



# CATCHMENT AREA REPORT 2022



**Sidney Kimmel Cancer Center**  
Jefferson Health® | NCI – designated

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## FOREWORD

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The catchment area is defined as the geographical area served by the cancer center. Beginning in 2012, the National Cancer Institute (NCI) required that designated cancer centers identify and describe their catchment area by documenting cancer burden, risk factors, incidence, morbidity, mortality, and inequities. Since then, it is increasingly important for cancer centers to intimately understand and monitor its catchment area and be responsive to its needs.

The Sidney Kimmel Cancer Center (SKCC) has expanded its catchment area since the last report. Currently, the catchment area consists of seven counties in the Greater Philadelphia region. Four counties in Pennsylvania (Bucks, Delaware, Montgomery, and Philadelphia) and three in New Jersey (Camden, Burlington, and Gloucester). Roughly 5 million residents who live in the SKCC catchment area are part of some of the most socioeconomically diverse populations in the Philadelphia area, as well as the nation. In order to best serve our patient population, the 2022 Catchment Area survey was also available in Spanish and Chinese to understand the diverse populations who live in the catchment area.

This second Catchment Area Report allows us to dig deeper into the knowledge, attitudes, and behaviors that impact the overall cancer risk of the residents in our catchment area. This report will be utilized to guide programming at SKCC to further address disparities and help to reduce the cancer burden in our area. For instance, the information from this report will help us to expand evidence-based strategies for cancer prevention, screening, and outcomes research, and improve cancer literacy, access to care, and patient education, especially among underserved communities and individuals who are socioeconomically challenged.

Although this report shows that more work is needed, we have made significant progress in better understanding the residents who live in the SKCC catchment area. Our commitment to eliminating cancer disparities is firm and begins by examining the data contained within this report.

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# EXECUTIVE SUMMARY

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Understanding the health beliefs and behaviors that put individuals at increased risk for cancer is important for reducing the cancer burden in a population or community. In 2022, the Sidney Kimmel Cancer Center surveyed 2,744 adults in its seven-county catchment area to assess cancer-related knowledge, attitudes, beliefs, and behavior. Respondents completed the survey electronically via Qualtrics in English (82%), Spanish (11%), or Mandarin Chinese (7%).

While two-thirds of respondents reported very good or good overall health, health behaviors known to reduce cancer risk are suboptimal across the catchment area. Only 16% of respondents reported meeting the physical activity recommendations of 150 minutes per week and 58% reported eating two or less servings of fruits and vegetables per day. Smoking rates, associated with increased

cancer risk, remain high across the region with 23% reporting current use of cigarettes and 14% reporting current use of e-cigarettes or vapes.

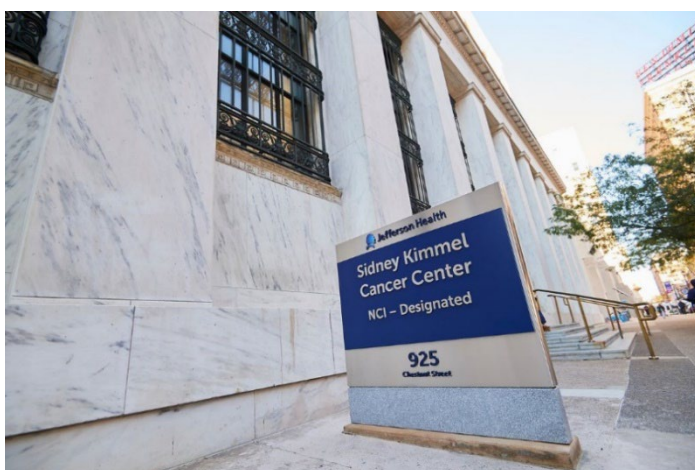
Overall cancer screening rates in the catchment area remain high; however, rates are decreasing and inconsistencies exist between counties. Only 60% of age-eligible women reported having a mammogram within the last two years. The majority of individuals over age 45 reported some colorectal cancer screening within the last five years: 44% reported a colonoscopy and 34% reported an at-home fecal test. Forty four percent of age-eligible men reported receiving a prostate specific antigen (PSA) blood test within the last two years.

Knowledge of barriers to screening, like access to care and cancer beliefs, allows for the development of tailored interventions to reduce the cancer burden in the catchment area. Of those not up to date on recommended cancer screenings, the top reported barriers to screening were “I did not think I was at risk for cancer” (34%), “I did not know which cancer screening I needed” (20%), “I was concerned about insurance coverage and out-of-pocket expenses” (19%), and “I skipped screening because of the COVID-19 pandemic” (19%). The COVID-19 pandemic caused delays in screening for some and accelerated the use of digital healthcare. While 90% of respondents reported the ability to attend meetings or telehealth visits via a personal device at home, 10% of these respondents reported connection issues or unstable internet. Seventy percent reported previous usage of an electronic patient portal to access their healthcare provider.

While clinical trials are a crucial part of cancer prevention and control, only 50% of respondents reported willingness to participate in a clinical trial in the future. Of those who stated they would not participate in a clinical trial, the top reasons were “I worry about experiencing side effects” (53%) and “I don’t want to be part of ‘an experiment’” (35%). The top reason selected by individuals who said they would participate in a clinical trial in the future was “I might learn more about my own health or medical condition” (67%).

## SKCC CATCHMENT AREA

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### SIDNEY KIMMEL CANCER CENTER

The Sidney Kimmel Cancer Center – Jefferson Health (SKCC), one of 71 National Cancer Institute (NCI)-designated centers, is a consortium cancer center that serves the diverse patient population of Philadelphia and the surrounding communities by building upon the unique expertise and resources of Thomas Jefferson University and Drexel University. SKCC membership includes basic scientists, clinicians, and population scientists who are focused on eradicating the impact of cancer,

including disparities and inequities, affecting our communities and beyond through the most advanced clinical care and innovative transdisciplinary research.

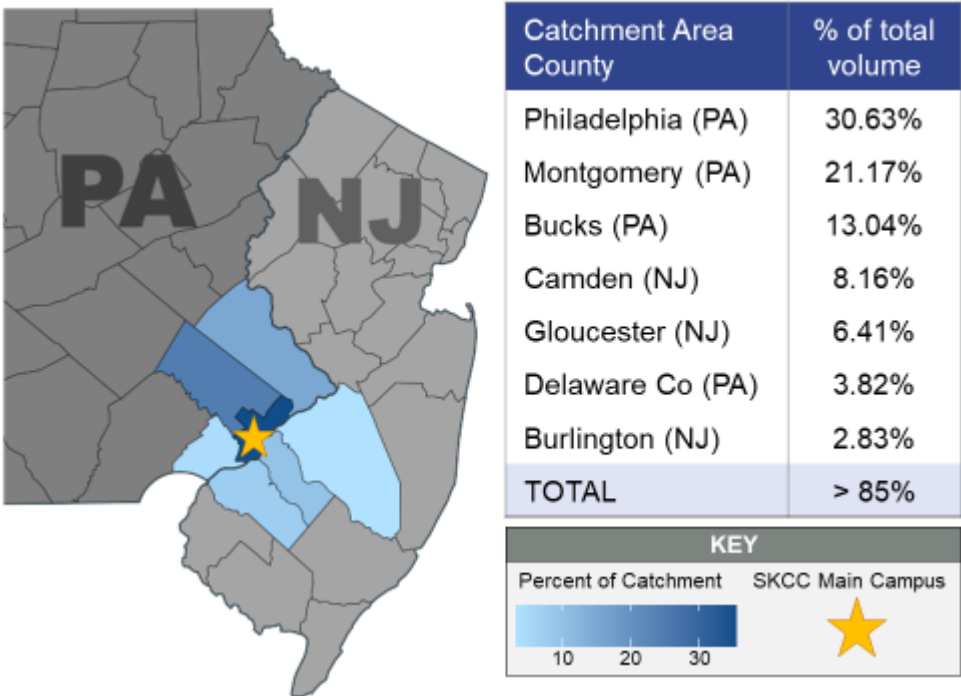
Since 1991, SKCC has been committed to providing quality, patient-centered cancer care, and rapidly translating discoveries from the bench to the bedside. Patients across the Greater Philadelphia region can receive comprehensive cancer services at SKCC's academic hub in Center City Philadelphia or at one of SKCC's community hubs throughout Pennsylvania and New Jersey. SKCC provides access to the very latest approaches to preventing, diagnosing, and treating cancer through a robust clinical trials portfolio, including the region's largest phase I clinical trials program.

SKCC continues to expand the depth and breadth of its clinical and research capabilities. Recent initiatives include the launch of a mobile cancer screening program, the Geriatric Oncology Center of Excellence, the Melanoma Research Institute of Excellence, the Philadelphia Prostate Cancer Biome Project, and the Blood Cancer Center of Excellence.

CATCHMENT AREA

The SKCC is deeply committed to the health and wellbeing of the people who live within a close distance to the cancer center. The NCI designates this area as the “catchment area”. In 2021, the Associate Director of Community Outreach and Engagement, along with the Associate Director for Data Science, used the most recent three years of patient data to determine that a seven-county catchment area captured 85% of the SKCC patient population. Previously a four-county catchment area, this expansion closely reflects the growing patient reach that SKCC has on the surrounding area.

The SKCC catchment area includes Bucks, Delaware, Montgomery, and Philadelphia Counties in Pennsylvania and Burlington, Camden, and Gloucester Counties in New Jersey.



## DEMOGRAPHIC CHARACTERISTICS OF THE SKCC CATCHMENT AREA



	Pennsylvania Counties				New Jersey Counties			Catchment Area
	Phila.	Bucks	Mont.	Delaware	Camden	Burlington	Gloucester	Total
<b>Pop. Est.</b>	1.57 M	646,098	860,578	573,849	523,771	464,269	304,477	4,943,042
<b>% Female</b>	52.5	50.9	51.0	51.6	51.5	50.5	51.1	51.5
<b>% Over Age 65</b>	14.4	19.8	18.3	17.2	16.3	17.7	16.7	16.6
<b>% Non-Hispanic White</b>	33.7	82.4	74.0	64.3	54.5	65.1	76.5	58.3
<b>% Non-Hispanic Black</b>	40.2	4.2	9.7	22.5	18.7	17.2	10.7	24.9
<b>% Hispanic</b>	15.9	6.1	5.8	4.5	18.5	9.2	7.4	10.7
<b>% Asian</b>	8.0	5.5	8.4	6.5	6.2	5.8	3.2	6.9
<b>% Bachelor's Degree or Higher*</b>	34.8	44.3	42.8	38.3	36.1	43.2	36.6	38.8
<b>% In Poverty*</b>	22.8	6.5	7.0	7.1	12.0	7.9	7.8	12.7
<b>% Poor/Fair Health</b>	19.1	10.1	10.6	12.2	13.2	10.0	11.0	13.7
<b>% Uninsured</b>	9.0	6.0	5.3	7.6	7.5	5.0	6.1	7.1

\*Data from RWJ County Health Rankings, 2023. All other data from Census.gov (2023)

## CANCER INCIDENCE AND MORTALITY IN THE SKCC CATCHMENT AREA

Cancer Incidence and Mortality Rates by Cancer site for the 7 County Catchment Area, 2019									
Incidence (Rates per 100,000)					Mortality (Rates per 100,000)				
Site	National	State (PA)	State (NJ)	SKCC Catchment	Site	National	State (PA)	State (NJ)	SKCC Catchment
<b>All Cancer Sites</b>	449.4	476.8	489.1	492.4	<b>All Cancer Sites</b>	152.4	160.2	144.4	162.8
<b>Bladder</b>	19.4	22.7	22.5	22.3	<b>Bladder</b>	4.2	4.6	4.6	4.7
<b>Brain</b>	6.4	7.0	6.8	6.8	<b>Brain</b>	4.4	4.6	4.2	4.4
<b>Breast</b>	128.1	132.0	138.8	136.9	<b>Breast</b>	19.9	20.7	20.6	21.9
<b>Cervix</b>	7.7	7.4	7.7	7.5	<b>Cervix</b>	2.2	2.0	2.1	2.2
<b>Colorectal</b>	37.7	39.7	39.8	39.9	<b>Colorectal</b>	13.4	14.1	13.3	14.6
<b>Corpus &amp; Uterus</b>	27.7	32.9	32.2	32.8	<b>Corpus &amp; Uterus</b>	5.0	5.7	5.7	6.2
<b>Esophagus</b>	4.6	5.3	4.3	4.8	<b>Esophagus</b>	3.9	4.5	3.4	4.1
<b>Hodgkin Lymphoma</b>	2.6	3.1	3.2	3	<b>Hodgkin Lymphoma</b>	0.3	0.3	0.3	0
<b>Kidney</b>	17.3	17.5	16.7	18.5	<b>Kidney</b>	3.6	3.5	3.0	3.2
<b>Larynx</b>	3.1	3.3	2.8	3	<b>Larynx</b>	0.9	1.0	0.9	1.1
<b>Leukemia</b>	14.1	14.9	15.9	13.2	<b>Leukemia</b>	6.1	6.4	5.9	5.9
<b>Liver</b>	8.6	8.6	8.1	10.1	<b>Liver</b>	6.6	6.3	5.9	7.3
<b>Lung</b>	56.3	61.6	53.5	63.2	<b>Lung</b>	36.7	39.1	31.9	39.3
<b>Cut. Melanoma</b>	22.9	22.5	21.9	20.2	<b>Cut. Melanoma</b>	2.2	2.3	1.9	2
<b>Myeloma</b>	7.0	6.9	7.8	7.8	<b>Myeloma</b>	3.2	3.2	3.0	3.3
<b>Non-Hodgkin Lymphoma</b>	19.0	20.4	21.9	20.7	<b>Non-Hodgkin Lymphoma</b>	5.3	5.7	5.1	5.4
<b>Oral Cavity &amp; Pharynx</b>	12.0	12.4	11.4	11.4	<b>Oral Cavity &amp; Pharynx</b>	2.5	2.4	2.0	2.4
<b>Ovary</b>	10.4	11.3	11.7	11.9	<b>Ovary</b>	6.5	6.8	6.3	6.8
<b>Pancreas</b>	13.2	14.6	14.7	15	<b>Pancreas</b>	11.1	12.1	11.3	12.3
<b>Prostate</b>	109.9	109.2	140.3	137	<b>Prostate</b>	18.9	18.5	16.9	21.3
<b>Stomach</b>	6.4	6.0	7.8	7.2	<b>Stomach</b>	2.9	2.5	3.3	3
<b>Testis</b>	5.7	6.5	6.0	5.8	<b>Testis</b>	0.3	0.2	0.2	0
<b>Thyroid</b>	13.8	18.1	18.4	17.3	<b>Thyroid</b>	0.5	0.5	0.5	0.5
* US Cancer Statistics, CDC.									

## **SKCC CATCHMENT AREA SURVEY: INSTRUMENT, METHOD OF ADMINISTRATION, AND DATA COLLECTION**

### **DATA COLLECTION METHODS**

The 2022 SKCC Catchment Area Survey was developed by the Office of Community Outreach and Engagement (COE) in consultation with SKCC clinicians and researchers. The survey was translated into Spanish and Chinese, so respondents with limited English proficiency could choose the languages with which they are familiar. SKCC's Office of COE oversaw the Chinese and Spanish survey collection and contracted with Centiment to conduct the English survey collection. Survey responses were collected online, via Qualtrics, from May through July 2022.

Centiment, an all-in-one research platform, has survey panels that include broad and representative individuals, with continuous recruitment through multiple outlets. SKCC's updated catchment area survey was sent to approximately 3,700 adults, who live within the catchment area, in the survey panel. The survey invitation only contained the length of time and expected reward to prevent selection and entrance bias.

The Sidney Kimmel Cancer Center team designed survey flyers in Chinese and Spanish. These easy-to-understand flyers were shared via traditional outreach methods, including posting flyers in community settings, emailing community partners, and distributing at community health fair and screening events. Facebook targeted advertisement was also used to further recruit community members who speak the languages and live in the Greater Philadelphia area.

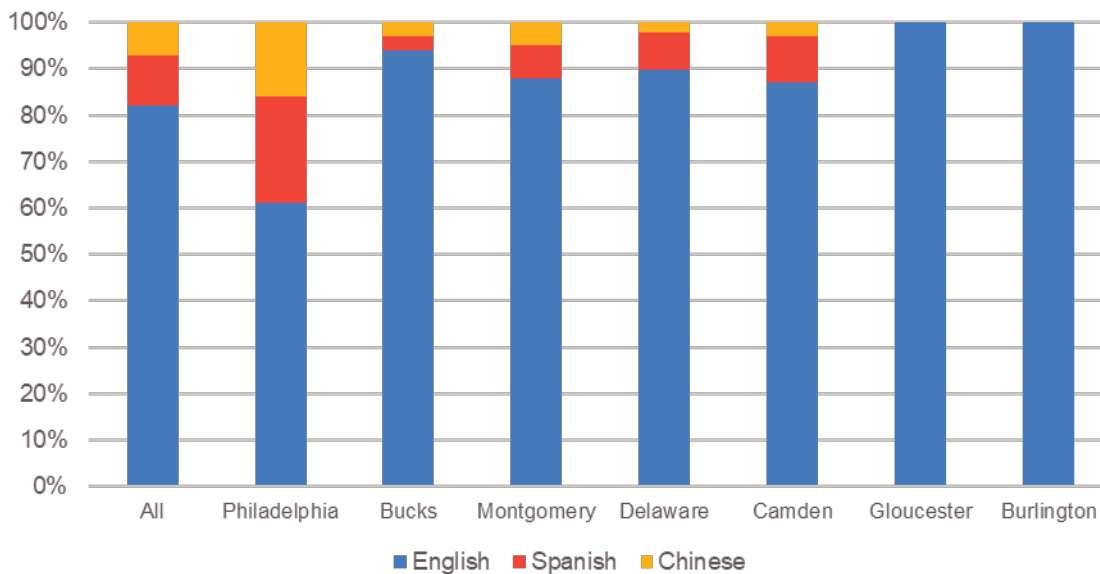
### **WEIGHTING METHODOLOGY**

A frequency weight variable was calculated so that seven-county population estimates could be derived from the sample respondents. The frequency weight was calculated by iteratively adjusting the marginal values of select demographic characteristics to match population totals of each surveyed county (i.e., Burlington, NJ, Camden, NJ, Gloucester, NJ, Bucks, PA Delaware, PA, Montgomery, PA, and Philadelphia, PA. The reference population totals were obtained from the American Community Survey (ACS) data. The demographics used for adjustment were age, sex, race/ethnicity, and education. Therefore, the weight variable indicates how many people in the population are represented by each respondent.

The following report shares weighted data, reflective of the SKCC's seven-county catchment area residents.

# DEMOGRAPHICS OF SURVEY PARTICIPANTS

Language



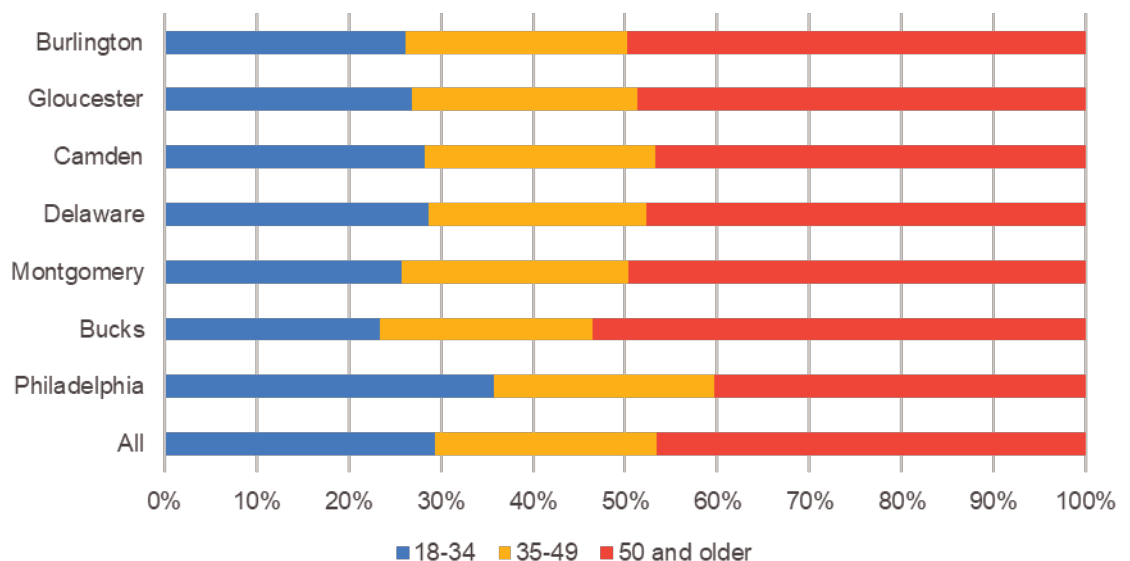
## LANGUAGE

Responses were received in English (82%), Spanish (11%), and Mandarin Chinese (7%). Philadelphia County had the highest language diversity with 23% of participants taking the survey in Spanish and 16% in Chinese. All survey participants from Burlington and Gloucester counties completed the survey in English.

## AGE

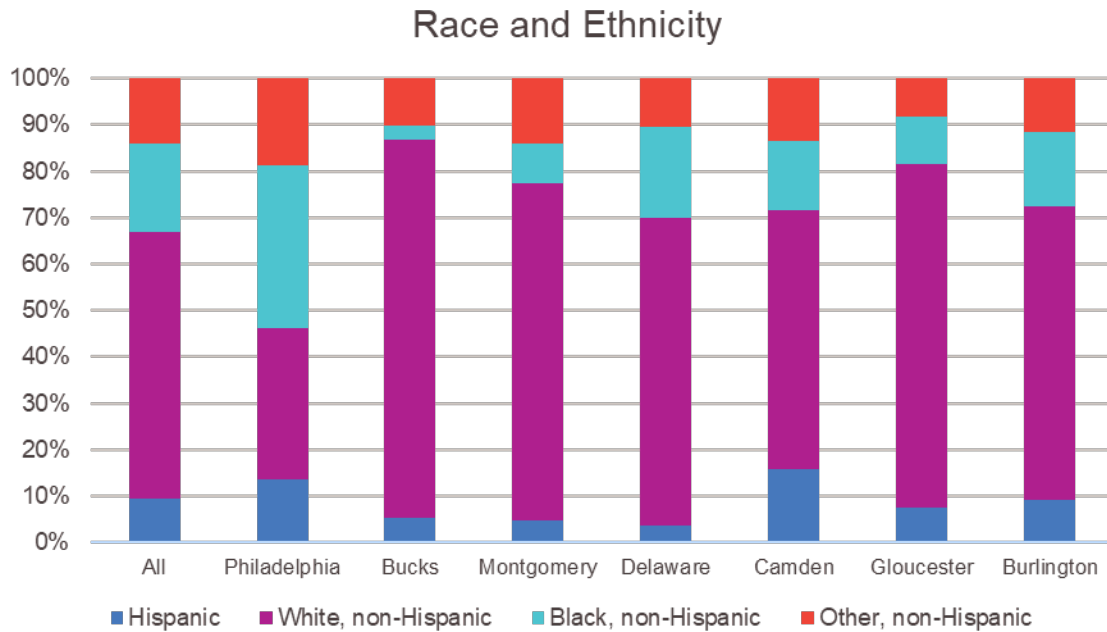
Survey participants ranged in age from 18 through 93 years, with the majority being 50 or older. Philadelphia County had the most (36%) respondents in the 18-24 range, whereas Bucks County had the most (54%) respondents over age 50.

Age



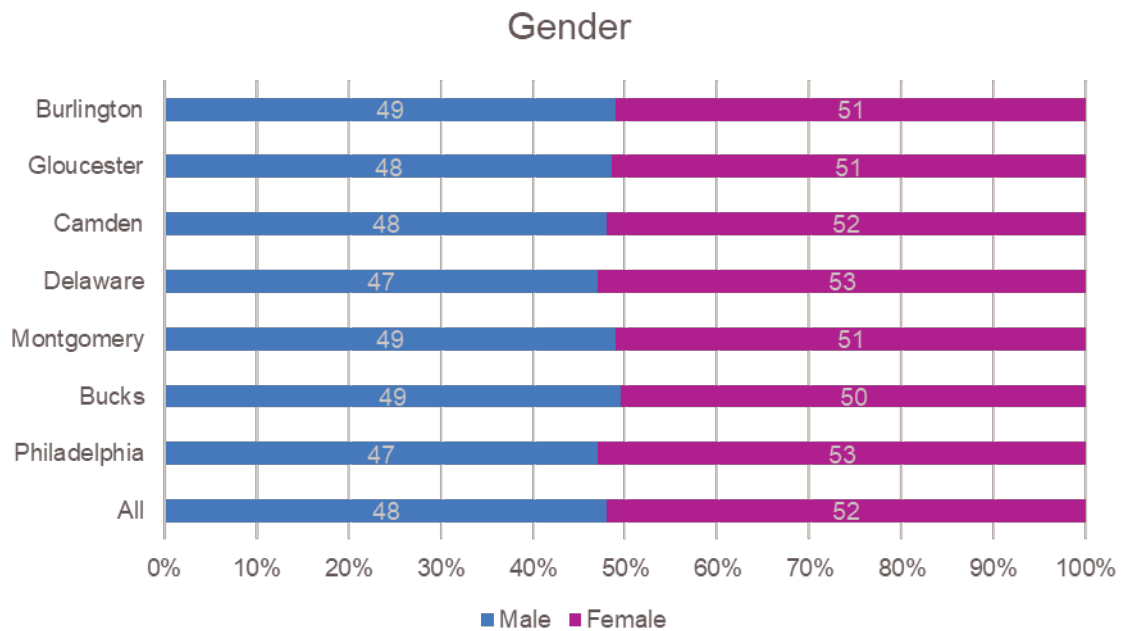
## RACE/ETHNICITY

Most survey participants identified as Non-Hispanic White. Philadelphia and Camden Counties had the greatest diversity in survey participants.

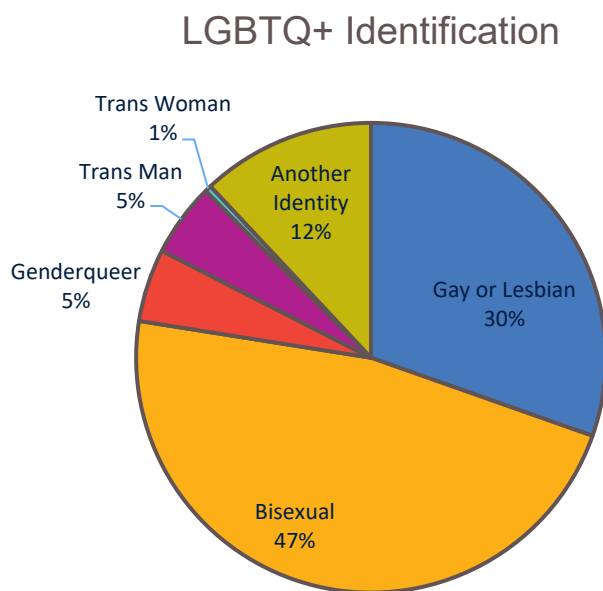
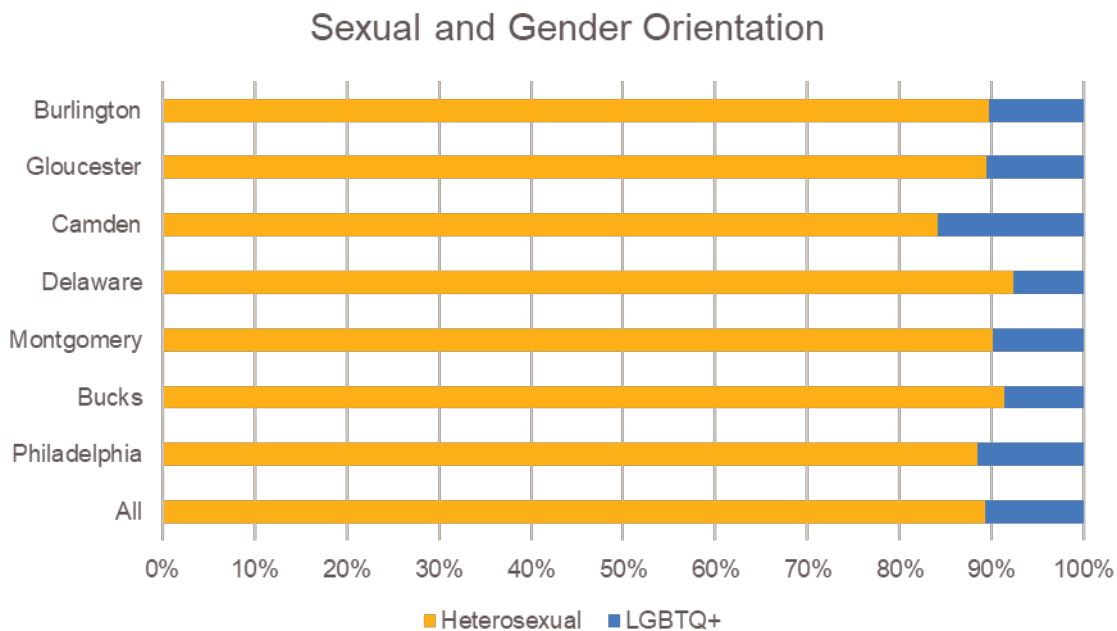


## GENDER & SEXUAL ORIENTATION

Of all respondents, 52% were female and 48% were male. The graph shows the percentage of male and female participants for each county.



The majority of survey participants identified as heterosexual or straight.

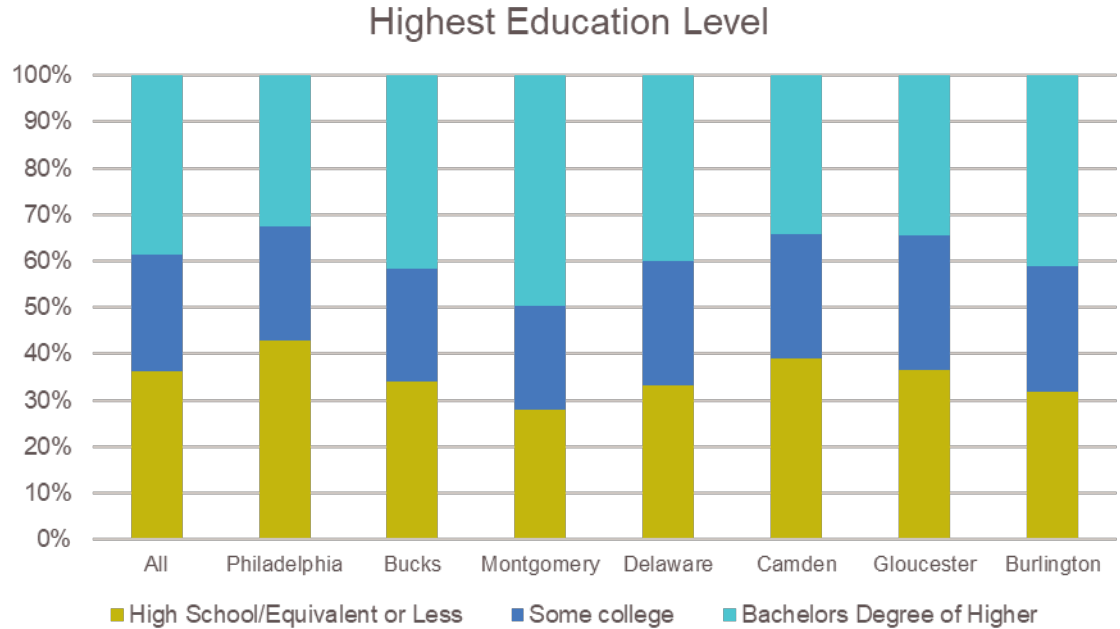


Of participants who identify as something other than straight, the most common identities were bisexual and gay or lesbian. Camden and Philadelphia Counties had more participants who identified as gay or lesbian. Camden and Gloucester Counties had the highest percentage of participants who identified as bisexual.

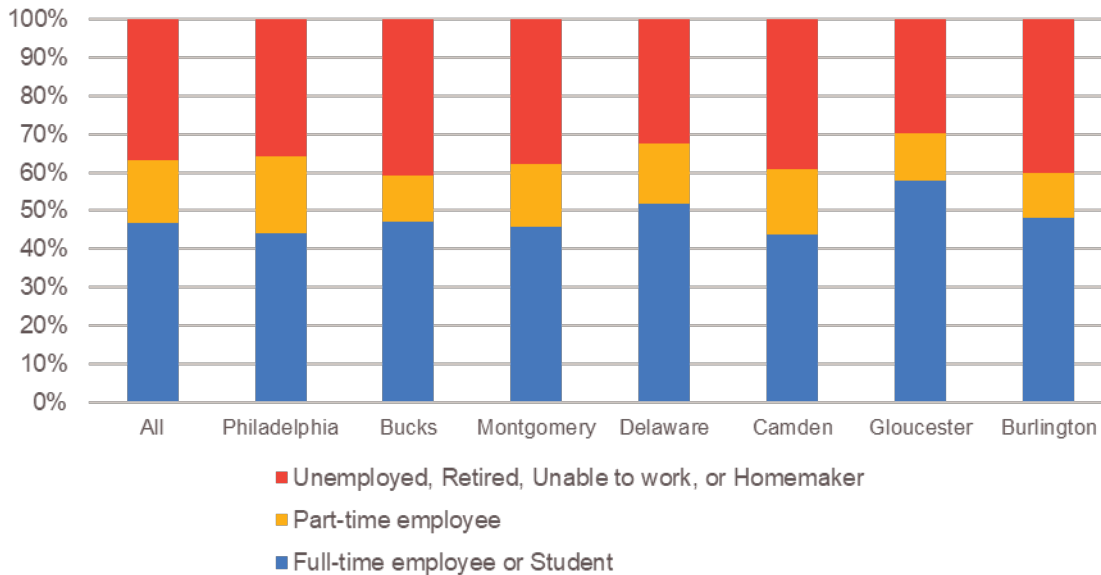
*\*This pie chart excludes participants who identified as heterosexual/straight.*

## EDUCATION

Among all participants, 39% reported completing a bachelor's degree or higher, while an additional 25% reported completing some college or post-secondary education. Participants in Philadelphia County were the most likely to report their highest education level of high school or less. Montgomery County had the highest percentage of participants with college degrees.



## Employment Status

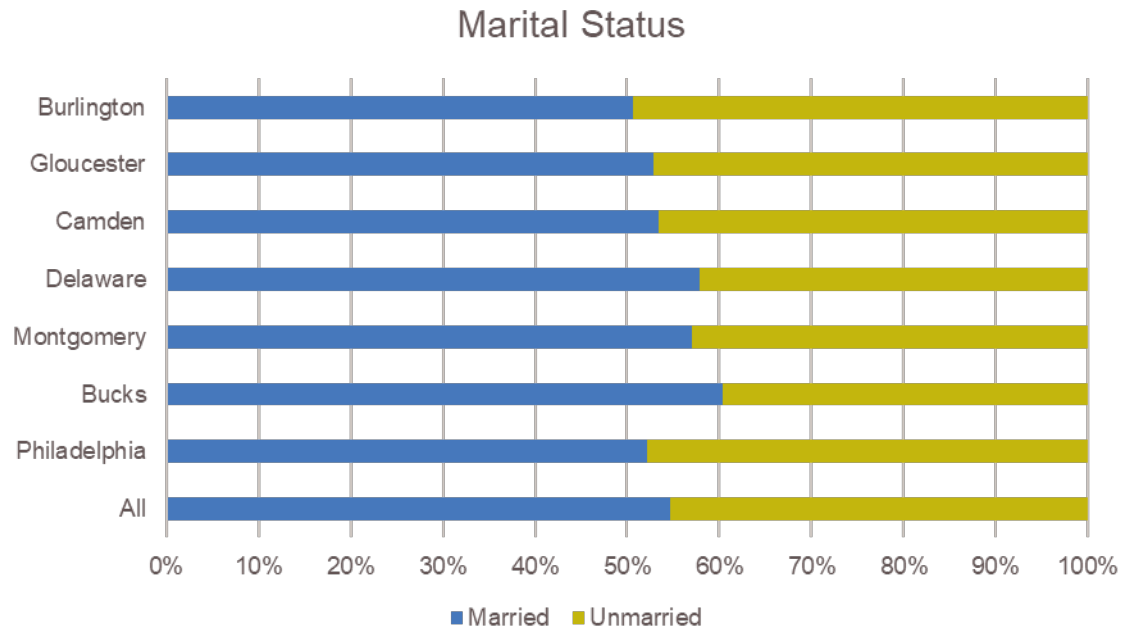


## EMPLOYMENT STATUS

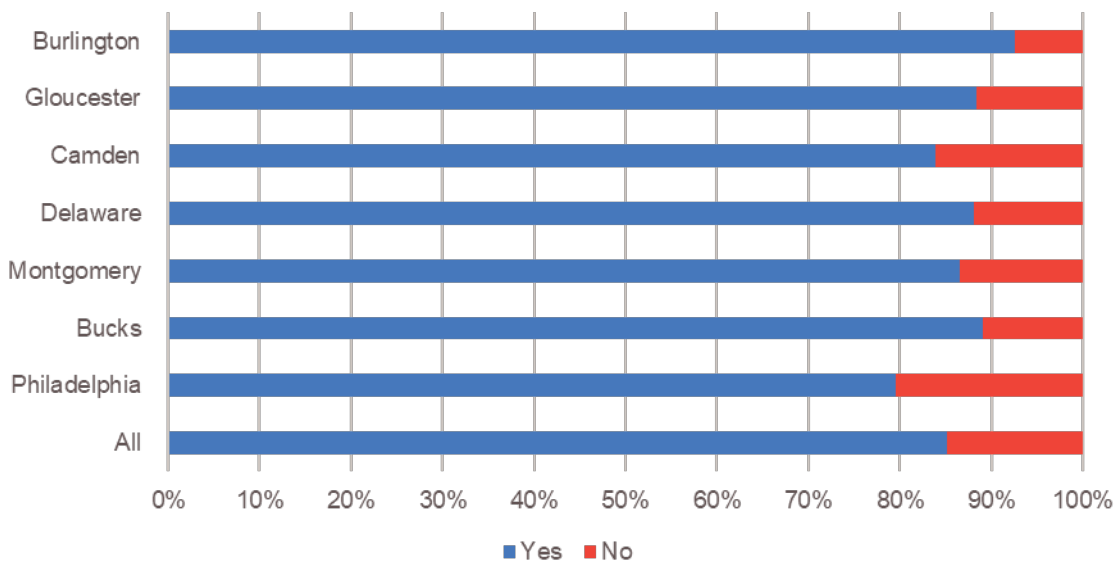
About half of all survey participants (47%) were employed full-time. Philadelphia County had the greatest number of participants who work part-time while Bucks and Camden Counties had the greatest number of people who were either unemployed, retired, unable to work, or a homemaker.

## RELATIONSHIP/MARITAL STATUS

More than half of survey participants reported being married. Bucks County had the highest percentage of married participants while Philadelphia and Burlington Counties had the highest percentage of unmarried participants, including people living with a partner, widowed, divorced, separated, and single.



## Health Insurance Coverage

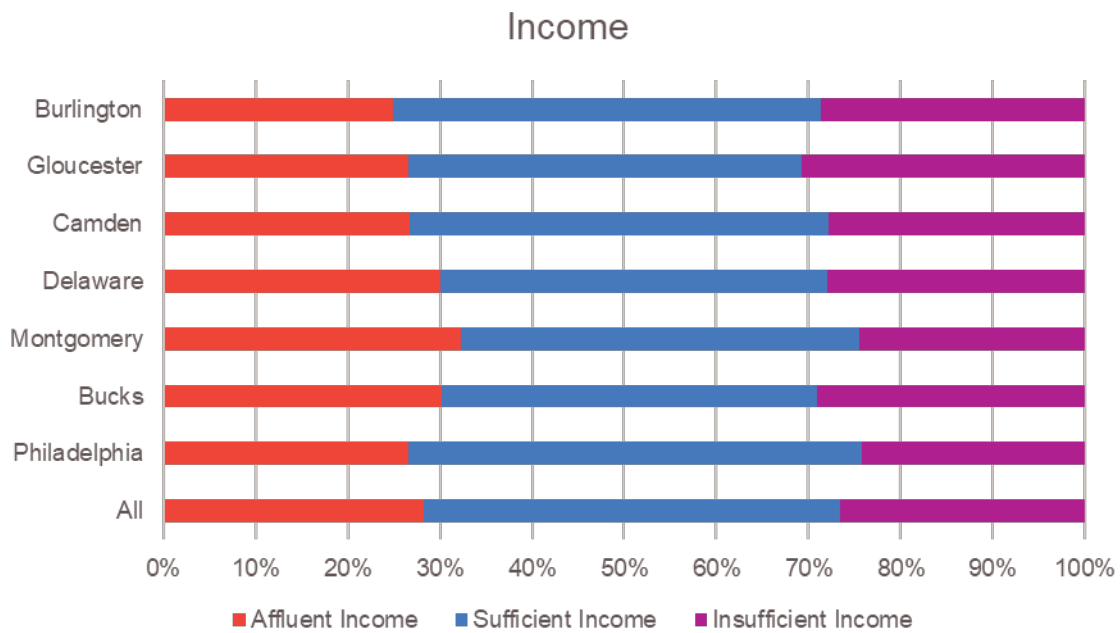


## HEALTH INSURANCE STATUS

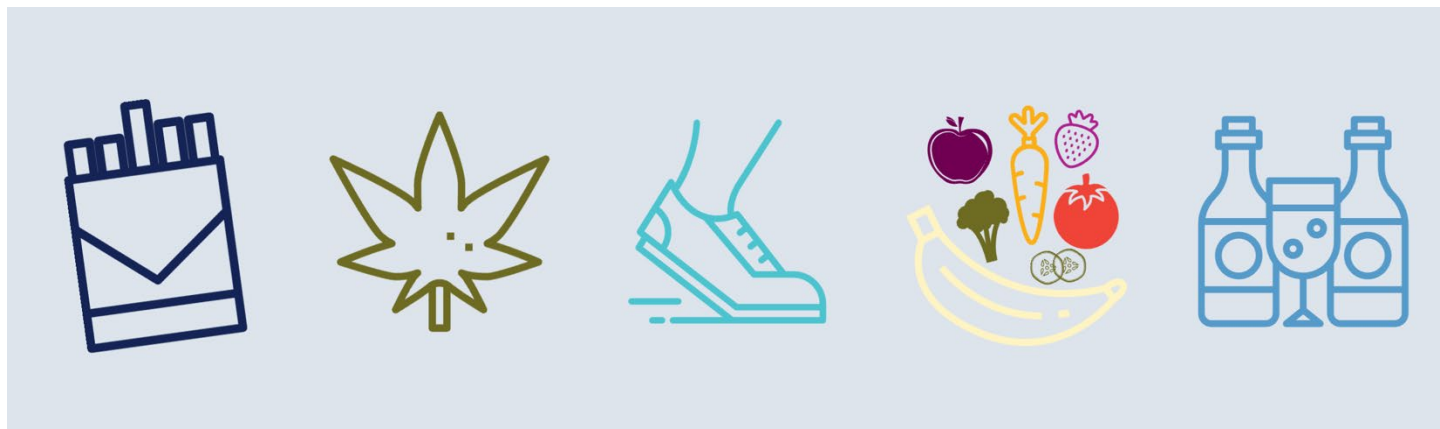
The majority of survey participants in each county responded that they had some form of insurance to cover the cost of health care. Philadelphia and Camden Counties had the highest rates of uninsured with 20% and 16%, respectively.

## HOUSEHOLD INCOME

Household income varied greatly across survey participants. Almost half of participants reported sufficient household income. Gloucester County had the greatest percentage of participants reporting insufficient income, while Montgomery, Bucks, and Delaware Counties had the highest percentage of reported affluent incomes.



# CANCER RISK FACTORS

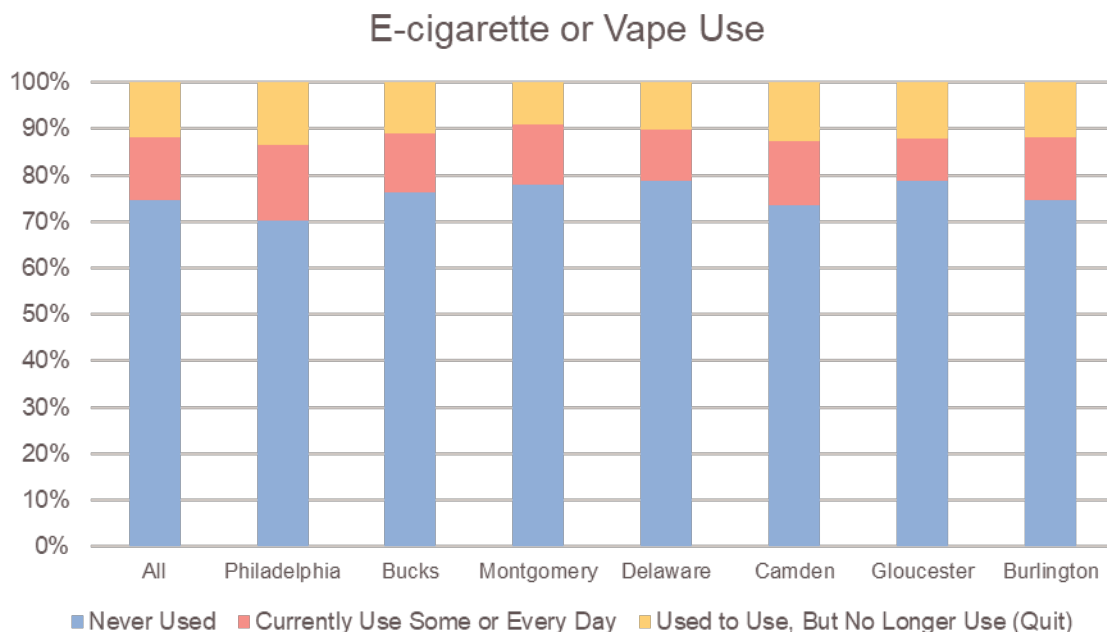


## SMOKING

Smoking is the leading cause of preventable death in the United States. It leads to disease and disability and harms nearly every organ of the body. Nationwide, 12 in 100 adults currently smoke cigarettes. In the SKCC catchment area, 47% of residents reported smoking at some point in their life while 23% reported smoking currently. Philadelphia County had the highest number of current smokers and Bucks County had the highest number of former smokers that have since quit.

Use of Cigarettes, Cigars, or Pipes	All	Philadelphia	Bucks	Montgomery	Delaware	Camden	Gloucester	Burlington
Never Used	53%	54%	51%	55%	52%	53%	55%	54%
Currently Use Some or Every Day	23%	28%	19%	18%	25%	26%	23%	20%
Used to Use, But No Longer Use (Quit)	23%	18%	30%	27%	23%	21%	22%	26%

E-cigarettes are sometimes called “e-cigs,” “vapes,” “e-hookahs,” “vape pens,” and “electronic nicotine delivery systems (ENDS).” Most e-cigarettes contain nicotine, which has negative health effects. Scientists are still learning about the long-term effects of e-cigarettes. In the SKCC catchment area, 25% of residents have tried e-cigarettes with 14% currently using e-cigarettes some days or every day. Current use is highest in Philadelphia County.

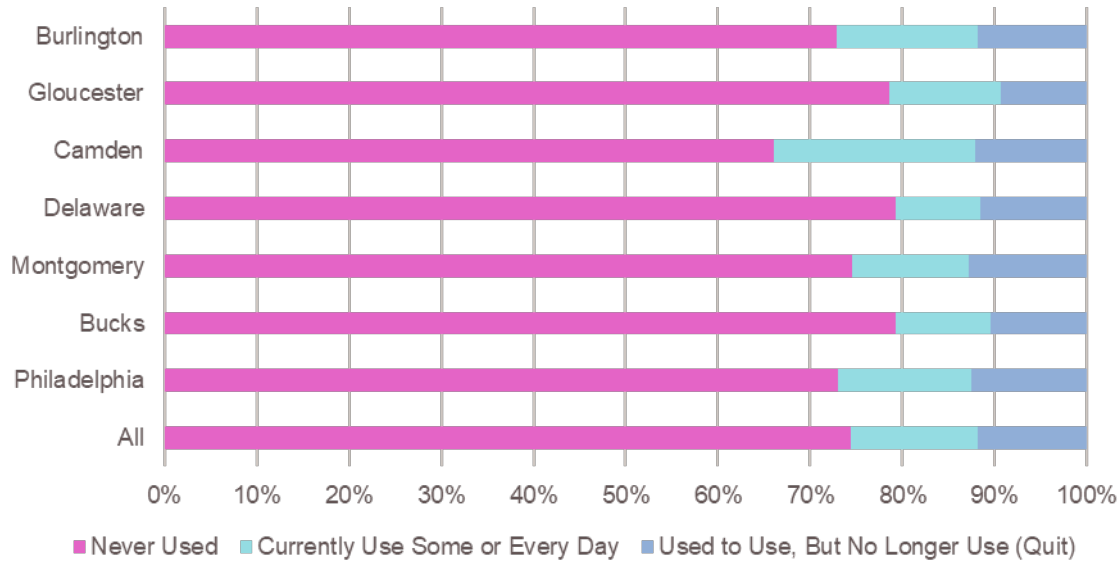


## MARIJUANA AND CBD USE

Medical marijuana, also called medical cannabis, is typically ingested in the form of joints, blunts, and edibles. While some studies report that medical cannabis has possible benefit for symptoms like pain, nausea, seizures associated with epilepsy, the FDA has not approved cannabis as a treatment for any medical condition. Cannabidiol (CBD) is derived directly from the hemp plant, a cousin of the marijuana plant, and is often ingested in oils, capsules, food, or creams. Scientists are still learning about the potential treatment uses and long-term effects from CBD and marijuana products.

Use of Marijuana for relief of medical symptoms	All	Philadelphia	Bucks	Montgomery	Delaware	Camden	Gloucester	Burlington
Never Used	63%	61%	62%	68%	66%	62%	63%	56%
Currently Use Some or Every Day	20%	21%	17%	17%	16%	29%	23%	22%
Used to Use, But No Longer Use (Quit)	17%	18%	21%	15%	18%	9%	14%	22%

## CBD Use for Relief of Medical Symptoms



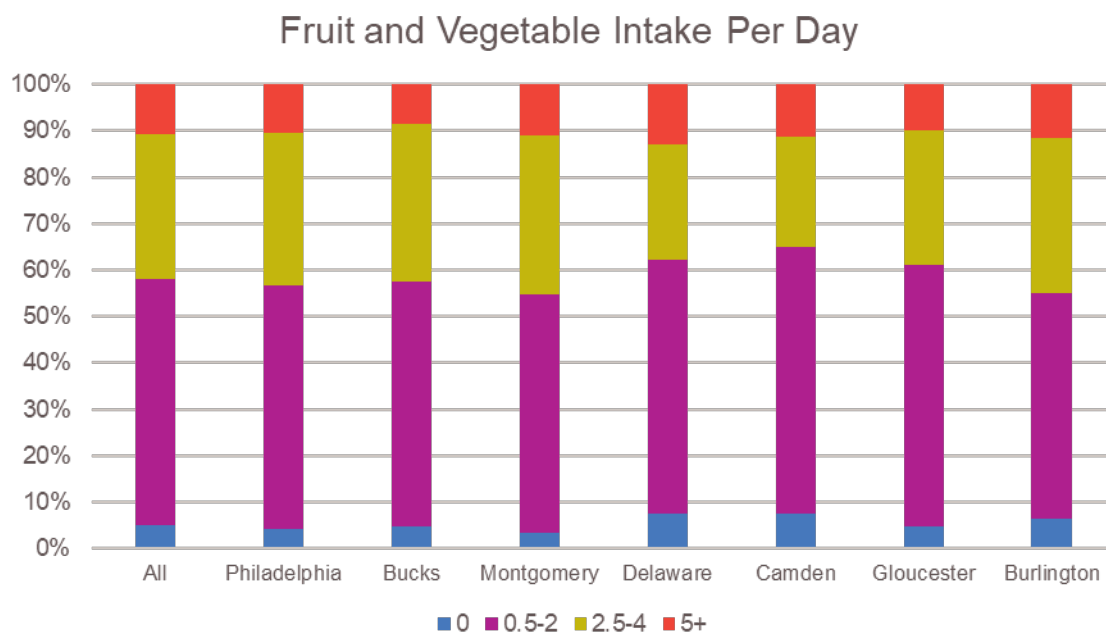
## PHYSICAL ACTIVITY

Physical activity is one of the best things people can do to improve their health. It is vital for healthy aging and can reduce the burden of chronic diseases and prevent early death. For adults, national guidelines recommend at least 150 minutes per week of activity of moderate intensity such as brisk walking, and at least two days per week of activities that strengthen muscles. In the SKCC catchment area, the majority of residents are “somewhat compliant” with physical activity guidelines.

Frequency of at least 30 minutes of physical activity	All	Philadelphia	Bucks	Montgomery	Delaware	Camden	Gloucester	Burlington
Never	10%	11%	11%	13%	9%	10%	5%	5%
Less than once a week	17%	16%	14%	17%	19%	23%	17%	17%
Once or twice a week	27%	28%	27%	22%	28%	27%	34%	26%
Three times a week	19%	20%	18%	16%	23%	14%	17%	19%
Four times a week	11%	11%	10%	12%	10%	10%	11%	14%
Five or more times a week	16%	14%	21%	20%	12%	16%	16%	19%

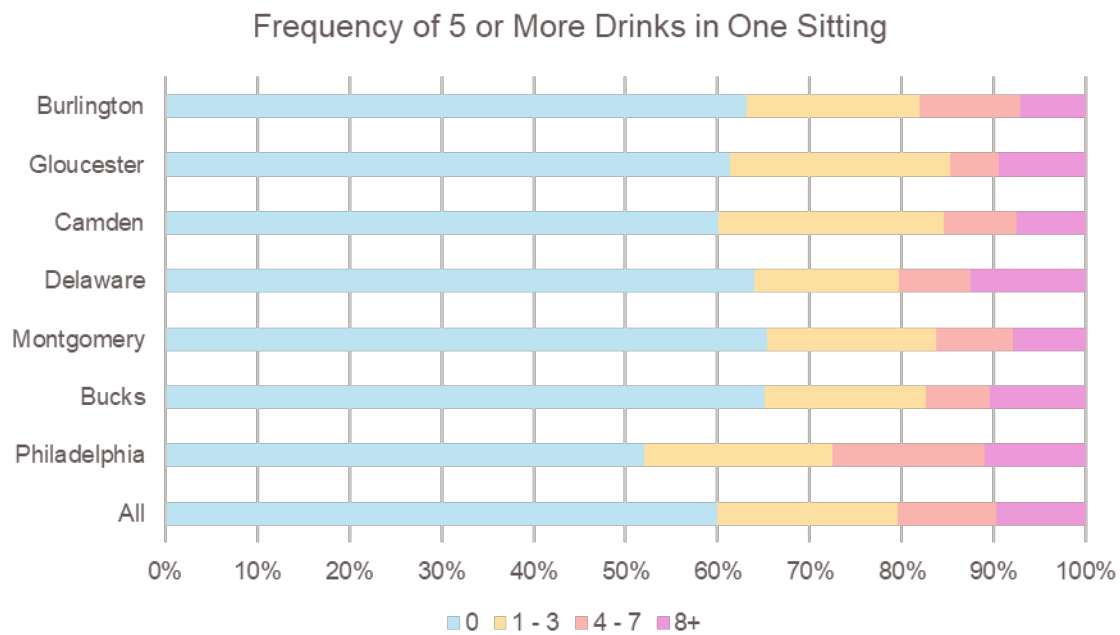
## FRUIT AND VEGETABLE INTAKE

Good nutrition is essential in keeping current and future generations of Americans healthy across the lifespan. The availability of healthy, affordable foods contributes to a person's diet and risk of related chronic diseases. Federal guidelines recommend that adults eat at least 1 ½ to 2 cups of fruit per day and 2-3 cups per day of vegetables. Fewer than 1 in 10 children and adults eat the recommended daily amount of fruit and vegetables. In the SKCC catchment area, less than half of adults eat the recommended daily amount of fruits and vegetables with the majority reporting two or fewer daily servings of both fruit and vegetables.



## ALCOHOL INTAKE

Excessive alcohol use contributes to a wide range of negative health and social consequences, including motor vehicle crashes and intimate partner violence. Over time, it can result in serious medical conditions, such as high blood pressure, digestive problems, liver disease, and various cancers. Federal guidelines define binge drinking, the most common and costly type of alcohol misuse, as the consumption of five or more drinks in about two hours for men and four or more drinks for women. Forty percent of residents reported at least one event of binge drinking in the last 30 days, with the highest rate of binge drinking occurring in Philadelphia County. In the SKCC catchment area, men are more likely to report binge drinking than women.

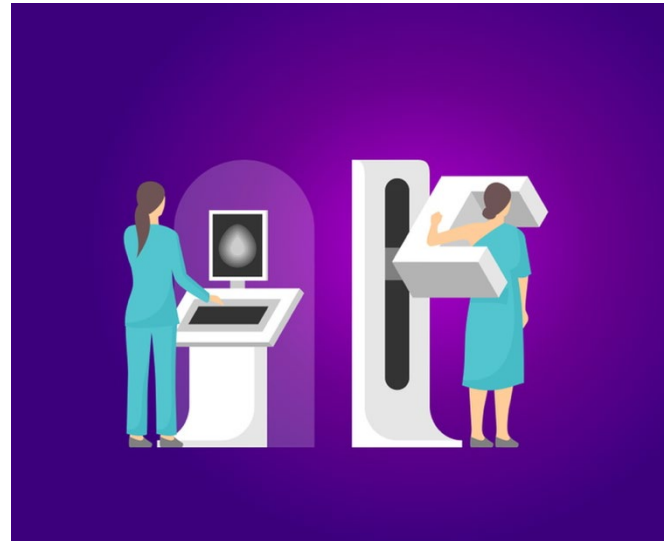


# CANCER SCREENING

The cancer screening guidelines below are reflective of the United States Preventive Services Task Force, an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services.

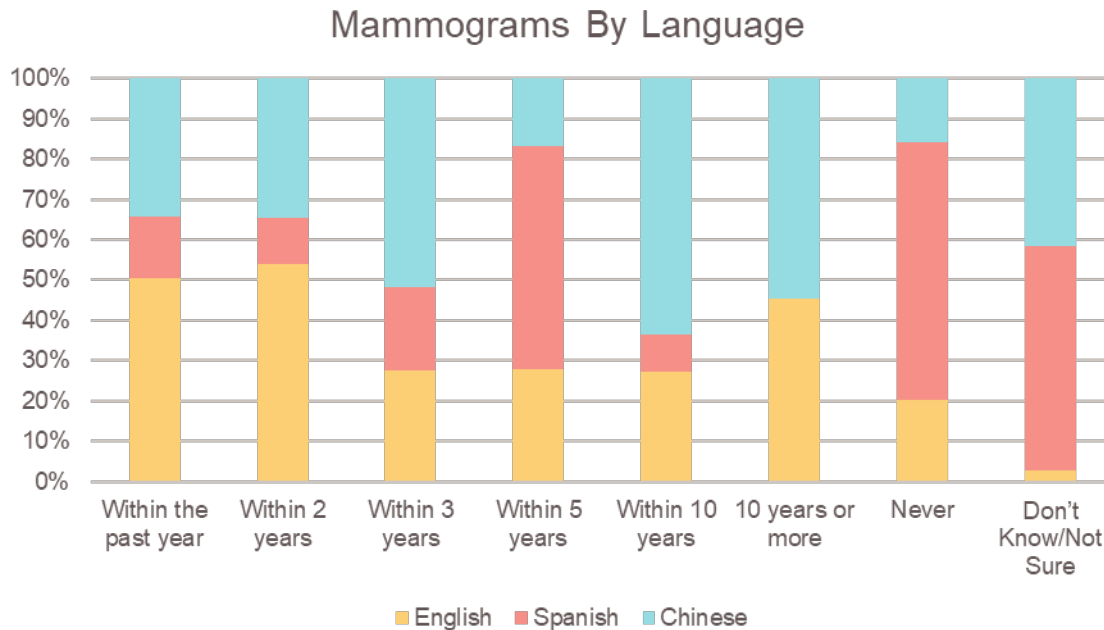
## BREAST CANCER SCREENING

Breast cancer is the most commonly occurring cancer in women and the second most commonly occurring death from cancer in women. The rate of new breast cancer cases has remained steady over the past few years, while the rate of death from breast cancer has significantly decreased. Biannual breast cancer screening, in the form of mammography, is recommended for average-risk women beginning at age 40. In the SKCC catchment area, only 60% of women over the age of 40 have been screened for breast cancer in the past two years. Burlington County had the highest number of women screened within the last year.



Time since last mammogram for women 40 and over	All	Philadelphia	Bucks	Montgomery	Delaware	Camden	Gloucester	Burlington
Within the past year	47%	40%	45%	51%	52%	41%	55%	60%
Within 2 years	13%	17%	10%	11%	12%	14%	3%	16%
Within 3 years	9%	9%	5%	7%	7%	8%	16%	14%
Within 5 years	5%	3%	4%	4%	8%	8%	13%	2%
Within 10 years	3%	2%	3%	3%	5%	8%	0%	0%
10 years or more	5%	4%	9%	8%	2%	2%	0%	1%
Never	15%	18%	21%	14%	13%	15%	12%	7%
Don't Know/Not Sure	3%	7%	3%	2%	1%	2%	1%	0%

While 50% of English speakers reported completion of mammogram within the past year, Spanish and Chinese speaking women reported significantly lower rates, 15% and 34%, respectively. Additionally, 44% of Spanish speaking women over age 40 have never had a mammogram.



## COLORECTAL CANCER SCREENING

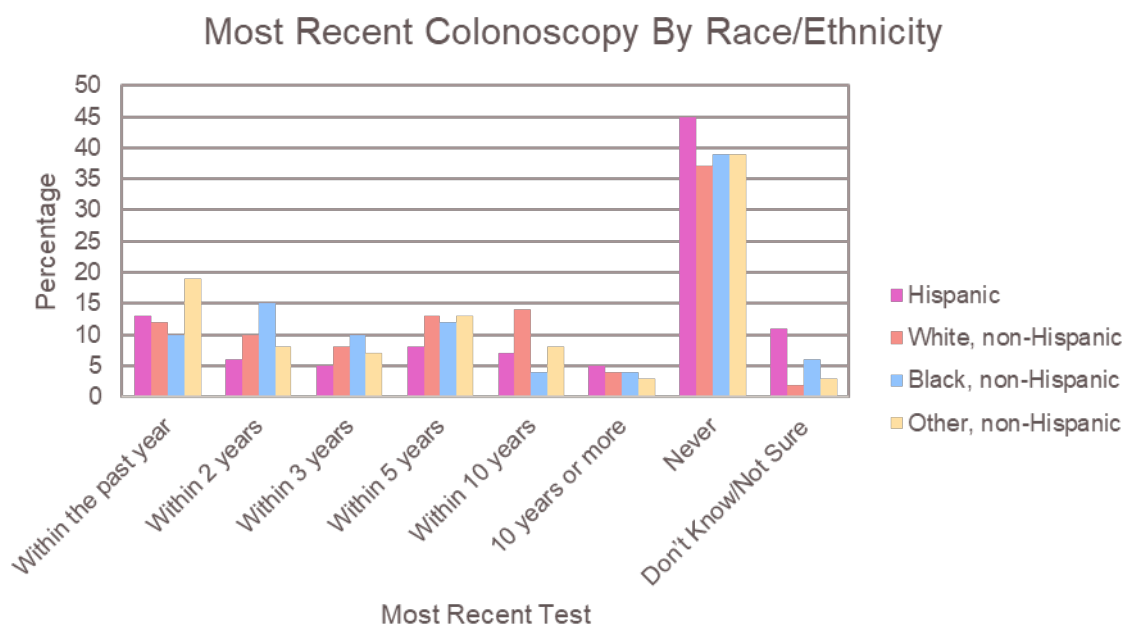
Colorectal cancer is a type of cancer that begins in the large intestine (colon) or rectum. The colon is the final part of the digestive tract. Colon cancer typically affects older adults, though it can happen at any age. Screening is recommended beginning at age 45 for adults at average risk. Several test options are available for colon cancer screening, including colonoscopy and blood stool tests.

In the SKCC catchment area, 60% of adults aged 45 and older with no history of colorectal cancer reported ever having a colonoscopy to screen for signs of cancer or other health problems. Of those who reported having a colonoscopy, approximately half reported having a colonoscopy performed within the last three years. Of those screened for colon cancer, residents were more likely to have a colonoscopy than blood stool test.



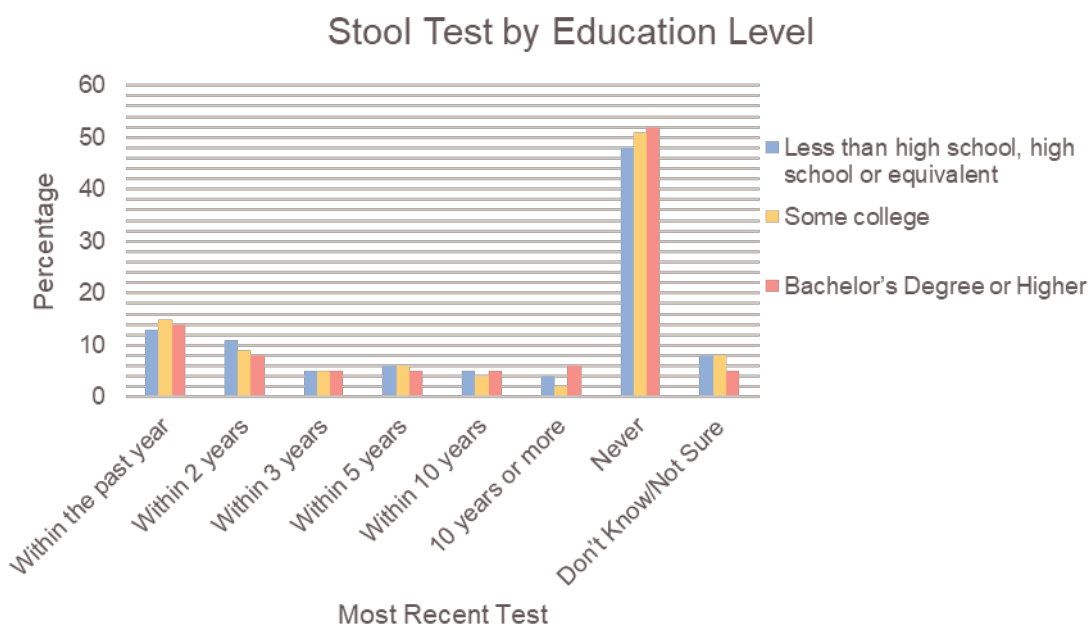
Time since last colonoscopy in people 45 and older	All	Philadelphia	Bucks	Montgomery	Delaware	Camden	Gloucester	Burlington
Within the past year	12%	13%	12%	13%	14%	11%	8%	9%
Within 2 years	10%	11%	9%	9%	10%	9%	11%	16%
Within 3 years	8%	10%	6%	5%	9%	7%	14%	6%
Within 5 years	13%	14%	10%	15%	15%	10%	8%	12%
Within 10 years	12%	7%	23%	12%	11%	15%	7%	9%
10 years or more	4%	6%	4%	2%	2%	1%	1%	6%
Never	38%	32%	33%	41%	37%	47%	51%	39%
Don't Know/Not Sure	3%	7%	3%	3%	2%	0%	0%	3%

In the SKCC catchment area, nearly half of age-eligible Hispanic people have never had a colonoscopy. When rates of recent colonoscopy were compared by race and ethnicity, Black, Non-Hispanic residents were least likely to have had a colonoscopy within the last year.



In the SKCC catchment area, 32% of adults reported using a blood stool test for colorectal cancer screening. When compared by education level, use of blood stool test was similar across all groups.

Time since last stool test in people 45 and older	All	Philadelphia	Bucks	Montgomery	Delaware	Camden	Gloucester	Burlington
Within the past year	14%	13%	17%	13%	15%	13%	17%	12%
Within 2 years	10%	10%	16%	6%	8%	10%	8%	7%
Within 3 years	5%	8%	6%	5%	2%	0%	1%	5%
Within 5 years	6%	7%	2%	7%	3%	5%	10%	5%
Within 10 years	5%	4%	9%	5%	6%	0%	8%	2%
10 years or more	4%	4%	6%	6%	3%	3%	0%	7%
Never	50%	45%	43%	54%	56%	59%	48%	54%
Don't Know/Not Sure	6%	9%	1%	4%	7%	10%	8%	8%

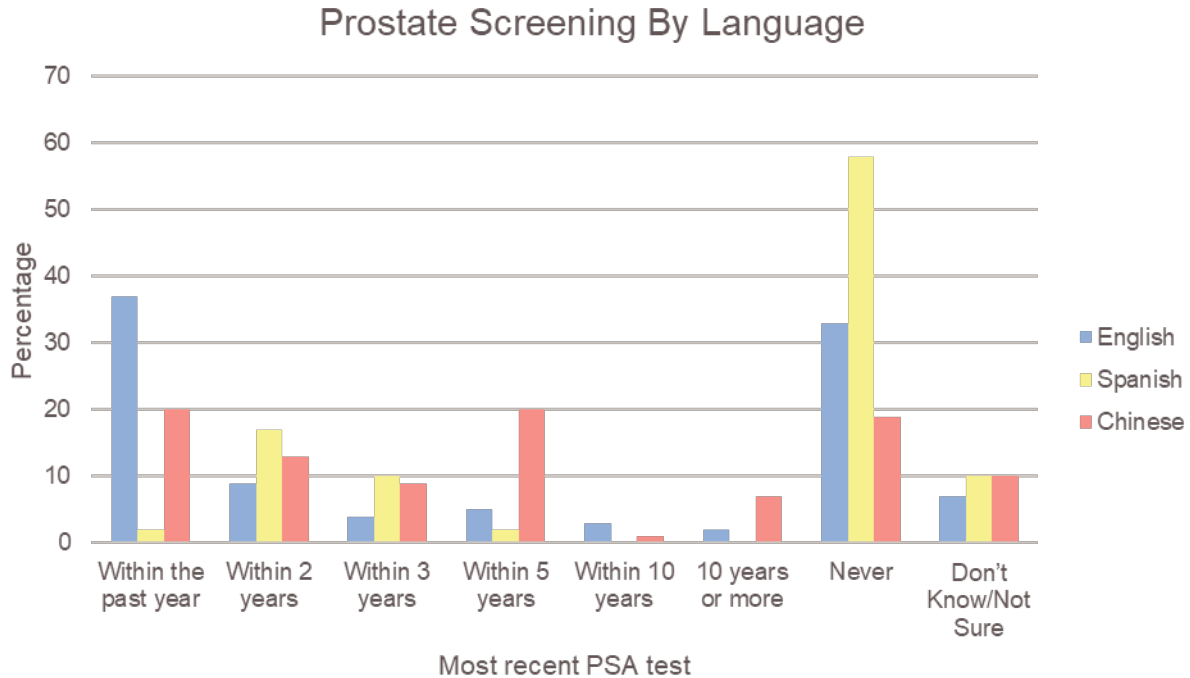


## PROSTATE CANCER SCREENING

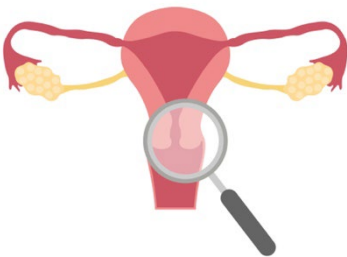
Prostate cancer is one of the most common types of cancer in men. Usually, prostate cancer grows slowly and is initially confined to the prostate gland, where it may not cause serious harm. A blood test called a prostate specific antigen (PSA) test measures the level of PSA in the blood. Prostate cancer that is detected early has a better chance of successful treatment. In the SKCC catchment area, more than one-third of men over 40 have never been screened for prostate cancer. Spanish speaking men were least likely to have ever had a PSA screening test.



Most recent PSA test for men 40 and over	All	Philadelphia	Bucks	Montgomery	Delaware	Camden	Gloucester	Burlington
Within the past year	34%	27%	32%	35%	37%	47%	38%	37%
Within 2 years	10%	14%	8%	15%	4%	5%	2%	9%
Within 3 years	5%	9%	2%	5%	5%	0%	5%	1%
Within 5 years	5%	6%	8%	5%	3%	1%	0%	10%
Within 10 years	3%	2%	2%	2%	10%	3%	0%	0%
10 years or more	2%	0%	8%	2%	0%	0%	0%	0%
Never	34%	33%	34%	32%	32%	36%	41%	40%
Don't Know/Not Sure	7%	9%	6%	4%	9%	8%	14%	3%



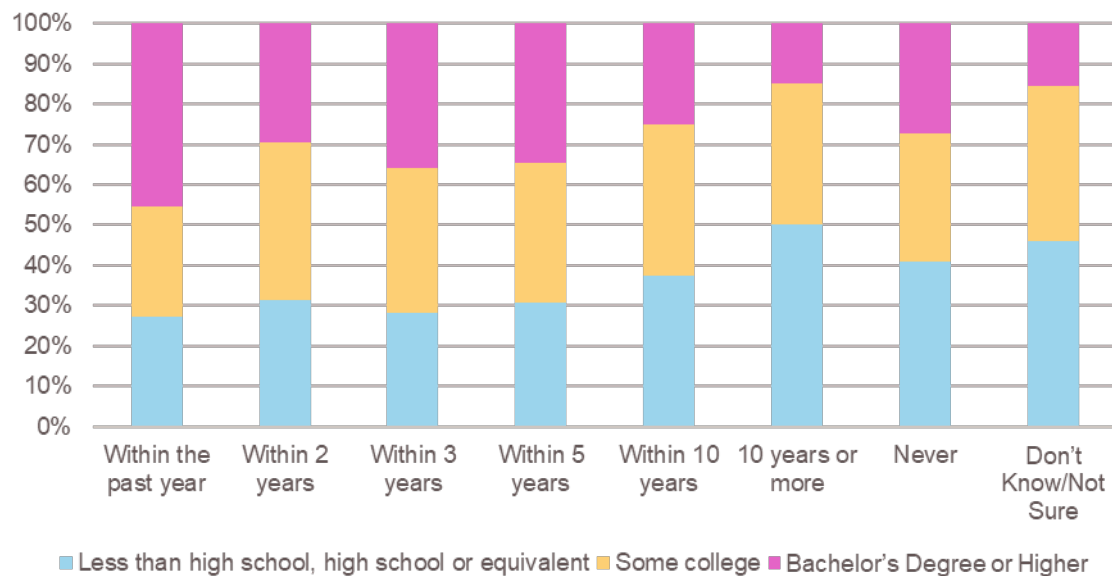
## CERVICAL CANCER SCREENING



More than 12,000 women in the United States will be diagnosed with cervical cancer each year, and more than 4,000 women will die. Deaths from cervical cancer in the United States continue to decline, primarily due to the widespread use of the Pap smear, a test carried out on a sample of cells from the cervix to detect cervical abnormalities and allow for early treatment. Federal guidelines recommend that women aged 21-65 are screened for cervical cancer every three to five years, depending on the type of test. In the SKCC catchment area, most age-eligible women have been screened for cervical cancer within the past three years. Women with a bachelor's degree or higher were more likely to have been screened within the past year.

Time since last pap smear for women between age 21 and 65	All	Philadelphia	Bucks	Montgomery	Delaware	Camden	Gloucester	Burlington
Within the past year	30 %	22%	32%	31%	32%	37%	33%	42%
Within 2 years	18 %	18%	14%	22%	15%	21%	22%	15%
Within 3 years	13 %	15%	9%	12%	12%	7%	17%	16%
Within 5 years	9%	13%	8%	9%	7%	3%	6%	5%
Within 10 years	5%	2%	15%	7%	4%	3%	5%	6%
10 years or more	6%	5%	9%	5%	10%	13%	6%	1%
Never	15 %	20%	11%	9%	13%	15%	10%	11%
Don't Know/Not Sure	4%	5%	2%	5%	7%	1%	1%	4%

Pap Smear By Education Level

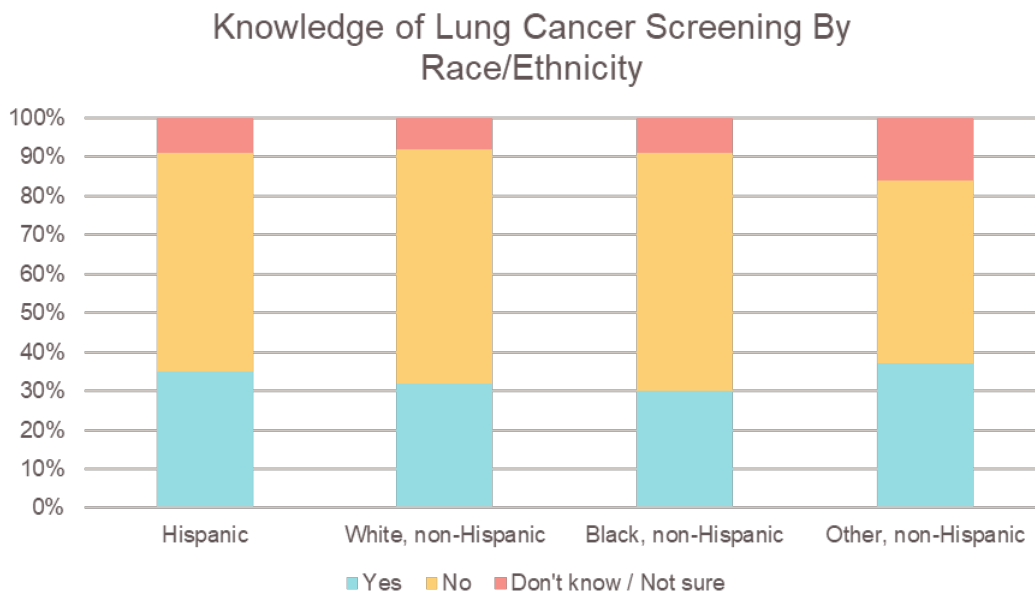


## LUNG CANCER SCREENING

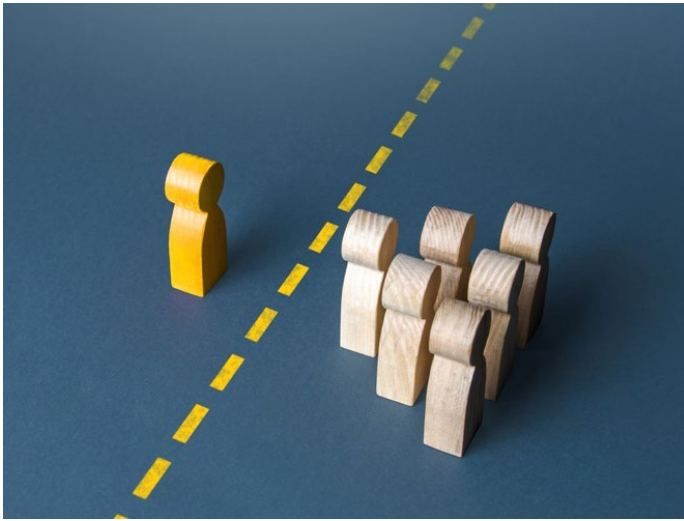
In the United States, lung cancer is the second most common cancer in both men and women. It is also the leading cause of death from cancer. About 80% of lung cancer deaths are caused by smoking, but not all people who get lung cancer are smokers. Federal guidelines recommend lung cancer screening, a low-dose computed tomography (CT) scan, for people 50-80 years of age who have a heavy history of smoking and continue to smoke now or have quit within the past 15 years. In the SKCC catchment area, about one-third of residents have heard of a screening test for lung cancer. Residents of Philadelphia County were most likely to have knowledge of lung cancer screening tests. Montgomery County had the highest number of residents who had never heard of lung cancer screening before. When lung cancer screening knowledge was compared by race and ethnicity, Hispanic residents were more likely to be aware of lung cancer screening than White or Black residents.



Knowledge of CT lung cancer screening	All	Philadelphia	Bucks	Montgomery	Delaware	Camden	Gloucester	Burlington
<b>Yes</b>	32%	39%	32%	26%	32%	26%	30%	33%
<b>No</b>	58%	49%	59%	68%	58%	59%	61%	62%
<b>Don't know / Not sure</b>	10%	12%	9%	6%	10%	15%	9%	5%



## BARRIERS TO CANCER SCREENING



Cancer screening can help find cancer before any symptoms or signs appear in an individual. When cancer is found earlier, it can be easier to treat or cure. Recommendations for cancer screening are constantly being monitored and updated by organizations like the United States Preventive Services Task Force and the National Cancer Institute to reduce the number of people who develop and die from cancer each year.

In the SKCC catchment area, more than 60% of residents reported being behind on a cancer screening. While many barriers to cancer screening exist, the most common reason selected was “I did not think I was at risk for cancer.”

Selected reason for being behind on recommended cancer screenings	
I did not think I was at risk for cancer	34%
I did not know which cancer screening I needed	20%
I skipped screening because of the COVID-19 pandemic	19%
I was concerned about insurance coverage and out of pocket expenses	19%
I was worried that the screening would find cancer	15%
I did not have time	12%
I did not know how to schedule cancer screening	12%
I did not know where to get cancer screening	10%
I did not have transportation	8%

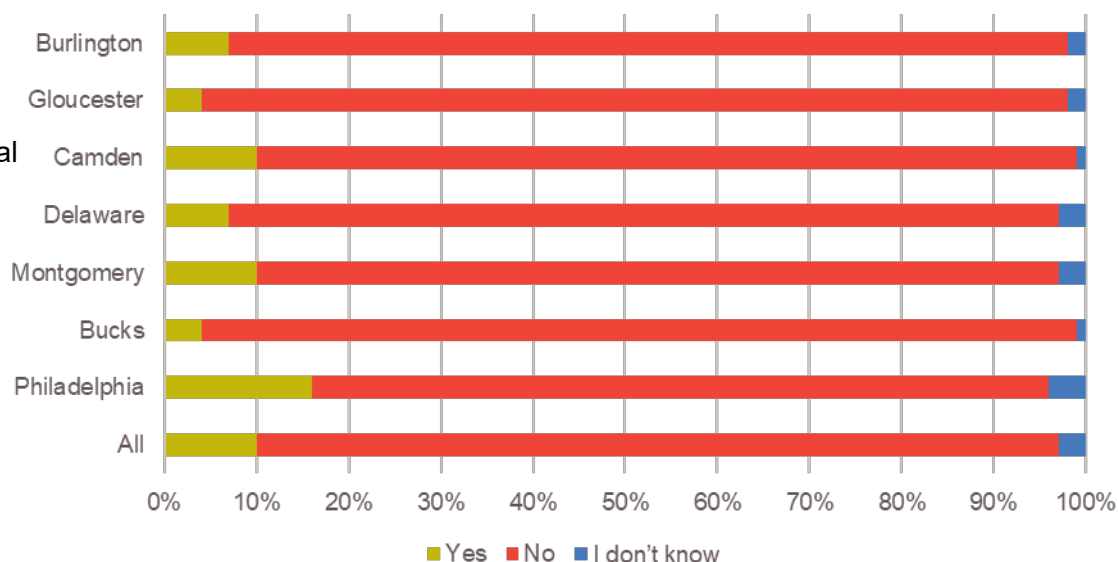
# CLINICAL TRIALS



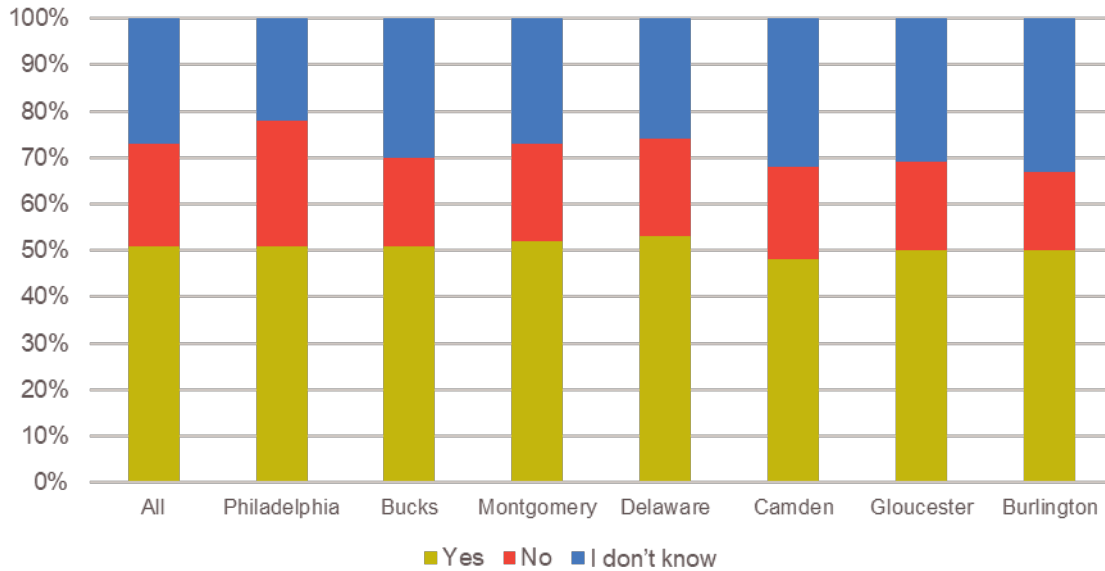
Clinical trials are a type of research study that test how well new medical approaches work in people. Clinical trials are an important part of cancer care because they investigate new methods of screening, prevention, diagnosis, or treatment. Often, a clinical trial is used to learn if a new treatment is more effective and/or has fewer harmful side effects than the standard treatment.

Previous Clinical Trial Participation

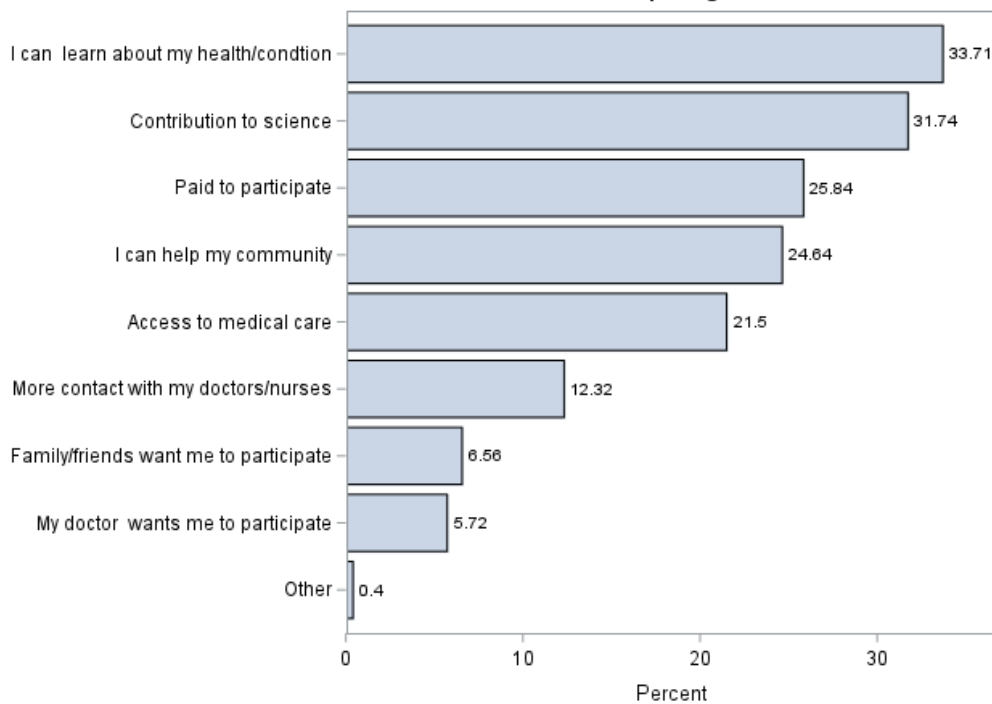
Though only 10% of catchment area residents have participated in a clinical trial, more than half said they would be willing to participate in a trial in the future. Philadelphia County has the highest number of residents who have participated in a clinical trial previously.



## Willingness to Participate in a Clinical Trial

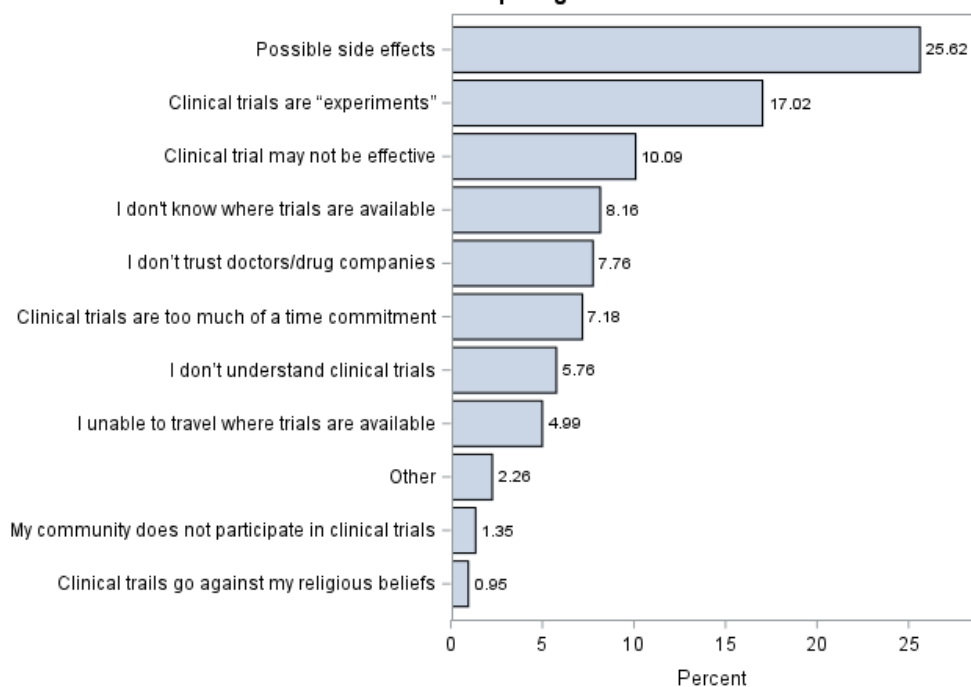


## Reasons for Participating in a Clinical Trial



Of those who would participate in a future clinical trial if asked, the top reasons included learning more about their health/condition, contributing to science, and compensation for participating.

### Reasons for NOT Participating in a Clinical Trial



Of those who would not participate in a future clinical trial if asked, the top barriers include possible side effects, not wanting to be part of an "experiment," and the notion that a clinical trial may not be effective.

Thank you for your interest in cancer disparities and for reading the  
2022 SKCC Catchment Area Report.

If you have any questions or are interested in learning more,  
please do not hesitate to contact [SKCCOutreach@Jefferson.edu](mailto:SKCCOutreach@Jefferson.edu) or  
visit [JeffersonHealth.org/CancerOutreach](https://JeffersonHealth.org/CancerOutreach).

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