

Colorectal Screening

Summary / Recommendations : In 2006, about a quarter of Louisiana residents aged 50 and older reported receiving a blood stool test within the past two years, while almost half reported ever undergoing a sigmoidoscopy or colonoscopy. Residents were more likely to receive these preventive screenings if they were older than 65 or self-employed. White residents and those with higher incomes and education levels were more likely to have received sigmoidoscopies or colonoscopies. Efforts to prevent colorectal cancer morbidity and mortality should target Black residents to increase their rate of receiving cancer screenings.

Colorectal screening among adults, overall and by select categories Behavioral Risk Factor Surveillance System, Louisiana 2006

Characteristics+	Adults aged 50+ Had Blood Stool Test Past 2 Years++			Adults aged 50+ Had Colonoscopy~		
	Sample Size*	%	95% CI	Sample Size*	%	95% CI
Total	852	24.2	(22.6-25.9)	1854	49.8	(47.9-51.7)
Age						
50-64	431	20.8	(18.8-22.8)	973	43.5	(41.0-45.9)
65+	421	29.6	(26.9-32.3)	881	59.2	(56.3-62.1)
Gender						
Male	318	25.7	(23.0-24.8)	600	47.9	(44.8-51.1)
Female	534	23.0	(21.1-24.9)	1254	51.3	(49.0-53.6)
Race						
White	622	24.1	(22.2-25.9)	1439	53.5	(51.3-55.7)
Black	172	24.4	(20.6-28.1)	303	40.3	(35.9-44.6)
Education						
< High school	138	22.3	(18.4-26.1)	249	39.8	(35.1-44.4)
High school grad	277	24.5	(21.7-27.4)	581	45.9	(42.6-49.1)
Some college/grad	435	24.8	(22.5-27.1)	1021	55.7	(53.0-58.4)
HH Income						
<\$25,000	291	27.0	(24.0-30.1)	534	45.6	(42.2-49.0)
\$25,000-\$49,999	193	24.9	(21.4-28.5)	396	47.7	(43.7-51.8)
\$50,000+	196	21.2	(18.2-24.2)	531	55.2	(51.5-58.9)
Employment						
Employed	229	20.2	(17.5-22.9)	550	45.9	(42.6-49.2)
Self-employed	447	27.9	(25.4-30.4)	947	55.3	(52.6-58.1)
Unemployed	78	20.4	(15.7-25.0)	199	46.4	(40.9-51.8)
Unable to work	97	25.8	(20.6-30.9)	153	41.0	(34.8-47.2)

Cancer remains the second leading cause of death in the United States (*Healthy People 2010, 2000*). In 2000, colorectal (CRC) cancers were ranked fourth among new cancer cases (as cited in *Healthy People 2010, 2000*). Studies show that CRC can be reduced through early detection and treatment of polyps that may develop into malignant cancer (*Healthy People 2010, 2000*).

In addition, evidence shows that screening performed with blood stool tests, sigmoidoscopies and colonoscopies significantly reduces deaths caused by CRC. The *Healthy People 2010* objectives regarding CRC screening aim to increase the proportion of those who receive screenings to 50% (objectives 3-12, 3-12a, and 3-12b). Thus Louisiana has met the objective for sigmoidoscopies/ colonoscopies, but has not eliminated disparities in this area.

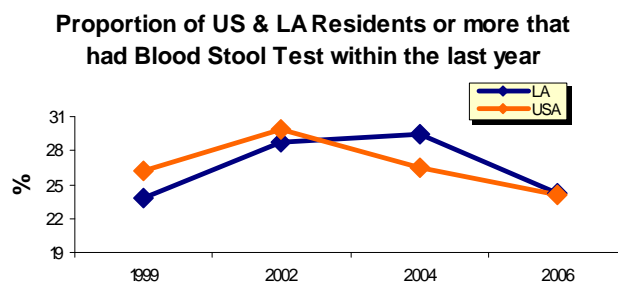
In 2006, 24.2% [95% CI: 22.6-25.9] of Louisiana residents aged 50 and older reported that they had a blood stool test in the past 2 years, which is comparable to the US rate of 24.1% (*Healthy People 2010, 2000*). More residents reported having received a sigmoidoscopy or colonoscopy test: 49.8% [95% CI: 47.9-51.7] of those aged 50 and older.

* Percentages are based on weighted data estimates. Un-weighted sample size for blood stool = 852. Un-weighted sample size for colonoscopy= 1854.

+ In this analysis, data for each category are included only for persons for whom the data were available; excluded data were either unknown or refused..

++ The proportion of respondents who reported that they had a blood stool test in past 2 years.

~The proportion of respondents that reported ever had sidmoidoscopy or colonoscopy in their life time.



Between 1999 and 2006, rates of blood stool testing increased and then decreased in both Louisiana and the US. Sigmoidoscopy and colonoscopy saw a steady rise between 1999 and 2004, with Louisiana rates significantly lower than US rates.