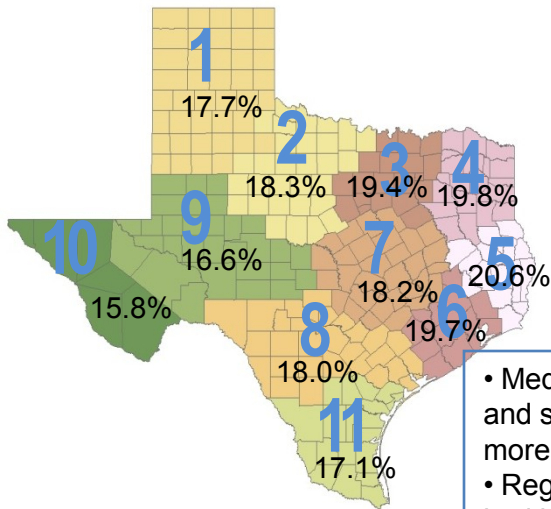
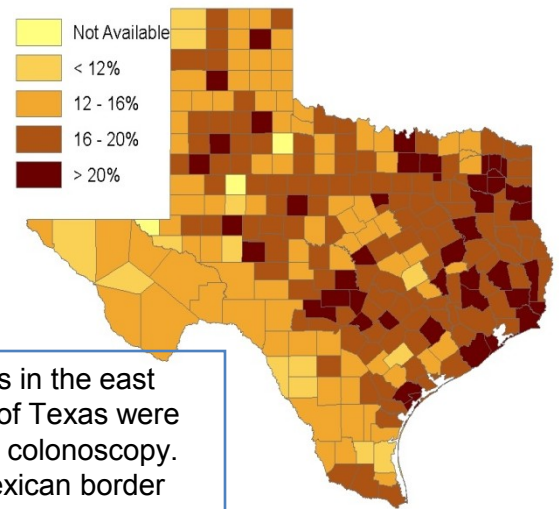


Biennial Colonoscopy Rate by Public Health Region, 2006-2007

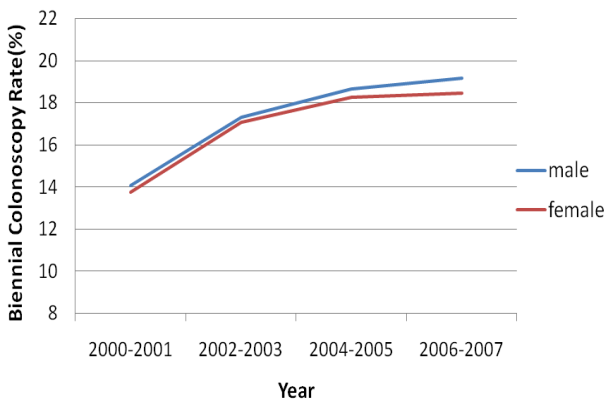


Biennial Colonoscopy Rate by County, 2006-2007

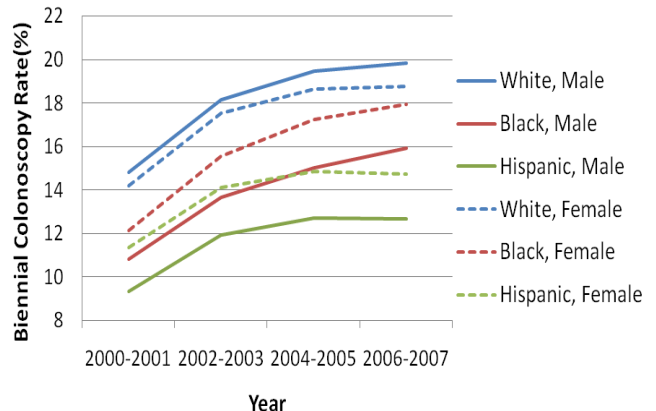


- Medicare beneficiaries in the east and southeast regions of Texas were more likely to receive a colonoscopy.
- Regions along the Mexican border had lower colonoscopy rates.

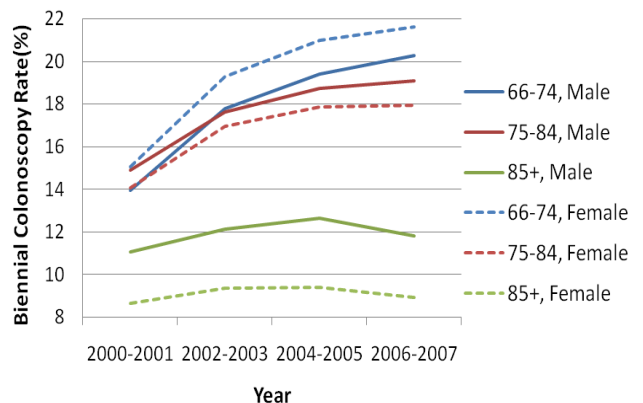
Colonoscopy Rates in Males and Females



Colonoscopy Rates in Different Ethnic Groups



Colonoscopy Rates in Different Age Groups



Colonoscopy is typically recommended every 10 years. Therefore, assessing use within a two year period underestimates the percent of the population that is "up to date" in screening, but it allows for comparisons of screening rates among different groups.

After a steep increase in colonoscopy rates when Medicare began reimbursing all beneficiaries in 2001, all racial/ethnic groups continue to see increased rates:

- Highest rates among Whites,
- Lowest among Hispanics,
- Black and Hispanic women are more likely to be screened than males,
- Rates among Hispanics have not increased in the latest period,
- Rates among those 85 and older have declined (The USPSTF recommends against screening in this population).

Although screening rates appear age-appropriate, reasons for lower rates among minorities need further review.

Things to Remember About Colon Cancer Screening

- There are 3 main tests your doctor may recommend to screen for pre-cancerous lesions in your intestines (colon polyps):
 - **Fecal occult (FOBT)**(simplest non-invasive stool sample to look for blood), **sigmoidoscopy** (invasive, usually no sedation views lower colon only) and **colonoscopy** (invasive with sedation entire colon viewed)
- colonoscopy is considered to be the standard and most sensitive test
- There are benefits and risks of colonoscopy :
 - Benefit : Detection of potentially lethal cancers at an early stage when treatment will be beneficial
 - Risks: Invasive procedure carries risk of anesthesia reaction and/or bleeding. Detection of cancer that is not lethal leading to treatment where side effects are worse than cancer symptoms,
- Screening recommendations are based on several factors: overall health status, age, life expectancy, family history and scientific evidence

Routine Screening Guidelines from Two Authorities: U.S. Preventive Service Task Force (USPSTF) and American Cancer Society (ACS)

Age	Test Interval	Test	Recommending Authority	
			ACS	USPSTF
50-75	5 years	Tests that find polyps and cancer	Yes	Yes
		Flexible sigmoidoscopy or	Yes	Yes
	10 years	Colonoscopy, or	Yes	Yes
	5 years	Double-contrast barium enema ¹ , or	Yes	No
	5 years	CT colonography (virtual colonoscopy) ¹	Yes	Insufficient Evidence of Benefit
	Annual	Tests that primarily find cancer	Yes	Yes
Fecal occult blood test (gFOBT) ^{1,2} or		Yes	No	
Fecal immunochemical test (FIT) ^{1,2} or		Yes	Insufficient Evidence of Benefit	
>75	Undetermined	Stool DNA test (sDNA) ^{1,2}	Continue screening	No routine screening

¹ Positive test should be followed by a colonoscopy; ² The multiple stool take-home test should be used. One test done by the doctor in the office is not adequate for testing.

More Information on Colon Cancer & Screening

- <http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm>
- [Texas Cancer Registry](#)
- [American Cancer Society](#)
- [Texas Cancer Information](#)
- [U.S. Preventive Services Task Force](#)
- [Texas Department of State Health Services – Health Promotion and Chronic Disease Prevention](#)
- [Centers for Disease Control](#)