Preventing Colorectal Cancer In New York State

C5 Summit Meeting
June 6, 2007

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Presentation Overview

- NYS Population data
- Colorectal Cancer (CRC) Burden in NYS
- NYS DOH Cancer Services Program
- Expanding CRC Screening
  - Statewide Collaborations
  - New Initiatives
Distribution of Population Age 50 and Older by County
New York State

Facts:
Land Area: 47,200 m²
Counties: 62
Pop. 50+: 5.7 million

Source: U.S. Census, 2000
Insurance Status

Of the 5.7 million residents 50 and older in NYS:
322,000 (5.7%) are uninsured or inadequately insured

Of the 2.2 million residents 50 and older in NYC:
160,616 (7.2%) are uninsured or inadequately insured

Behavioral Risk Factor Surveillance System, 2004
Colorectal Cancer in NYS

Incidence:
- 5,470 men (66.1 per 100,000 men)
- 5,750 women (49.0 per 100,000 women)

Mortality (2nd leading cause of cancer deaths):
- 1,950 men (24.4 per 100,000 men)
- 2,080 women (17.1 per 100,000 women)

Stage of Diagnosis (goal is >50% early stage*):
- 44% of men diagnosed at an early stage
- 42% of women diagnosed at an early stage

Source: New York State Cancer Registry, 2000-2004

* NYS Comprehensive Cancer Control Plan
CRC Screening Rates by Insurance Status

- Insured: 61.4%
- Uninsured: 32.4%
Distribution of Physicians Specializing in Gastroenterology
New York State

Source: New York State Department of Health, 2007
NYSDOH Population-Based Approach to CRC Screening

1. Determine a feasible option for screening the large, diverse state population
2. Establish a network of community-based partners
3. Ensure quality of services
4. Develop data system
NYSDOH Cancer Services Program

- Focus on uninsured & underinsured residents
- Community-based partnerships
- Breast, cervical and CRC screening
- Established infrastructure:
  - Case management
  - Professional & public education
  - Quality assurance
  - Outreach & recruitment
  - Data system
Cancer Services Program Partnerships

• Network of community-based projects implement screening at the local level

✓ Over 2,300 partner organizations including hospitals, clinics mammography facilities and community-based organizations

✓ Over 3300 individual physicians
# Cancer Services Program

## Screening Services Provided, 2006

<table>
<thead>
<tr>
<th>Number Screened For:</th>
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<tbody>
<tr>
<td>Breast Cancer</td>
<td>66,253</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>45,291</td>
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<tr>
<td>Colorectal Cancer</td>
<td>8,953</td>
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</table>

<table>
<thead>
<tr>
<th>Number Diagnosed:</th>
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<tbody>
<tr>
<td>Breast Cancer</td>
<td>406</td>
</tr>
<tr>
<td>Invasive Cervical Cancer</td>
<td>13</td>
</tr>
<tr>
<td>Precancerous Cervical Lesions</td>
<td>2,485</td>
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<tr>
<td>Colorectal Cancer</td>
<td>18</td>
</tr>
<tr>
<td>Adenomatous Polyps</td>
<td>130</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number Enrolled in Treatment Program:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer</td>
<td>190</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>392</td>
</tr>
</tbody>
</table>

Based on data submitted through March 31, 2007
CRC Screening Options

Five options recommended:\n
- Fecal testing (FOBT or FIT)
- Flexible sigmoidoscopy
- Fecal testing and sigmoidoscopy
- Colonoscopy
- Double-contrast barium enema

\[a. \text{U.S. Preventive Services Task Force, 2002}\]
\[b. \text{American Cancer Society, 2006}\]
CRC Risk-Based Screening

Average risk
• Women and men ages 50 and older

Increased risk
• History of adenomatous polyps or CRC
• 1st degree relative(s) with CRC or adenomas

High risk
• Family history of FAP or HNPCC
• Inflammatory bowel disease

American Cancer Society guidelines, 2001
Cancer Services Program

In 1997:

• Only 33% of NYS residents screened for CRC\(^a\)
• Annual FOBT supported by:
  – Clinical studies\(^b\)
  – USPSTF\(^c\)
  – Medical advisory group
• Budget of $150,000
• Breast and cervical cancer partnerships served as a platform
• FOBT screening pilot began August 1997 with 7 partnerships and screened 1,000 people in 18 months

\(^a\) BRFSS, 1997  \(^b\) NEJM, 1993  \(^c\) USPSTF 2\(^{nd}\) Edition, 1996
Cancer Services Program

Since 1997:

• Expansion to 42 counties in 2002
• Risk-based screening in 2003
  – FOBT kits for average-risk
  – Colonoscopies for increased or high-risk
• On-line data system in 2004
• Expansion statewide in 2007
  – 2007-08 budget: $3,550,000
Annual Screening Rates
August 1997 – December 2006:

Number of CRC Screenings by Year in the NYSDOH Cancer Services Program

Source: NYSDOH Cancer Services Program, 2007
Colorectal Screening Results
NYS Cancer Services Program
2006

• 8,899 persons screened
  – 8,426 FOBT kits completed for average-risk clients
  – 473 Screening Colonoscopies for increased or high-risk clients
• 225 Positive FOBT kits in need of diagnostic colonoscopy (3% positive rate)
• 157 completed colonoscopy (70% follow-up rate)
• 630 total colonoscopies
Screening Outcomes
August 1997 - April 2007:

100 Colorectal cancers
  • 69% Stage 0, I & II
  • 31% Stage III & IV

675 Adenomatous Polyps
53 Crohn’s/Ulcerative Colitis
2,481 Other diagnoses

Source: NYSDOH Cancer Services Program, 2007
Expanding CRC Screening

• Statewide collaborations
  – To promote collaborative approaches to expand screening & access treatment

• New Initiatives
  – To improve current screening efforts
Statewide Collaborations

New York State “Dialogue for Action” Conference

• Held June 29th, 2006
• Priority recommendations identified for action:
  – Support CRC screening as the standard of care
  – Include non-traditional partners
  – Support NYSDOH and NYCDOHMH initiatives
  – Promote legislation to provide funding for treatment of the uninsured diagnosed with CRC (already accomplished)
New Initiatives
Fecal Immunochemical Test (FIT) pilot

- Address barriers to FOBT
  - Diet and medicinal restrictions
- Acknowledge growing evidence for FIT
  - Improved sensitivity\(^a\)
  - High patient participation rates\(^b\)
- Inclusion of FIT in screening guidelines\(^c\)

Pilot began at Columbia University in July 2006

\(^a\) Smith, 2006   \(^b\) Cole, 2003   \(^c\) American Cancer Society, 2003
FIT Pilot Initiative
Initial Data

- 861 kits distributed
- 777 (90%) returned
- 12 (1.5%) positive tests
- 15 day turn around
- 93.9% of FIT users felt it was very easy to do
- 91.5% would complete the test next year
- Of FIT users who had FOBT the prior year:
  - 93.9% preferred FIT over FOBT
  - 84% preferred FIT because of no food restrictions
New Initiatives
Colorectal Cancer Treatment Program:

- Eligible clients screened or diagnosed with CRC through the NYSDOH can now apply for treatment under Medicaid
  - Under 65 years of age
  - Income at or below 250% Federal Poverty Level
  - Not covered under any creditable insurance
  - Screened or diagnosed through a CSPP

- State Law effective April 1st, 2007
New Initiatives
Complete Integration of CRC Screening:

After 2008, plan for all funded partnerships will offer comprehensive screening services for:

– Colorectal cancer
– Breast cancer
– Cervical cancer

Integration will encourage more eligible NYS residents to be screened for CRC
New Initiatives

CRC Professional Education Project
• Statewide initiative new in 07 State Budget
• $500,000 1st year
• Modeled after project in New Jersey
  – ACS & NJ Academy of Family Physicians
• Goal to improve CRC screening rates
• Focus on primary care clinicians
CRC Professional Education Project

• Details for Year 1:
  – Train the trainer program to reach 400 family practitioners
  – Based on *How To Increase Colorectal Cancer Screening Rates in Practice*
  – Evidence-based approach to improving office practice
  – Projected to begin in Fall 2007

* Full title: *How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidence-based Toolkit and Guide, 2006*
Future Steps

- Keep working to increase CRC screening
- Continue collaborations:
  - NYS Comprehensive Control Plan
  - NYS Dialogue for Action task force
  - New York City DOHMH
  - C-5
  - Health & Hospital Corporations
  - Our not-for-profit partners