

Screening-Detectable Cancers in New York State, 2013-2017

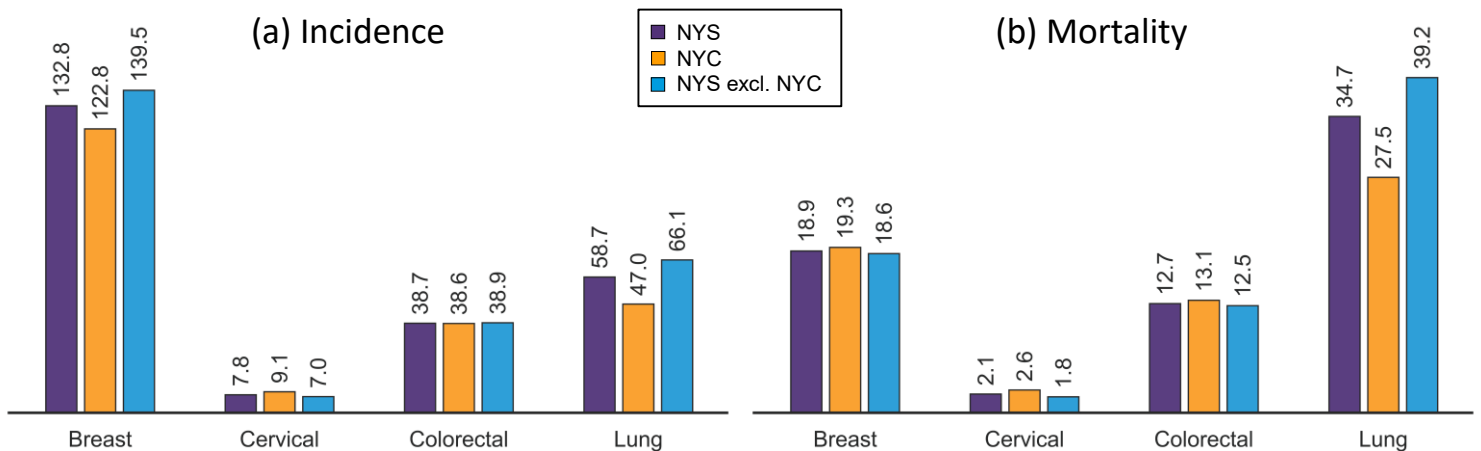


Screening-detectable cancers

- Cancer screening refers to the use of tests to detect cancer, or conditions that may lead to cancer, before symptoms appear. Generally, cancer treatment is more effective when the disease is found earlier.
- At the end of 2019, there were four primary cancer sites for which the United States Preventive Services Task Force (USPSTF) found screening to be beneficial in reducing the number of cancer-related deaths among the general population (<https://www.uspreventiveservicestaskforce.org/BrowseRec/Index>):
 - ✓ Breast cancer - women aged 50-74 years;
 - ✓ Cervical cancer - women aged 21-65 years;
 - ✓ Colorectal cancer - adults aged 50-75 years; and
 - ✓ Lung cancer - adults aged 55-80 years with a current or recent 30 pack-year smoking history.

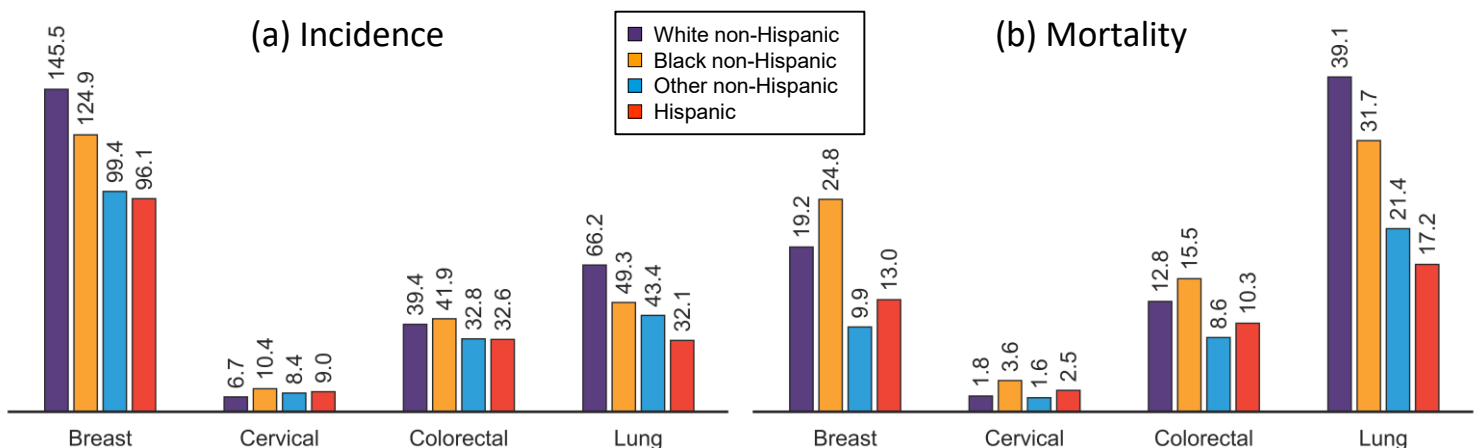
Incidence and mortality rates (per 100,000 persons) by region*,†

- Incidence rates of breast cancer and lung cancer were statistically significantly lower in New York City than those in the rest of the state, while incidence of cervical cancer was higher in New York City.
- Mortality rates of cervical cancer and colorectal cancer were statistically significantly higher in New York City compared to the rest of the state, but mortality for lung cancer was lower in New York City.



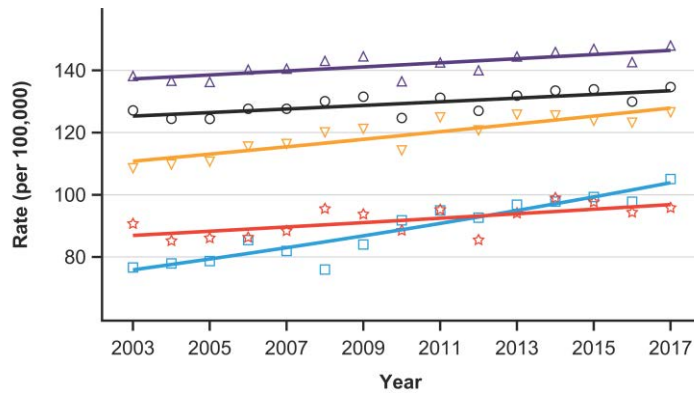
Incidence and mortality rates (per 100,000 persons) by race/ethnicity*,†

- Among non-Hispanics, Black individuals had lower breast cancer incidence but higher mortality than Whites.
- Hispanics and individuals of other races had lower cancer incidence and mortality except for cervical cancer.

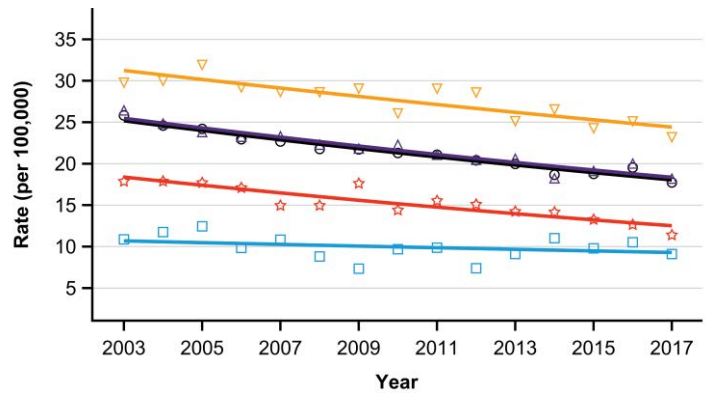


Trends[§] in incidence and mortality rates (per 100,000 persons) by race and ethnicity^{*,†}, 2003-2017

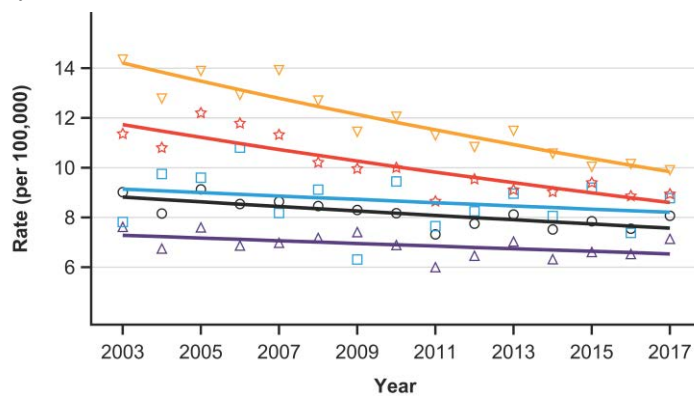
(a) Breast cancer incidence



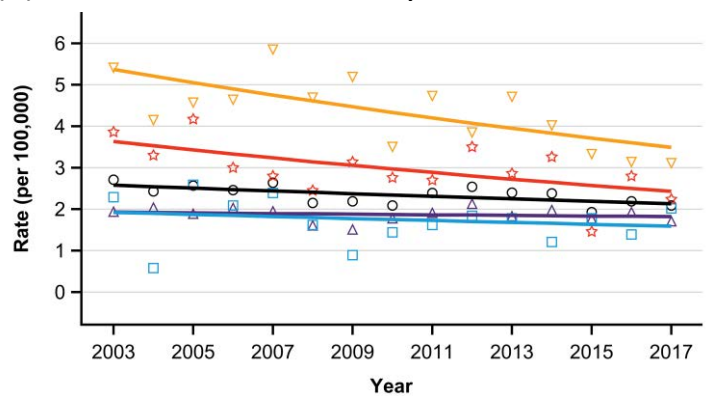
(b) Breast cancer mortality



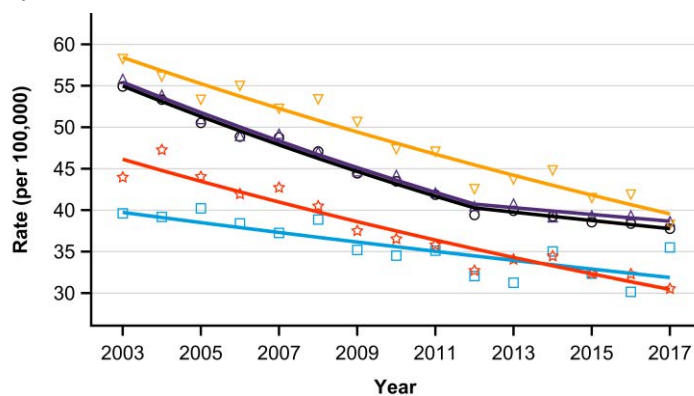
(c) Cervical cancer incidence



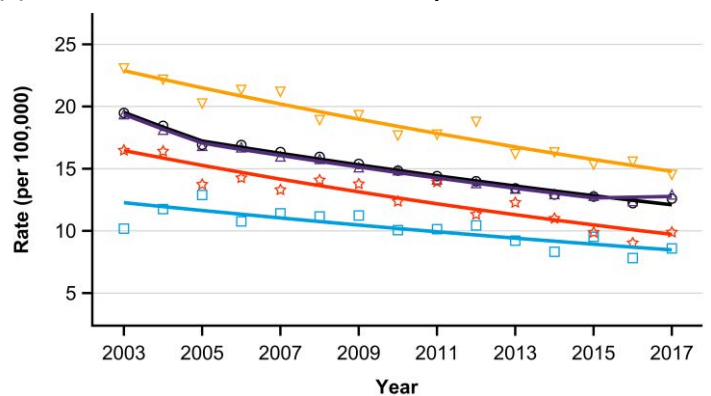
(d) Cervical cancer mortality



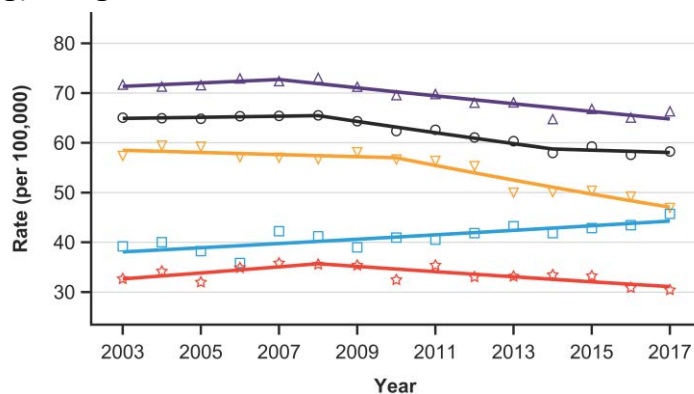
(e) Colorectal cancer incidence



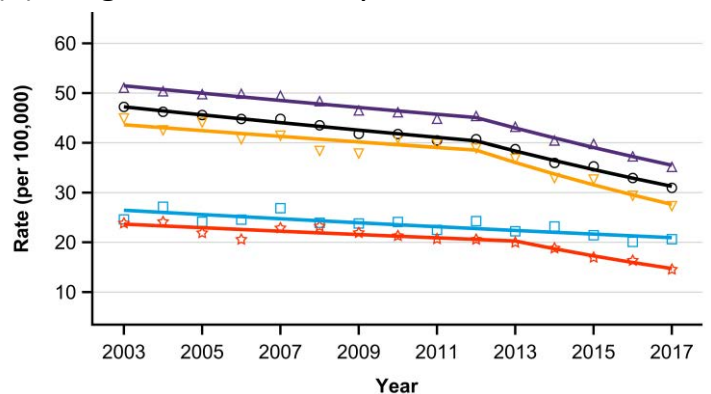
(f) Colorectal cancer mortality



(g) Lung cancer incidence



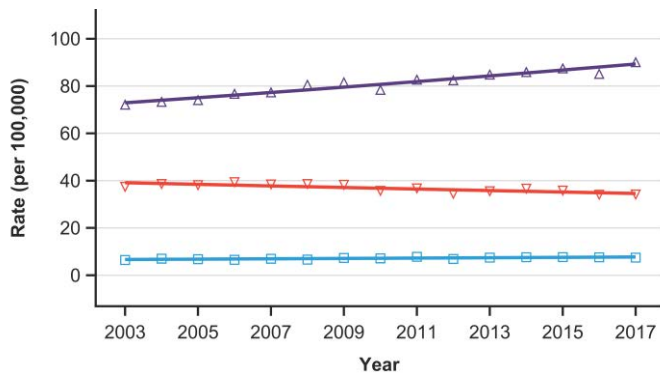
(h) Lung cancer mortality



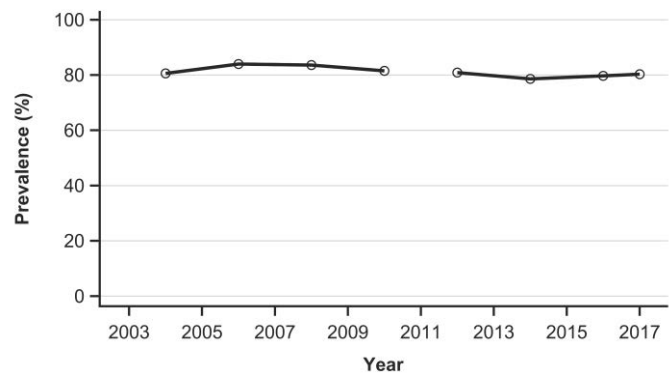
○ All △ White non-Hispanic ▽ Black non-Hispanic □ Other non-Hispanic ☆ Hispanic

Trends[§] in cancer incidence rates (per 100,000 persons) by stage at diagnosis^{*,†} and trends in cancer screening prevalence[¶], 2003-2017

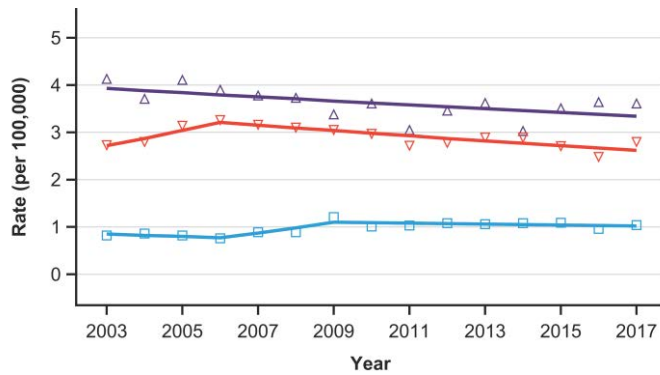
(a) Breast cancer



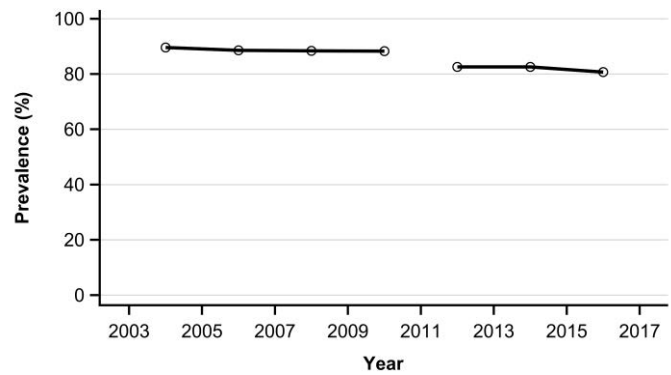
(b) Mammogram within past 2 years



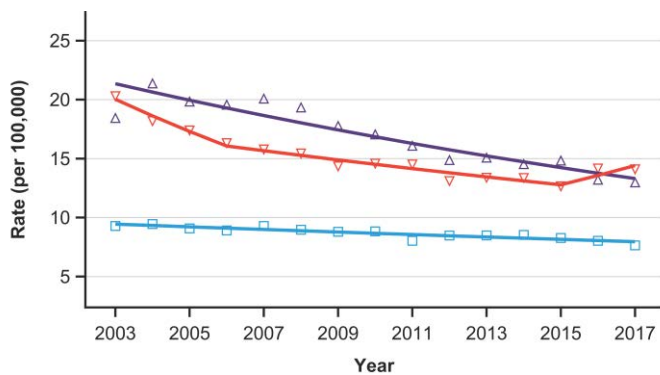
(c) Cervical cancer



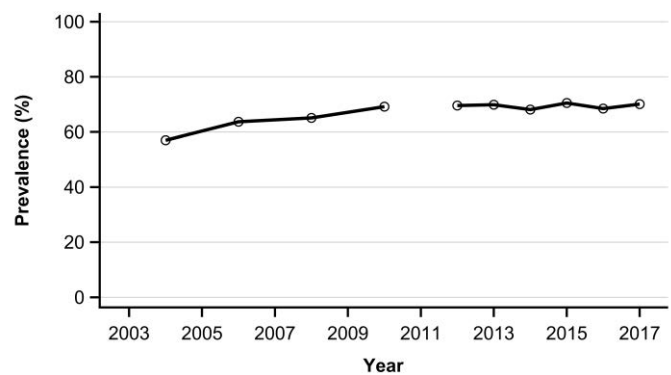
(d) Pap test within past 3 years



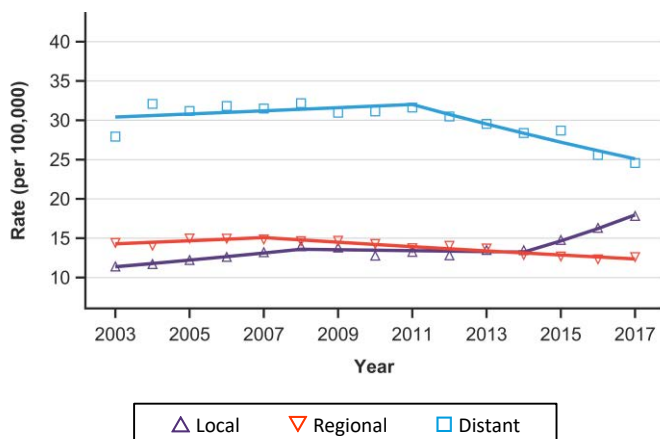
(e) Colorectal cancer



(f) Up-to-date with colorectal screening^{**}



(g) Lung cancer

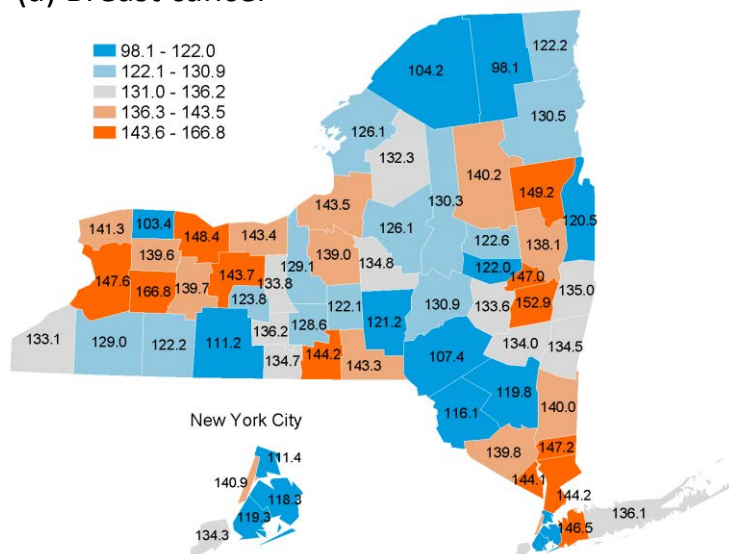


- Though mammography rates have been high and steady in New York State, incidence of local-stage breast cancer has been increasing.
- Local and regional cervical cancer incidence declined over time, while the cervical cancer screening rate in New York has remained high and steady.
- The statistically significant decline in colorectal cancer incidence at every stage attests to the protective effect of colorectal cancer screening.
- No data are available on lung cancer screening uptake. The incidence of local-stage lung cancer has increased in recent years, while the incidence of regional- and distant-stage cancers has decreased.

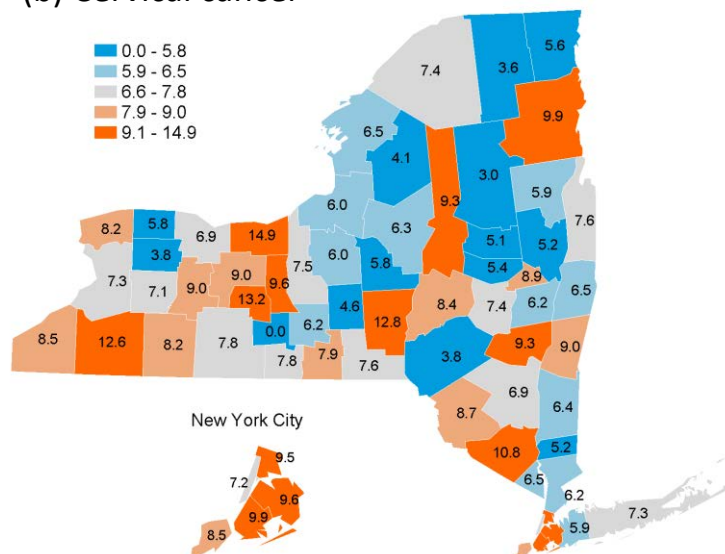
△ Local ▽ Regional □ Distant

Incidence rates (per 100,000 persons) by county*,†

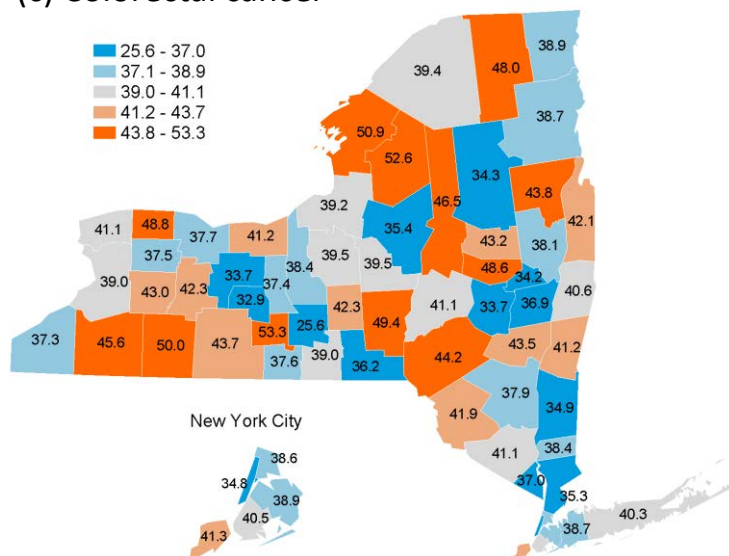
(a) Breast cancer



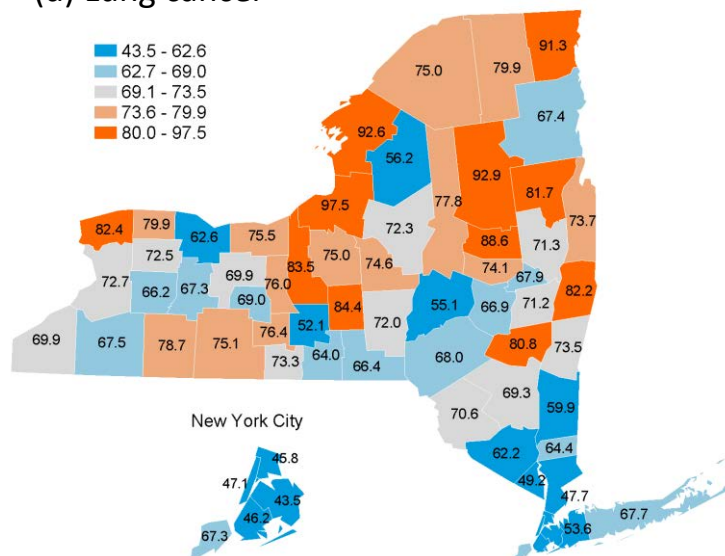
(b) Cervical cancer



(c) Colorectal cancer



(d) Lung cancer



Footnotes

* Rates are per 100,000 persons, age-adjusted to the 2000 U.S. standard population.

† Source of data: New York State Cancer Registry. Data provisional, November 2019.

<https://www.health.ny.gov/statistics/cancer/registry/>

§ Trend analysis was conducted using the Joinpoint Regression Program, Version 4.6.0.0, April 2018; Statistical Research and Application Branch, National Cancer Institute. <https://surveillance.cancer.gov/joinpoint>

¶ Source of data: New York State Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS changed its methods in 2011, and data collected after this year are not directly comparable to prior years.

<https://www.health.ny.gov/statistics/brfss/>

** The definition of being up-to-date with colorectal cancer screening used by the BRFSS was based on the USPSTF recommendations in place prior to June 2016, that adults aged 50 to 75 years at average risk for colorectal cancer should be screened by a yearly high-sensitivity fecal occult blood test (FOBT) or fecal immunochemical test (FIT), or by a flexible sigmoidoscopy every 5 years combined with FOBT/FIT every 3 years, or by a colonoscopy every 10 years. <https://annals.org/aim/fullarticle/743535/screening-colorectal-cancer-u-s-preventive-services-task-force-recommendation>