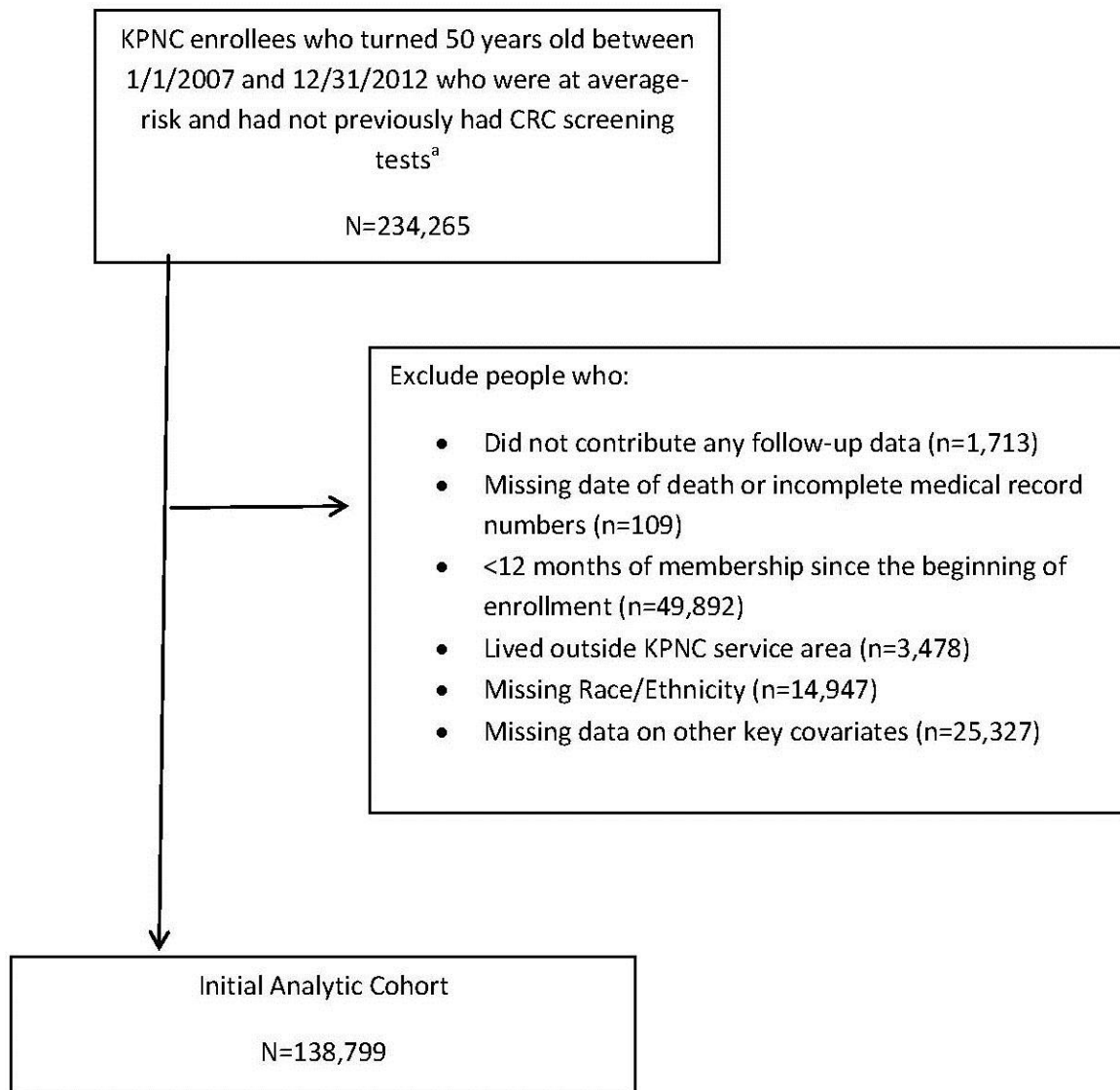


Appendix Figure 1. Flow diagram of cohort ascertainment, Kaiser Permanente Northern California 2007-2012.



^aPeople with a strong family history, were diagnosed with inflammatory bowel disease, were diagnosed with CRC or had colorectal cancer surgery before their 50th birthday were considered non-average risk.

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Appendix Table 1. Sub-Distribution Hazard Models of Colorectal Cancer Screening Among Newly Eligible Enrollees, Kaiser Permanente Northern California 2007-2012

Race/Ethnicity	Any CRC screening ^a			FIT ^b			Colonoscopy ^c			Sigmoidoscopy ^d		
	SHR	95% CI		SHR	95% CI		SHR	95% CI		SHR	95% CI	
White	1.00			1.00			1.00			1.00		
Black	0.99	0.97	1.02	0.91	0.89	0.93	1.15	1.05	1.25	1.45	1.36	1.55
Hispanic	0.96	0.94	0.98	0.98	0.96	1.00	0.90	0.84	0.96	1.00	0.95	1.06
Asian	1.15	1.14	1.17	1.12	1.11	1.14	0.92	0.86	0.98	1.12	1.06	1.19
Native American	0.93	0.84	1.02	0.99	0.89	1.10	0.60	0.36	1.03	e		
Multiple races	1.01	0.93	1.09	0.99	0.91	1.08	0.60	0.79	1.52	e		

Note: Boldface indicates statistical significance ($p < 0.05$).

^a Sub-Distribution Hazard Model examines any type of CRC screening versus no screening, people who died were considered as having a competing event. Adjusted for year of 50th birthday, gender, insurance, language preference, BMI category, Charlson Comorbidity, family history, service area, Census-tract poverty.

^b Sub-Distribution Hazard Model examines FIT testing versus no testing, people who died or received colonoscopy or sigmoidoscopy were considered as having competing event. Adjusted for year of 50th birthday, gender, insurance, language preference, BMI category, Charlson Comorbidity, family history, service area, Census-tract poverty.

^c Sub-Distribution Hazard Model examines colonoscopy versus no testing, people who died or received FIT or sigmoidoscopy were considered as having a competing event. Adjusted for year of 50th birthday, gender, insurance, language preference, BMI category, Charlson Comorbidity, family history, service area, Census-tract poverty.

^d Sub-Distribution Hazard Models examines sigmoidoscopy versus no testing, people who died or received FIT or colonoscopy were considered as having a competing event.

^eEstimates were unstable.

CRC, colorectal cancer; FIT, fecal immunochemical test; SHR, sub-hazard ratio

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Appendix Table 2. Log-Binomial Models of Colorectal Cancer Screening Among Newly Eligible Enrollees, Kaiser Permanente Northern California 2007-2012

Race/Ethnicity	Any CRC screening ^a			FIT ^b			Colonoscopy ^c			Sigmoidoscopy ^d		
	PR	95% CI		PR	95% CI		PR	95% CI		PR	95% CI	
White	1.00			1.00			1.00			1.00		
Black	0.99	0.99	1.00	0.97	0.95	0.98	1.05	0.97	1.14	1.23	1.15	1.31
Hispanic	0.99	0.98	0.99	0.98	0.97	0.99	0.83	0.78	0.89	1.08	1.03	1.14
Asian	1.03	1.02	1.04	1.04	1.03	1.05	0.82	0.77	0.88	1.12	1.07	1.19
Native American	0.97	0.93	1.01	0.98	0.93	1.04	0.63	0.37	1.05	0.95	0.67	1.33
Multiple races	1.00	0.98	1.03	1.00	0.96	1.05	1.08	0.79	1.47	0.97	0.75	1.26

Note: Boldface indicates statistical significance ($p < 0.05$).

^aLog Binomial Model examines any type of CRC screening versus no screening before the end of follow-up and is adjusted for year of 50th birthday, gender, insurance, language preference, BMI category, Charlson Comorbidity, family history, service area, Census-tract poverty.

^bLog Binomial Model examines FIT testing versus no testing before the end of follow-up and is adjusted for year of 50th birthday, gender, insurance, language preference, BMI category, Charlson Comorbidity, family history, service area, Census-tract poverty.

^cLog Binomial Model examines colonoscopy versus no testing before the end of follow-up and is adjusted for year of 50th birthday, gender, insurance, language preference, BMI category, Charlson Comorbidity, family history, service area, Census-tract poverty.

^dLog Binomial Model examines sigmoidoscopy versus no testing before the end of follow-up and is adjusted for year of 50th birthday, gender, insurance, language preference, BMI category, Charlson Comorbidity, family history, service area, Census-tract poverty.

KPNC, Kaiser Permanente Northern California; CRC, colorectal cancer; FIT, fecal immunochemical test; PR, prevalence ratio

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Appendix Table 3. Colorectal Cancer Screening Within 2 Years of 50th Birthday, Kaiser Permanente Northern California 2007-2012

Race/Ethnicity	Any CRC screening ^a			FIT ^b			Colonoscopy ^c			Sigmoidoscopy ^d		
	PR	95% CI		PR	95% CI		PR	95% CI		PR	95% CI	
White	1.00			1.00			1.00			1.00		
Black	0.97	0.96	0.99	0.96	0.94	0.97	0.98	0.87	1.11	1.09	1.03	1.16
Hispanic	0.96	0.95	0.97	0.96	0.95	0.97	0.79	0.71	0.87	0.97	0.92	1.02
Asian	1.05	1.04	1.05	1.05	1.04	1.06	0.96	0.88	1.05	1.20	1.15	1.26
Native American	0.94	0.88	1.00	0.94	0.88	1.01	0.61	0.30	1.26	0.85	0.61	1.20
Multiple races	1.00	0.95	1.04	0.99	0.94	1.04	1.24	0.80	1.91	1.00	0.78	1.27

Note: Boldface indicates statistical significance ($p < 0.05$).

^aLog Binomial Model examines any type of CRC screening versus no screening within 2 years of a person's 50th birthday and is adjusted for year of 50th birthday, gender, insurance, language preference, BMI category, Charlson Comorbidity, family history, service area, Census-tract poverty.

^bLog Binomial Model examines FIT testing versus no testing within 2 years of a person's 50th birthday and is adjusted for year of 50th birthday, gender, insurance, language preference, BMI category, Charlson Comorbidity, family history, service area, Census-tract poverty.

^cLog Binomial Model examines colonoscopy versus no testing within 2 years of a person's 50th birthday and is adjusted for year of 50th birthday, gender, insurance, language preference, BMI category, Charlson Comorbidity, family history, service area, Census-tract poverty.

^dLog Binomial Model examines sigmoidoscopy versus no testing within 2 years of a person's 50th birthday and is adjusted for year of 50th birthday, gender, insurance, language preference, BMI category, Charlson Comorbidity, family history, service area, Census-tract poverty.

KPNC, Kaiser Permanente Northern California; CRC, colorectal cancer; FIT, fecal immunochemical test; PR, prevalence ratio

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Appendix Table 4. Colorectal Cancer Screening Among Enrollees Not Screened by 51st Birthday, Kaiser Permanente Northern California 2007-2012^a

Race/Ethnicity	Receipt of any CRC testing			Receipt of FIT testing		
	HR	95% CI		HR	95% CI	
White	1.00			1.00		
Black	0.97	0.93	1.00	0.94	0.90	0.98
Hispanic	0.94	0.91	0.96	0.92	0.90	0.95
Asian	1.09	1.06	1.12	1.09	1.06	1.12
Native American	0.98	0.84	1.14	1.00	0.85	1.17
Multiple races	0.96	0.85	1.10	0.97	0.84	1.11

Note: Boldface indicates statistical significance ($p < 0.05$).

^aCox Proportional Hazard Models are adjusted for language, gender, insurance, BMI, family history, poverty, comorbidity, service area and receipt of a mailed FIT kit. Includes 67,721 people who had not been screened by their 51st birthday.

HR, hazard ratio; FIT, fecal immunochemical test

Appendix Table 5. Models of Fecal Immunochemical Testing Among Enrollees Mailed a Kit, Kaiser Permanente Northern California 2007-2012^a

Race/Ethnicity	Receipt of FIT testing		
	HR	95% CI	
White	1.00		
Black	0.95	0.92	0.97
Hispanic	0.94	0.92	0.96
Asian	1.14	1.12	1.16
Native American	0.93	0.83	1.04
Multiple races	0.99	0.91	1.09

Note: Boldface indicates statistical significance ($p < 0.05$).

^aCox Proportional Hazard Model is adjusted for language, gender, insurance, BMI, family history, poverty, comorbidity, and service area. Includes 119,925 people.

HR, hazard ratio, FIT fecal immunochemical test

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Appendix Table 6. Method of Testing Among Enrollees Receiving Fecal Immunochemical Testing, KPNC 2007-2012

Categories	Outreach	In-reach	<i>p</i> -value
	N (%)	N (%)	
Total	69,725 (77.4)	20,416 (22.6)	
Race/Ethnicity			
White	40,299 (78.5)	11,048 (21.5)	0.0001
Black	5,359 (78.1)	1,503 (21.9)	
Hispanic	11,798 (77.2)	3,489 (22.8)	
Asian	11,662 (73.5)	4,206 (26.5)	
Native American	239 (77.9)	68 (22.1)	
Multiple races	368 (78.3)	102 (21.7)	

Note: Boldface indicates statistical significance ($p < 0.05$).

KPNC, Kaiser Permanente Northern California