

Preventing Colorectal Cancer In New York State

C5 Summit Meeting
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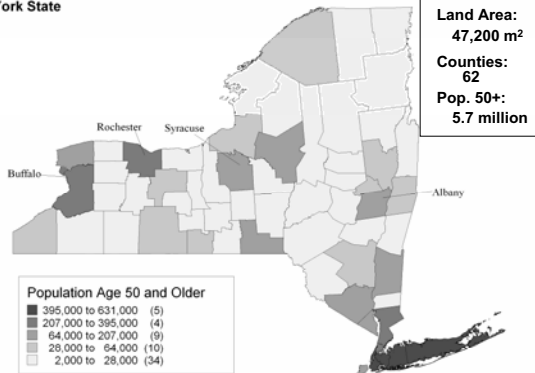


Presentation Overview

- 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



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*):

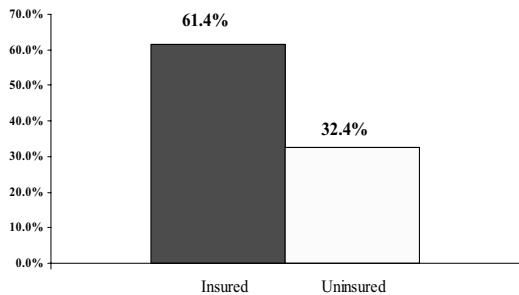
- 44% of men diagnosed at an early stage
- 42% of women diagnosed at an early stage

Source: New York State Cancer Registry, 2000-2004

* NYS Comprehensive Cancer Control Plan

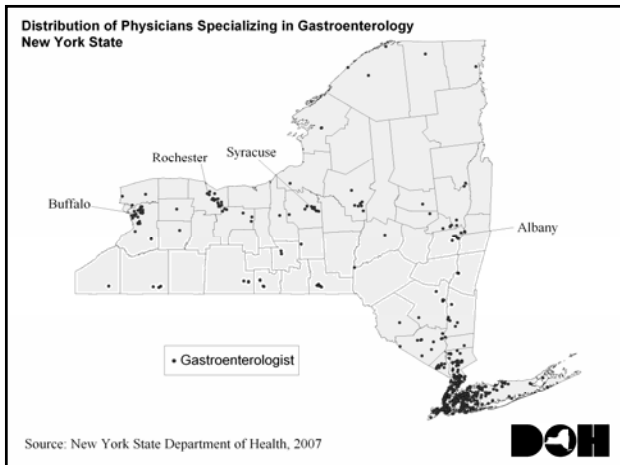


CRC Screening Rates by Insurance Status



New York State Behavioral Risk Factor Surveillance System, 2004





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

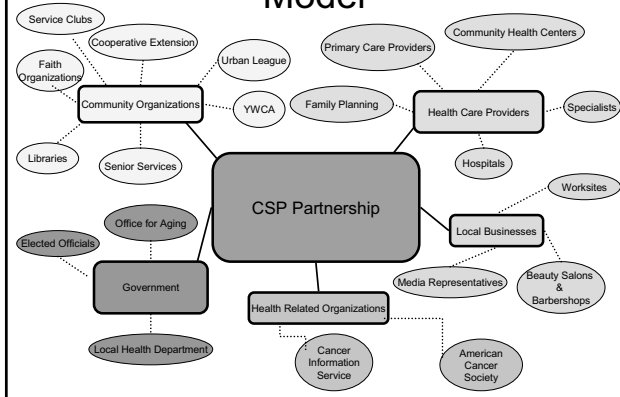
NYSDOH Cancer Services Program

- 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

Community-Based Partnership Model



Cancer Services Program Screening Services Provided, 2006

Number Screened For:	
Breast Cancer	66,253
Cervical Cancer	45,291
Colorectal Cancer	8,953
Number Diagnosed:	
Breast Cancer	406
Invasive Cervical Cancer	13
Precancerous Cervical Lesions	2,485
Colorectal Cancer	18
Adenomatous Polyps	130
Number Enrolled in Treatment Program:	
Breast Cancer	190
Cervical Cancer	392

Based on data submitted through March 31, 2007

CRC Screening Options

Five options recommended^{a,b}:

- Fecal testing (FOBT or FIT)
- Flexible sigmoidoscopy
- Fecal testing and sigmoidoscopy
- Colonoscopy
- Double-contrast barium enema

a. U.S. Preventive Services Task Force, 2002
b. 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. BRFS, 1997 b. NEJM, 1993 c. USPSTF 2nd Edition, 1996



Cancer Services Program

Since 1997:

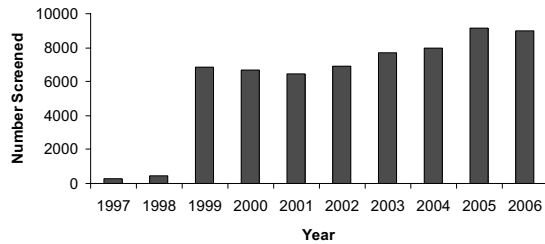
- Expansion to 42 counties in 2002
- Risk-based screening in 2003
 - FOBT kits for average-risk
 - Colonoscopies for increased or high-risk
- On-line data system in 2004
- Expansion statewide in 2007
 - 2007-08 budget: \$3,550,000



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