DISPARITIES IN CRC SCREENING

ANTHONY MONTEGUT, M.D.
CHIEF MEDICAL OFFICER
CHARLES DREW HEALTH CENTER
OMAHA, NE
NATIONAL INCIDENCE

Incidence rates, 2008-2012
Colorectum, by state

Per 100,000, age adjusted to the 2000 US standard population
Data sources: North American Association of Central Cancer Registries (NAACCR), 2015
Figure 5. Trends in Colorectal Cancer Incidence and Mortality Rates by Race/Ethnicity and Sex, 1975-2010

Trends for American Indians/Alaska Natives are not included due to sparse data. Rates are per 100,000 and age adjusted to the 2000 US standard population. *Rates are two-year moving averages. †Rates are three-year moving averages. ‡Rates exclude deaths from Connecticut, District of Columbia, Louisiana, Maine, Maryland, Minnesota, Mississippi, New Hampshire, New York, North Dakota, Oklahoma, South Carolina, Vermont, and Virginia due to incomplete ethnicity data.

NORTH DAKOTA
SOUTH DAKOTA

South Dakota Colorectal Cancer Screening Rates*
Medicare Claims Data (Age 50-75): 1Q2015 through 4Q2015

*Screening tests included: Colonoscopy, Sigmoidoscopy, FOBT, Barium Enema

Lowest Group
2nd Group
Middle Group
State Rate – 46.0%
4th Group
Highest Group

This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 1150Y-EPGIN-N-D-CRC-09/0616
UP-TO-DATE ON COLON CANCER SCREENING¹, SOUTH DAKOTA ADULTS 50-75 YEARS OLD, BY RACE/ETHNICITY, 2012 & 2014 COMBINED

*DATA SUPPRESSED DUE TO SMALL SAMPLE SIZE.  ¹. PERCENTAGE OF ADULTS 50-75 YEARS OLD WHO REPORT HAVING HAD A FECAL OCCULT BLOOD TEST (FOBT) DURING THE PAST YEAR, OR A SIGMOIDOSCOPY DURING THE PAST 5 YEARS AND AN FOBT DURING THE PAST 3 YEARS, OR A COLONOSCOPY DURING THE PAST 10 YEARS.

SOURCE: SOUTH DAKOTA DEPARTMENT OF HEALTH AND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
KANSAS

Kansas Colorectal Cancer Screening Rates*
Medicare Claims Data (Age 50-75): 1Q2015 through 4Q2015

*Screening tests included: Colonoscopy, Sigmoidoscopy, FOBT, Barium Enema

Lowest Group
2nd Group
Middle Group
State Rate – 44.4%
4th Group
Highest Group

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Nebraska Colorectal Cancer Screening Rates*
Medicare Claims Data (Age 50-75): 1Q2015 through 4Q2015

*Screening tests included: Colonoscopy, Sigmoidoscopy, FOBT, Barium Enema

Lowest Group
Middle Group
State Rate – 44.1%
4th Group
Highest Group

This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota, and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 1150W-G0QIN-NO-CRC-08/0616
COLD HARD FACTS

• In Nebraska current CRC screening rate is approx 64%
• 2009-13: 4,625 new cases and 1,712 deaths
• CRC incidence and mortality increases with age
• Although NE/US has dec incidence/mortality, NE rates still higher than national avg
• Disparities exist:
  • Minorities and low income have lower screening rates
  • Af-Am have higher incidence and mortality rates
Figure 2. Colorectal Cancer Incidence Rates, by Year of Diagnosis, Nebraska & U.S. (2003-2012)

Figure 3. Colorectal Cancer Mortality Rates, by Year of Death, Nebraska & U.S. (2003-2012)
Colorectal cancer cases, by age at diagnosis, Nebraska residents

Mean age at diagnosis = 69.1 years

- 50–64 years: 27%
- 65–74 years: 23%
- 75–84 years: 26%
- 85+ years: 15%

Average annual age-specific incidence rate (per 100,000 population):
- <50: 6.6
- 50–64: 72.2
- 65–74: 165.5
- 75–84: 289.4
- 85+: 335.5

Graphs include all colorectal cancer diagnoses among Nebraska residents during 2009-13.
Up-To-Date on Colon Cancer Screening*, Nebraska Adults 50-75 Years Old, by Household Income, 2012-2014 Combined

*Percentage of adults 50–75 years old who report having had a fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Up-To-Date on Colon Cancer Screening*, Nebraska Adults 50-75 Years Old, by Race/Ethnicity, 2012-2014 Combined

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>White, NH</td>
<td>64.1</td>
</tr>
<tr>
<td>Black, NH</td>
<td>62.5</td>
</tr>
<tr>
<td>Asian/PI, NH</td>
<td>58.1</td>
</tr>
<tr>
<td>American Indian, NH</td>
<td>59.1</td>
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<tr>
<td>Multi-Racial, NH</td>
<td>49.7</td>
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<tr>
<td>Hispanic</td>
<td>33.6</td>
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</tbody>
</table>

*Percentage of adults 50–75 years old who report having had a fecal occult blood test (FOBT) during the past year, or a sigmoidoscopy during the past 5 years and an FOBT during the past 3 years, or a colonoscopy during the past 10 years

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Preliminary Data
RISK FACTORS FOR CRC

- African-American Race
- Personal/family history of CRC or polyps
- Chronic Inflammatory Disease
- High (especially animal) fat diet
- Physical inactivity and Obesity
- DM II
- Smoking and heavy EtOH consumption
- Inherited syndromes
WHAT’S UP DOC?

• Even though we know that screening 80% could prevent 43,000 new cases & 21,000 deaths/yr:
  • Minorities are still less likely to receive education about unhealthy habits
  • Minorities less likely to be screened (per CDC, 66.4% not screened were never asked/advised to do so)

• $14 billion/yr spent on CRC and $106 million in lost revenue

• Ne Colon Ca Program estimates annual cost of C-scopes at approx $715,00/yr

• Avg cost of early CRC tx is $30,000, whereas late tx exceeds $150,000 (per DHHS){5:1 ROI}
## Estimated new cases, 2016

<table>
<thead>
<tr>
<th>Sex</th>
<th>Estimated New Cases</th>
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<tbody>
<tr>
<td>Male</td>
<td>70,820</td>
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<tr>
<td>Female</td>
<td>63,670</td>
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Colorectum, by sex

## Estimated deaths, 2016

<table>
<thead>
<tr>
<th>Sex</th>
<th>Estimated Deaths</th>
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<tbody>
<tr>
<td>Male</td>
<td>26,020</td>
</tr>
<tr>
<td>Female</td>
<td>23,170</td>
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</tbody>
</table>

Colorectum, by sex

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American Cancer Society, 2016
FREE YOURSELF

• REMOVE THE BARRIERS!!!!
  • Create CHAMPIONS: Community based educators who look like and live in the community
    • “Take the stink out of poop”/ “So, you think your s… don’t stink?”
  • Who likes playing with poop??? Then increase accessibility to colonoscopy!
    • Current fiasco with +FOBT outside of NCCP needs to be fixed
  • Provide incentives (like paying them for their work) to primary care providers
  • Make clear rules for billing for clinical educators (much cheaper than paying the doc to do it)
  • Be consistent, and stay the course!
QUESTIONS?