INTRODUCTION

Among cancers that affect both men and women, colorectal cancer (CRC) is the third most commonly diagnosed cancer and the third leading cause of cancer deaths in the United States. Estimates for 2016 are that 134,490 people will be diagnosed with CRC and about 49,190 people will die of the disease in the United States.

It is recommended that adults undergo CRC screening at age 50 or earlier, depending upon their risk of developing CRC. The primary goal of CRC screening is to prevent deaths from CRC. Screening tests can help identify cancers at an early and potentially curable stage and also prevent the development of cancer by identifying and allowing removal of precancerous abnormalities before they become malignant.

The types of screening tests available include colonoscopy, sigmoidoscopy, fecal occult blood test (FOBT), double contrast barium enema, and Cologuard (a stool DNA test).

FOBT can reduce the number of deaths due to CRC by 15 to 33 percent and sigmoidoscopy/colonoscopy by 60 to 70 percent.

This study examined the prevalence of CRC screening by sigmoidoscopy/colonoscopy in the state of Georgia from 1997 to 2012.

METHODS

Data Source: Centers for Disease Control and Prevention BRFSS Prevalence and Trends data.

Study participants: Adults aged 50+ years residing in the state of Georgia who have ever had a sigmoidoscopy or colonoscopy.

Measures: The prevalence of CRC screening by sigmoidoscopy/colonoscopy in the state of Georgia from 1997 to 2012 was categorized according to the persons’ age, sex, race, level of education, and household income. The trends in screening were then examined and compared across the different years.

Statistical analyses: The percentage of persons who reported ‘yes’ to ever utilizing sigmoidoscopy or colonoscopy in each socio-demographic category was determined with the BRFSS Prevalence & Trends data tool. The annual percent change (APC) in screening rates was calculated using the Joinpoint Trend Analysis Software of the NCI Surveillance Research Program.