹; Rebecca L. Siegel, MPH¹; Xuesong Han, PhD¹; Adair Minihan Robert A. Smith, PhD²; and Ahmedin Jemal, DVM, PhD¹



CANCER EPIDEMIOLOGY, BIOMARKERS & PREVENTION | REVIEW

Updated Review of Major Cancer Risk Factors and Screening Test use in the United States, with a Focus on Changes During the COVID-19 Pandemic

Jessica Star¹, Priti Bandi¹, Nigar Nargis¹, Farhad Islami¹, K. Robin Yabroff¹, Adair K. Minihan¹, Robert A. Smith², and Ahmedin Jemal¹

Cancer
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& Prevention



Cancer Screening in the United States During the Second Year of the COVID-19 Pandemic

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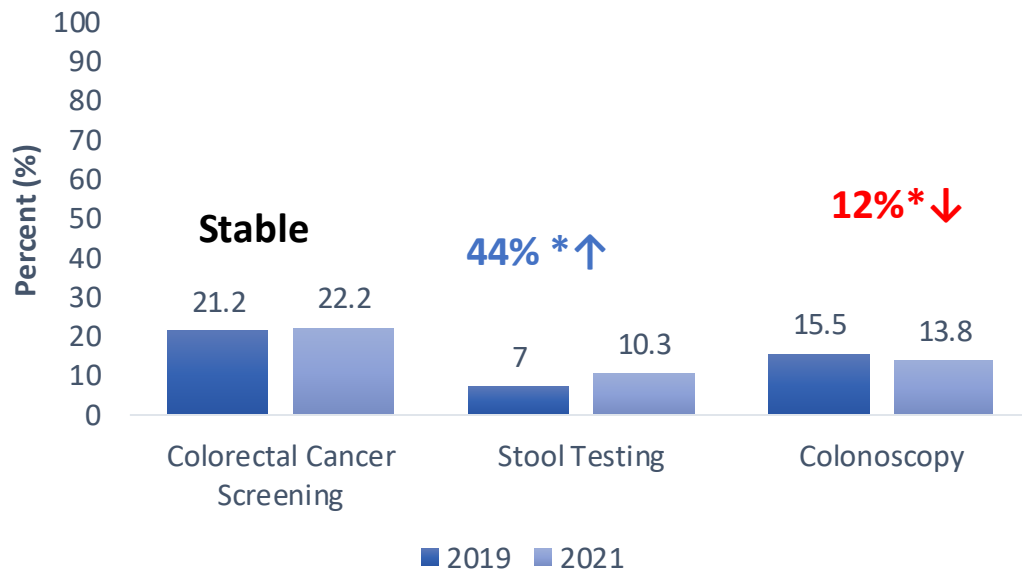
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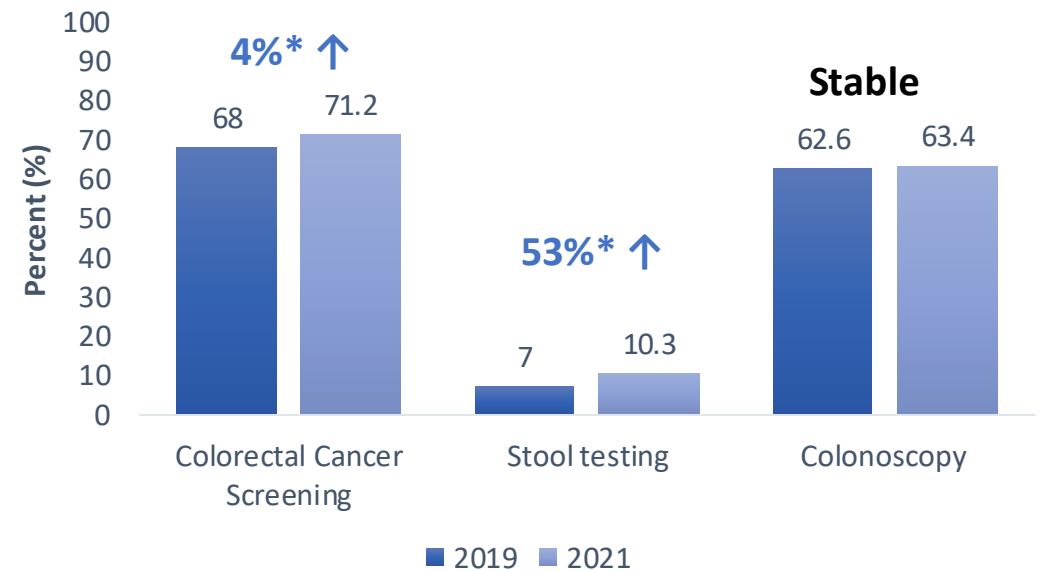
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Cancer
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Past Year Colorectal Cancer Screening



Up to Date Colorectal Cancer Screening



Large increase in stool-based testing offset a decline in past-year colonoscopy; and contributed to small increase in UTD screening

original report

Cancer Screening in the United States During the Second Year of the COVID-19 Pandemic

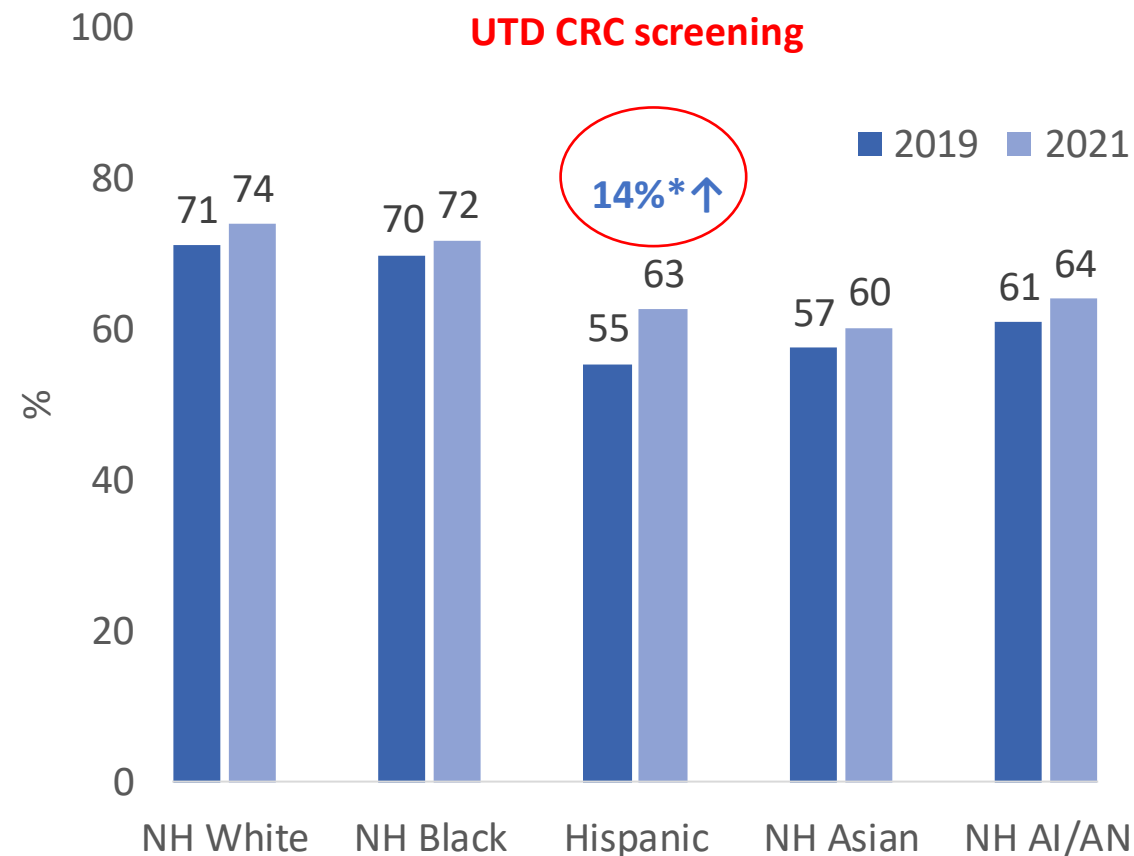
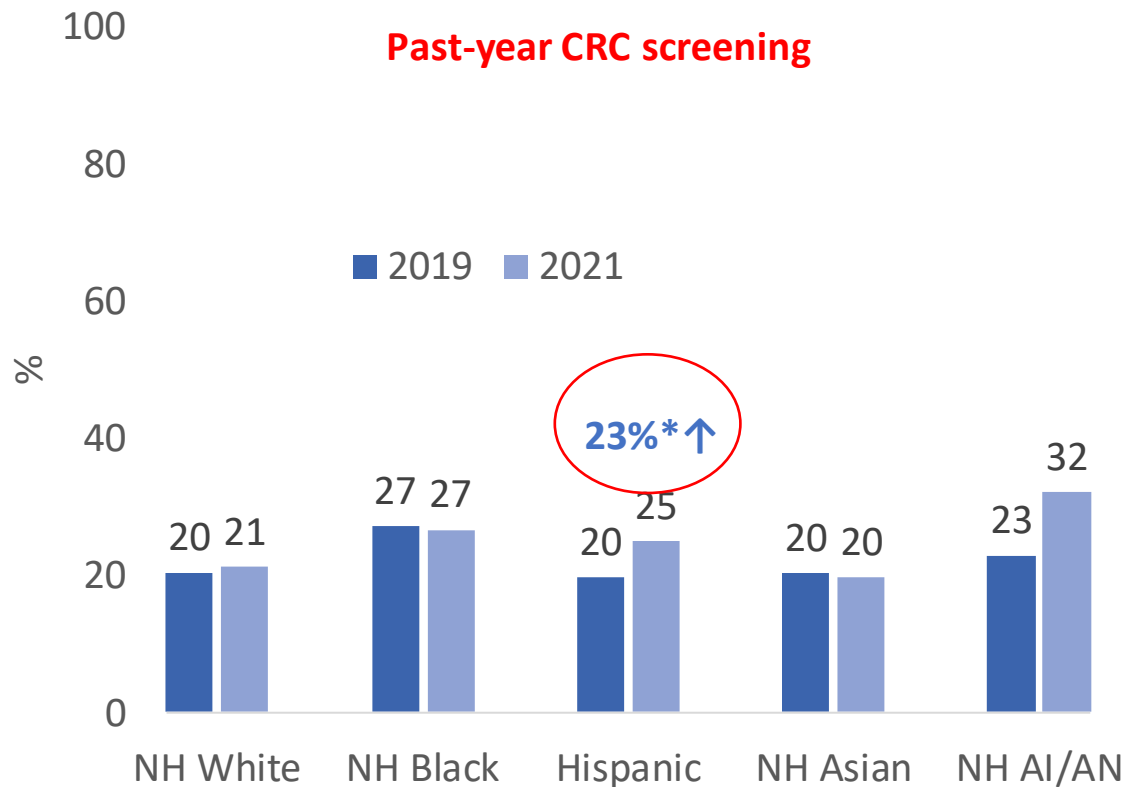
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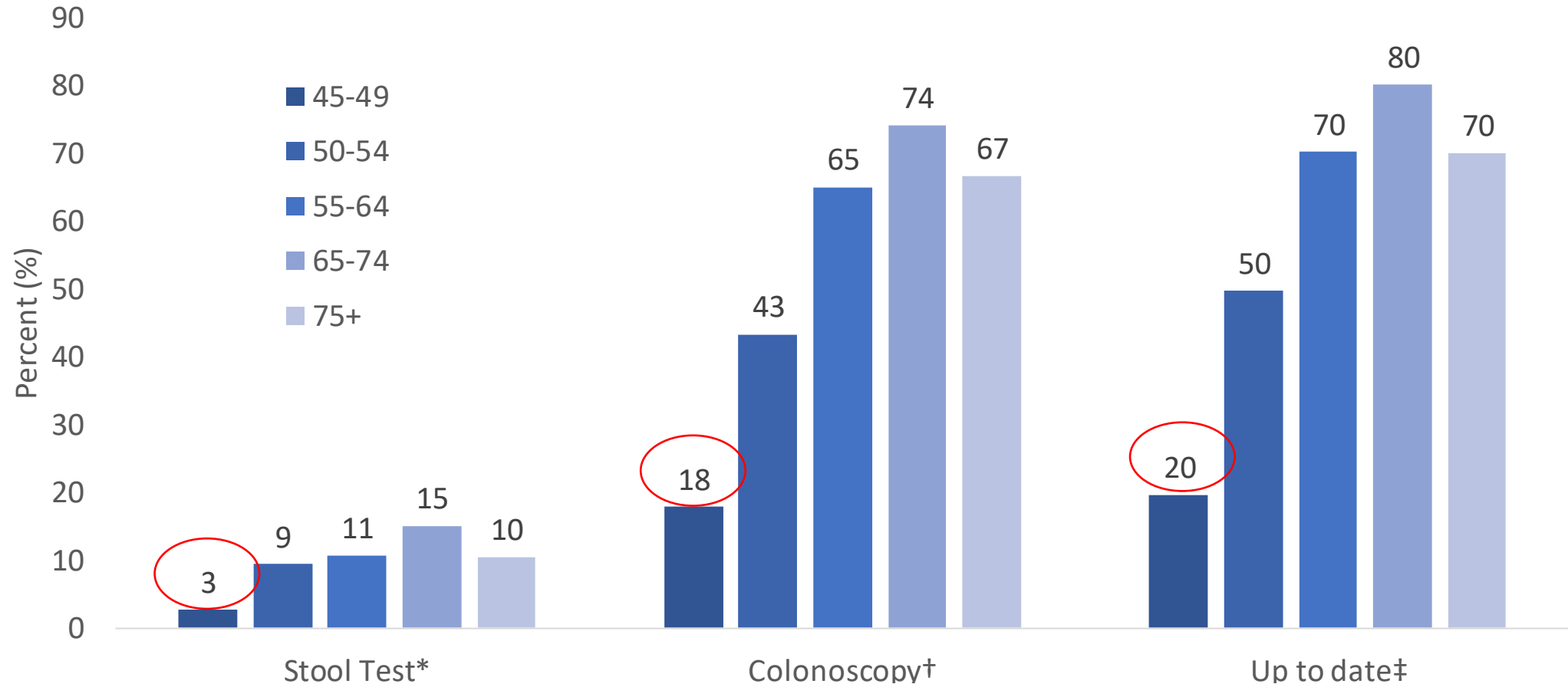
Cancer Epidemiology, Biomarkers & Prevention



Past-year and UTD prevalence increased in Hispanic people driven by stool testing increase

2021 prevalence

Age differences: CRC Screening Prevalence, Ages ≥ 45 years, 2021

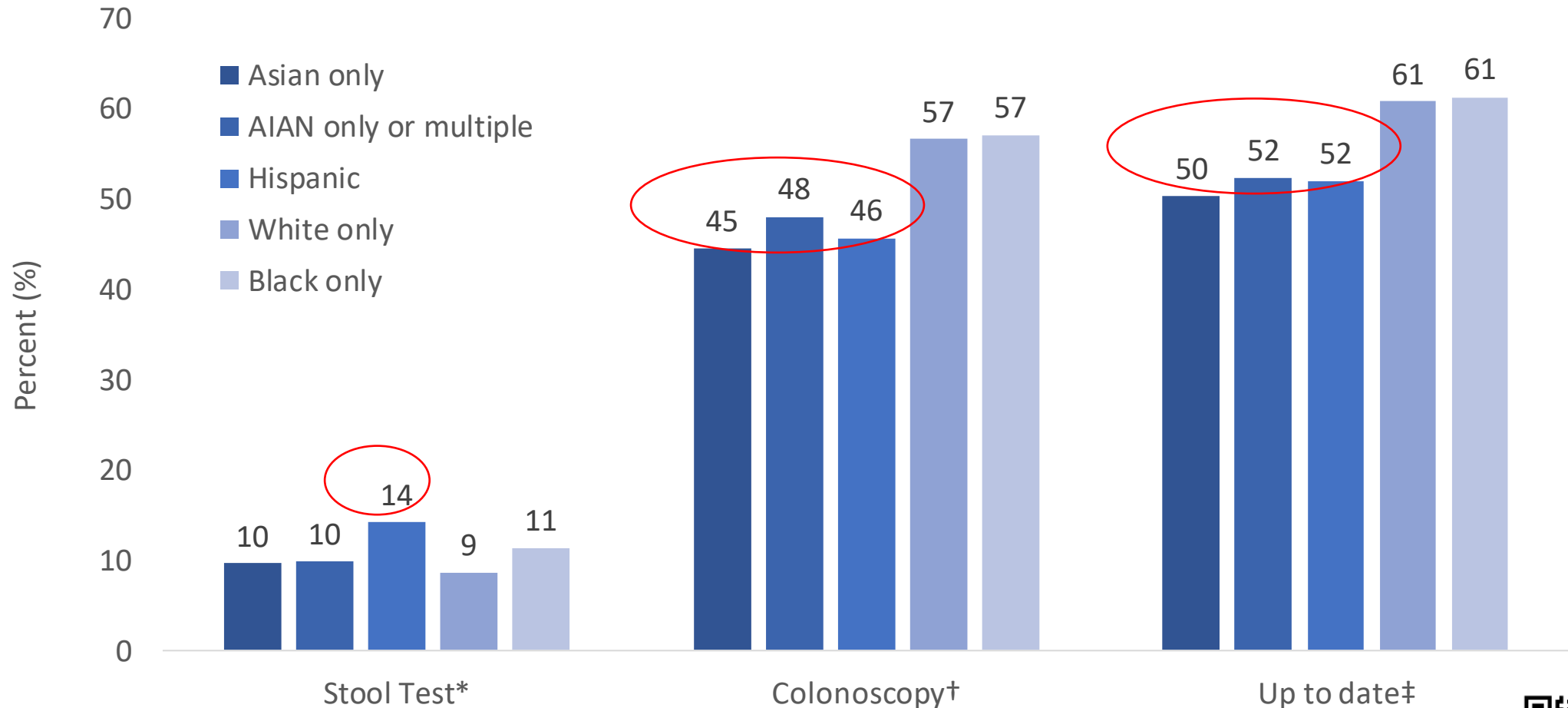


*Fecal occult blood test (FOBT) OR fecal immunochemical test (FIT) within the past 1 year OR sDNA test within the past 3 years. †Within the past 10 years. ‡FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively.
Source: National Health Interview Survey, 2000-2021

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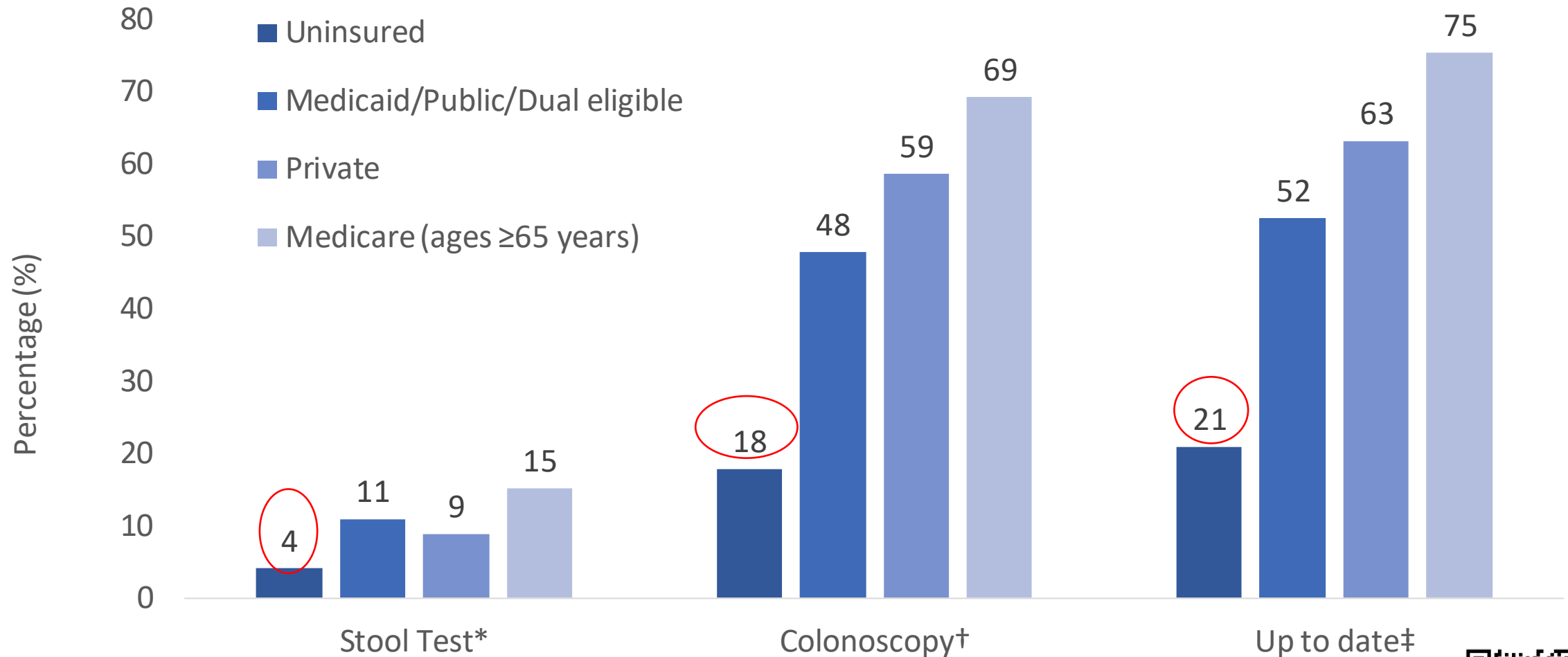
Race/ethnicity: CRC Screening Prevalence, Ages ≥ 45 years, 2021



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Source: National Health Interview Survey, 2000-2021



Insurance: CRC screening prevalence, Ages 45+ years, 2021



*Fecal occult blood test (FOBT) OR fecal immunochemical test (FIT) within the past 1 year OR sDNA test within the past 3 years. †Within the past 10 years. ‡FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively.
Source: National Health Interview Survey, 2000-2021



Summary

- COVID-19 pandemic: Large increase in stool-based testing
 - Maintained up-to-date CRC screening
 - Mitigate sociodemographic disparities
- Race/ethnic and Insurance disparities in CRC screening persist: social and structural barriers need to be addressed alongside patient and healthcare factors
- Newly-eligible adults 45-49 years: concerted efforts needed to increase low prevalence

Thanks!



Thank You

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2022 UDS Update Colorectal Cancer Screening

Neeraj Deshpande MBBS, MPH, MHA

Public Health Analyst, Quality Recognition and Health Promotion Team
Bureau of Primary Health Care/Office of Quality Improvement
DHHS/Health Resources and Services Administration (virtual)



Thank You

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What Do the Data Tell Us? What Can We Learn from the Latest Colorectal Cancer Screening Rate Trends Over Time?

Peter Liang, MD, MPH

Assistant Professor, Department of Medicine and Department of Population Health

NYU Langone Health

ACS NCCRT Steering Committee



NCCRT Annual Meeting

Nov 15, 2023

What Do the Data Tell Us? What Can We Learn from the Latest Colorectal Cancer Screening Rate Trends over Time?

Peter S. Liang, MD MPH

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Disclosures

Research support: Epigenomics, Freenome

Advisory board: Guardant Health

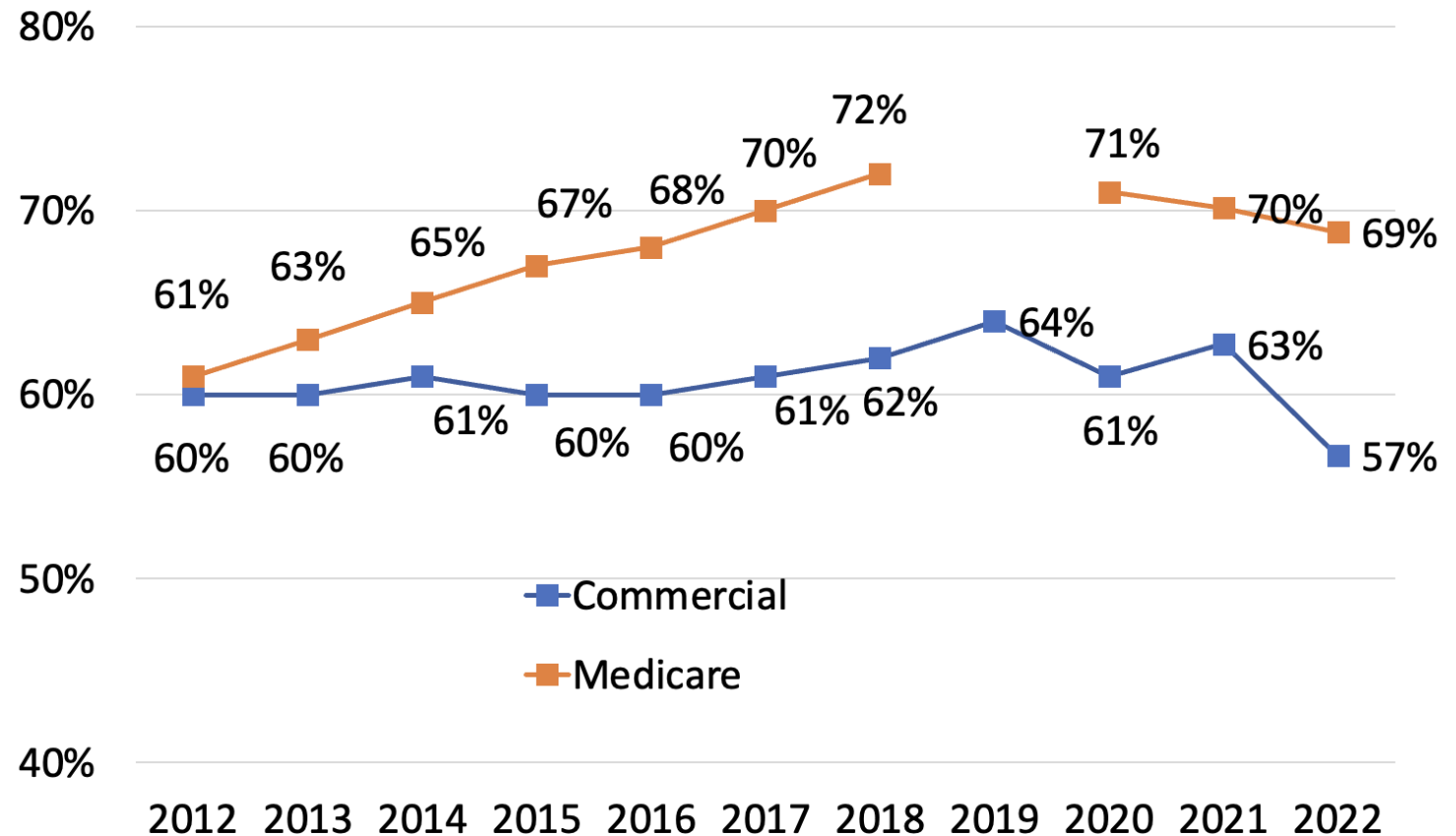
HEDIS Measures

HEDIS Screening Rates Medicare and Commercial, ages 50-75 (45-75 in 2022)

*Screening rate data for Medicare plans is not available for 2019 because CMS suspended Medicare quality reporting requirements in response to COVID-19.

*Trending caution: added required exclusion to the Medicare product line for members 65 years of age and older living long-term in institutional settings.

*Trending caution: there is a break in trending for the Commercial and Medicare product lines for the total rate due to the expansion of the age criteria from 50-75 to 45-75 years.

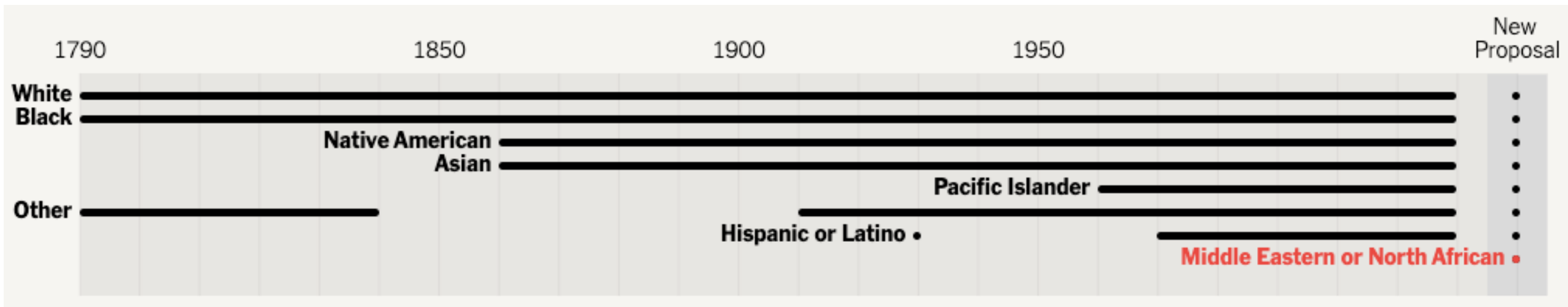


Racial and ethnic disparities: if you can't measure it, you can't address it

Office and Management and Budget (OMB) Racial and Ethnic Categories and Alternative Disaggregated Categories

OMB	HHS	New York State
American Indian or Alaska Native		
Asian	7 subgroups: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian	20 subgroups: 7 HHS subgroups, Laotian, Cambodian, Bangladeshi, Hmong, Indonesian, Malaysian, Pakistani, Sri Lankan, Taiwanese, Nepalese, Burmese, Tibetan, Thai
Black or African American		
Hispanic or Latino	4 subgroups: Mexican/Mexican American/Chicano/a, Puerto Rican, Cuban, Another Hispanic/Latino/Spanish origin	
Native Hawaiian or Other Pacific Islander	4 subgroups: Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander	6 subgroups: 4 HHS subgroups, Fijian, Tongan
White		

When data for different racial and ethnic groups was collected



Proposed detailed & minimum categories for combined race and ethnicity data collection

What is your race or ethnicity?
Select all that apply **AND** enter additional details in the spaces below.
Note, you may report more than one group.

WHITE – Provide details below.

German Irish English
 Italian Polish French
Enter, for example, Scottish, Norwegian, Dutch, etc.

HISPANIC OR LATINO – Provide details below.

Mexican or Mexican American Puerto Rican Cuban
 Salvadoran Dominican Colombian
Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.

BLACK OR AFRICAN AMERICAN – Provide details below.

African American Jamaican Haitian
 Nigerian Ethiopian Somali
Enter, for example, Ghanaian, South African, Barbadian, etc.

ASIAN – Provide details below.

Chinese Filipino Asian Indian
 Vietnamese Korean Japanese
Enter, for example, Pakistani, Cambodian, Hmong, etc.

AMERICAN INDIAN OR ALASKA NATIVE – Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Tribal Government, Tlingit, etc.

MIDDLE EASTERN OR NORTH AFRICAN – Provide details below.

Lebanese Iranian Egyptian
 Syrian Moroccan Israeli
Enter, for example, Algerian, Iraqi, Kurdish, etc.

NATIVE HAWAIIAN OR PACIFIC ISLANDER – Provide details below.

Native Hawaiian Samoan Chamorro
 Tongan Fijian Marshallese
Enter, for example, Palauan, Tahitian, Chuukese, etc.

What is your race or ethnicity?
Select all that apply.

White

Hispanic or Latino

Black or African American

Asian

American Indian or Alaska Native

Middle Eastern or North African

Native Hawaiian or Pacific Islander

Major proposed changes

- 1) Race and ethnicity collected using a combined question
- 2) New minimum category: Middle Eastern or North African (MENA)
- 3) Requires collection of detailed categories by default

Benefits of proposed changes

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Potential benefits

- 1) Reduces number of ppl who select “Some Other Race”
- 2) Reflects increasing demographic diversity and how ppl self-identify
- 3) Captures disparities in more granular way



Thank You

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Q&A

Colorectal Cancer Screening 45-49yo BRFSS 2022



BRFSS Population 45-49yo, Colorectal Cancer Screening, 2022

- 25,873 men and women 45-49yo in BRFSS sample
- Weighted population estimate
 - **~16 million men and women 45-49yo in the US**
- Colorectal Cancer Screening
 - **31% Up-to-date** with CRC screening
 - **4.2% Screened but not up-to-date**
 - **64.7% Never screened**

