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**Factors Associated with Screening Sigmoidoscopy Among Men
in a Large Non-profit Health Plan**

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Background: Colorectal cancer (CRC) is the third most common cancer in male and female adults in the U.S. In 2005, an estimated 145,290 individuals will be diagnosed with colorectal cancer and 56,290 will die as a result of the disease. Colorectal cancer screening exams include fecal occult blood test (FOBT), sigmoidoscopy, colonoscopy, and barium enema. These exams differ in cost, acceptability, risk, effectiveness, ability to visualize the colon, and patient burden. In particular, three case-control studies demonstrate that screening sigmoidoscopy reduces cancer mortality from 59% to 80%. Nearly 75% of the individuals diagnosed with colorectal cancer each year in the U.S. have no known risk factor, such as family history of the disease or other predisposing conditions.

Methods: The goal of this cross sectional study was to examine factors associated with utilization of screening sigmoidoscopy among men without a personal or family history of CRC or other predisposing gastrointestinal conditions who were participants in the California Men's Health Study (CMHS), a large multiethnic cohort enrolled in the Kaiser Permanente Northern and Southern California health plans.

Results: Of the 39,559 eligible men for this analysis, 15,134 men (31.6%) underwent screening sigmoidoscopy. The prevalence of screening sigmoidoscopy use decreased with older age, and increased with higher education and household income levels. Compared to whites, Asians (adjusted OR=1.42, 95% CI: 1.30-1.53) and African Americans (adjusted OR=1.18, 95% CI: 1.08-1.29) were more likely to undergo screening sigmoidoscopy. Marital status and years of U.S. residency were not strongly associated with sigmoidoscopy use. Interestingly, current smokers had the lowest screening sigmoidoscopy use (24.5%) compared to all other sub-groups, and were 25% less likely to undergo this procedure compared to non-smokers (adjusted OR=0.75, 95% CI: 0.69-0.82).

Conclusions: Out of pocket cost is an important known barrier to CRC screening. Yet, in this insured population for whom financial barriers are minimized, screening sigmoidoscopy use was low as in the general population. Health plans have developed sophisticated systems to enhance other preventive screening practices, such as mammography through patient education and provider reminder systems. Improved rates of screening sigmoidoscopy will require similar comprehensive efforts.