Panel
What Do the Data Tell Us? What Can We Learn From the Latest Colorectal Cancer Screening Rate Trends Over Time?
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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.
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
Cancer Prevention & Early Detection Facts & Figures

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

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

Source: National Health Interview Survey, 2000-2021

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

Cancer Screening in the United States During the Second Year of the COVID-19 Pandemic
Jessica Star, MA, MPH; Priti Bandi, PhD; Rebecca L. Siegel, MPH; Xuesong Han, PhD; Adair Minihan, Robert A. Smith, PhD; and Ahmedin Jemal, DVM, PhD

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 Islami³, K. Robin Yabroff¹, Adair K. Minihan¹, Robert A. Smith², and Ahmedin Jemal¹
Large increase in stool-based testing offset a decline in past-year colonoscopy; and contributed to small increase in UTD screening.
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
Race/ethnicity: CRC Screening Prevalence, Ages ≥45 years, 2021

- **Stool Test***
  - Asian only: 14%
  - AIAN only or multiple: 11%
  - Hispanic: 9%
  - White only: 10%
  - Black only: 10%

- **Colonoscopy†
  - Asian only: 48%
  - AIAN only or multiple: 46%
  - Hispanic: 45%
  - White only: 57%
  - Black only: 57%

- **Up to date‡
  - Asian only: 50%
  - AIAN only or multiple: 52%
  - Hispanic: 52%
  - White only: 61%
  - Black only: 61%

*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


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
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
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
Departments of Medicine and Population Health, NYU Langone Health
VA New York Harbor Health Care System
NYC Health + Hospitals Bellevue
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

<table>
<thead>
<tr>
<th>OMB Category</th>
<th>HHS Categories</th>
<th>New York State</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>7 subgroups: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian</td>
<td>20 subgroups: 7 HHS subgroups, Laotian, Cambodian, Bangladeshi, Hmong, Indonesian, Malaysian, Pakistani, Sri Lankan, Taiwanese, Nepalese, Burmese, Tibetan, Thai</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>4 subgroups: Mexican/Mexican American/Chicano/a, Puerto Rican, Cuban, Another Hispanic/Latino/Spanish origin</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>4 subgroups: Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander</td>
<td>6 subgroups: 4 HHS subgroups, Fijian, Tongan</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When data for different racial and ethnic groups was collected
Proposed detailed & minimum categories for combined race and ethnicity data collection

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

Proposed changes

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

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
  - \(~16\text{ million men and women 45-49yo in the US}\)
- Colorectal Cancer Screening
  - 31% Up-to-date with CRC screening
  - 4.2% Screened but not up-to-date
  - 64.7% Never screened