



Michigan BRFS

MICHIGAN BRFS SURVEILLANCE BRIEF

A NEWSLETTER FROM THE CHRONIC DISEASE EPIDEMIOLOGY UNIT, MDCH

Colorectal Cancer Screening Practices Among Michigan Adults

Background. Colorectal cancer is a leading cause of cancer deaths for men and women in Michigan. In 2014, the American Cancer Society estimates there will be 1,680 deaths from colorectal cancer in this state.¹ The number of new cases of colorectal cancer for 2014 is estimated at 4,570, making colorectal cancer the third most common cancer for both men and women.¹ Screening tests for colorectal cancer exist that can find cancer and detect polyps. Pre-cancerous polyps can be removed by colonoscopy.

The majority of colorectal cancer occurs in men and women over age 50, which is when screening should begin. If there is a personal or family history of colorectal cancer, pre-cancerous polyps, or specific inherited genetic conditions, patients should talk with their health care provider and screening should begin at an earlier age. Modifiable factors that increase risk for colorectal cancer include obesity, lack of physical activity, alcohol consumption, and smoking.¹

Methods. Questions related to colorectal cancer screening practices and respondent demographics were included within the 2013 Michigan Behavioral Risk Factor Survey (MiBRFS). These questions focus on three of the more common screening tests (i.e., fecal occult blood test, sigmoidoscopy, and colonoscopy) that are recommended for adults 50 years of age and older. Through the use of these questions, appropriate colorectal cancer screening was defined as having a fecal occult blood test within the past year, a sigmoidoscopy within the past five years, or a colonoscopy within the past ten years.

These data were used to determine the prevalence of appropriate colorectal cancer screening, and its individual components, among Michigan adults aged 50 years and older.

Demographic subpopulations and trends over time were examined to determine if significant differences exist among these colorectal cancer screening indicators.

Results. In 2013, an estimated 71.0% of Michigan adults aged 50 years and older reported appropriate colorectal cancer screening (Table 1). When looking at each of the three components individually, 8.6% reported having a fecal occult blood test within the past years, 1.8% reported having a sigmoidoscopy within the past five years, and 65.8% reported having a colonoscopy within the past ten years.

The prevalence of having a

Table 1. Colorectal Cancer Screening among Michigan Adults Aged 50 Years and Older, 2013 Michigan BRFS

| | Fecal Occult Blood Test (FOBT) Within the Past Year | | Sigmoidoscopy Within the Past Five Years | | Colonoscopy Within the Past Ten Years | | Any Appropriate Colorectal Cancer Screening | |
|--------------------------|---|------------------|--|------------------|---------------------------------------|--------------------|---|--------------------|
| | % | 95% CI | % | 95% CI | % | 95% CI | % | 95% CI |
| Total | 8.6 | (7.8-9.5) | 1.8 | (1.4-2.2) | 65.8 | (64.3-67.2) | 71.0 | (69.6-72.4) |
| Age | | | | | | | | |
| 50-59 years | 6.3 | (5.2-7.7) | 1.5 | (0.9-2.5) | 58.5 | (55.9-61.0) | 62.8 | (60.2-65.3) |
| 60-69 years | 9.5 | (8.1-11.2) | 1.7 | (1.2-2.4) | 71.6 | (69.2-74.0) | 76.7 | (74.3-78.9) |
| 70+ years | 11.0 | (9.5-12.7) | 2.1 | (1.6-2.9) | 70.1 | (67.8-72.3) | 77.0 | (74.9-79.1) |
| Gender | | | | | | | | |
| Male | 8.7 | (7.4-10.1) | 2.2 | (1.6-3.1) | 64.6 | (62.3-66.8) | 70.2 | (67.9-72.3) |
| Female | 8.5 | (7.5-9.6) | 1.3 | (1.0-1.8) | 66.9 | (65.0-68.7) | 71.8 | (70.0-73.5) |
| Race | | | | | | | | |
| White, non-Hispanic | 8.4 | (7.6-9.2) | 1.7 | (1.3-2.2) | 66.8 | (65.3-68.3) | 71.8 | (70.3-73.2) |
| Black, non-Hispanic | 11.5 | (8.0-16.2) | -- ^a | -- ^a | 62.9 | (57.0-68.5) | 68.9 | (63.1-74.2) |
| Education | | | | | | | | |
| High school or less | 7.2 | (6.0-8.6) | 2.0 | (1.4-2.9) | 61.3 | (58.9-63.7) | 66.9 | (64.6-69.2) |
| Some college or more | 9.8 | (8.8-11.0) | 1.5 | (1.1-2.1) | 69.7 | (67.9-71.4) | 74.5 | (72.8-76.2) |
| Household Income | | | | | | | | |
| Less than \$25,000 | 7.5 | (6.0-9.4) | 2.6 | (1.6-4.1) | 54.8 | (51.5-58.1) | 62.0 | (58.7-65.2) |
| \$25,000 - \$49,999 | 7.5 | (6.2-9.1) | 1.8 | (1.2-2.6) | 67.6 | (64.8-70.3) | 72.4 | (69.6-75.0) |
| \$50,000 or more | 9.4 | (8.1-10.9) | 1.5 | (1.1-2.2) | 71.1 | (68.8-73.3) | 75.3 | (73.1-77.4) |
| Health Insurance | | | | | | | | |
| Yes | 9.0 | (8.2-10.0) | 1.7 | (1.3-2.1) | 68.5 | (67.1-70.0) | 73.8 | (72.4-75.2) |
| No | -- ^a | -- ^a | -- ^a | -- ^a | 31.5 | (25.8-37.9) | 36.1 | (29.9-42.7) |
| Disability Status | | | | | | | | |
| Disabled | 8.8 | (7.4-10.4) | 2.0 | (1.4-2.9) | 68.3 | (65.7-70.7) | 73.8 | (71.3-76.2) |
| Not disabled | 8.5 | (7.5-9.6) | 1.6 | (1.2-2.2) | 64.5 | (62.7-66.3) | 69.6 | (67.8-71.3) |

^a Suppressed due to a denominator of < 50 and/or a relative standard error > 30%.

MiBRFS News

- The 2013 MiBRFS Annual Report has been released and is currently available on the MiBRFS website (www.michigan.gov/brfs). A limited number of hard copy reports are still available and can be requested by sending an email to MIBRFSS@michigan.gov.
- The 2015 MiBRFS questionnaire is currently being finalized and will be available on the MiBRFS website once it has been completed.
- Did you miss an issue of *Michigan BRFS Surveillance Brief*? Back issues are available on our website.

fecal occult blood test within the past year and a colonoscopy within the past ten years both increased significantly with age (Table 1). The prevalence of any of the four screening indicators were similar by gender, race/ethnicity, and disability status.

Michigan adults who attended some college or more were more likely to have reported appropriate colorectal cancer screening than adults who completed high school or less (Table 1). Furthermore, the prevalence of appropriate colorectal cancer screening increased with increasing household income level. Adults with health insurance were also more likely to report appropriate colorectal cancer screening than adults without health insurance.

Figure 1 illustrates that the BRFSS methodology changes that were implemented in 2011 did not significantly impact the prevalence of appropriate colorectal cancer screening among Michigan adults aged 50 years and older. Taking this into account, the prevalence of appropriate colorectal cancer screening has shown an increasing trend over the past several years.

Conclusions. When colorectal cancer is found early, survival rates are 90%.¹ Unfortunately, only 40% of colorectal cancer are found early. Survival rates drop to 13% when colorectal cancer has spread to distant organs and is late stage. Surgery is the most common treatment for colorectal cancer and may be all that is needed if the cancer is found early. Chemotherapy and/or radiation may be needed if the cancer has begun to spread.¹

The Centers for Disease Control and Prevention estimates that 23 million adults have never been screened for colorectal cancer.² Based on 2013 MiBRFSS data, an estimated 700,000 Michigan adults 50 years and older have never been screened for colorectal cancer. To increase screening, health care providers can do the following: 1) offer all recommended screening test options for colorectal cancer with advice about each test, 2) Determine which screening test the patient is most likely to complete, and 3) Work with public health professionals to implement activities that are proven to increase screening.²

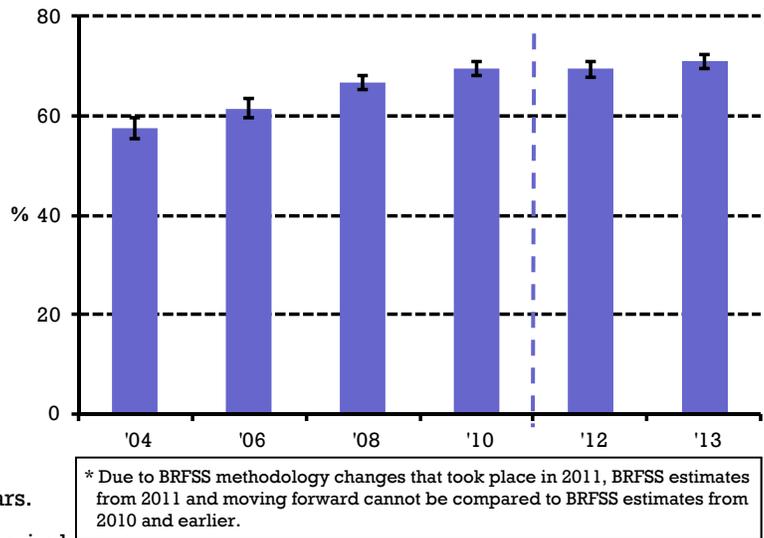
Activities that scientific studies have shown to be effective to increase colorectal cancer screening include reminders to patients that a test is due, use of small media such as brochures that explain colorectal cancer screening, one-on-one education with patients, and presentation of screening rate feedback to health care providers for patients under their care.³ The use of patient navigation in health care organizations can help patients learn about the importance of colorectal cancer screening and the need to follow-up with other tests if the results from screening are abnormal.²

Work is underway in Michigan to implement these activities and others that will continue to increase colorectal cancer screening. The National Colorectal Cancer Roundtable is leading efforts to promote that 80% of eligible adults be screened for colorectal cancer by 2018.⁴ A new opportunity to increase screening rates in Michigan exists due to the expansion of insurance coverage in this state and colorectal cancer screening being a preventive service covered under the Affordable Care Act.

References

- ¹ American Cancer Society. Cancer Facts and Figures 2014. Atlanta: American Cancer Society; 2014.
- ² Centers for Disease Control and Prevention. CDC Vital Signs: Colorectal Cancer Tests Save Lives; November 2013.
- ³ Centers for Disease Control and Prevention. The Road to Better Health: A Guide to Promoting Cancer Prevention in Your Community. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2012.
- ⁴ National Colorectal Cancer Roundtable. Tools & Resources - 80% by 2018. <http://nccrt.org/about/80-percent-by-2018/>.

Figure 1. Appropriate Colorectal Cancer Screening among Michigan Adults Aged 50 Years and Older, Michigan BRFSS, 2004-2013*



The Michigan Behavioral Risk Factor Surveillance System (MiBRFSS)
The MiBRFSS comprises annual, statewide telephone surveys of Michigan adults aged 18 years and older and is part of the national BRFSS coordinated by the CDC. The annual Michigan Behavioral Risk Factor Surveys (MiBRFS) follow the CDC BRFSS protocol and use the standardized English core questionnaire that focuses on various health behaviors, medical conditions, and preventive health care practices related to the leading causes of mortality, morbidity, and disability. Landline and cell phone interviews are conducted across each calendar year. Data are weighted to adjust for the probabilities of selection and a raking weighting factor that adjusts for the distribution of the Michigan adult population based on eight demographic variables. All analyses are performed using SAS-callable SUDAAN® to account for the complex sampling design.

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