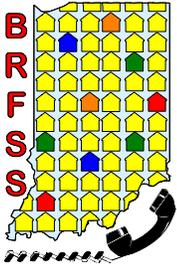


Indiana BRFSS Newsletter



*Indiana State Department of Health
Epidemiology Resource Center
Data Analysis*

Cancer Screening

Timely cancer screenings for four cancers (breast, cervical, colon and rectal, and prostate) are valuable for early detection, which can save lives and increase treatment options.

The American Cancer Society (ACS) estimates that there will be 4,600 new cases of female breast cancer, 170 cases of cervical cancer, 3,410 cases of colon and rectal cancer and 4,890 cases of prostate cancer diagnosed in Indiana residents in 2005. The ACS also estimates that there will be 880 deaths from female breast cancer, 1,320 deaths from colon and rectal cancer, and 640 deaths from prostate cancer.

Many health conditions and behaviors are not reportable; hence, prevalence data must be obtained from another source. The Behavioral Risk Factor Surveillance System (BRFSS) is an annual random digit-dial telephone survey of adults aged 18 years and older. The survey is conducted through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). All 50 states and the District of Columbia participate.

The BRFSS relies on self-reported data. This type of survey has certain limitations that should be understood when interpreting the data. Many times, respondents have the tendency to underreport some behaviors that may be considered socially unacceptable (e.g., smoking, heavy alcohol use). Conversely, respondents may overreport behaviors that are desirable (e.g., physical activity, nutrition).

The information on cancer screenings of Indiana adults in this report was obtained from the 2004 BRFSS survey. Respondents were asked if they had had cancer screenings to detect cancers of the breast, cervix, colon and rectum, and prostate. Additional questions gathered information to determine if the screenings were done as recommended.

Breast Cancer

For asymptomatic women, the ACS recommends yearly mammograms starting at age 40. Women at high risk should consult with their physicians regarding a screening schedule.

Approximately 31 percent of women aged 40 years and older reported that they had not had a mammogram in the past two years. Women aged 40-44 were significantly more likely not to have had a mammogram in the past two years than women aged 45 and older. Women over age 40 with a household income of \$15,000 or less were the least likely to have had a mammogram in the past two years (see Figure 1).

Women aged 40 and older with less than a high school education were significantly less likely to have had a mammogram in the past two years than women with higher education levels.

There were no statistically significant differences between white, black, and Hispanic female respondents.

Women aged 40 and older who had health care coverage were much more likely than those without health care coverage to have had a mammogram in the past two years (70.1% vs. 43.3%, respectively).

Cervical Cancer

The ACS recommends an annual Pap test or a bi-yearly liquid-based test beginning by age 21. At or after age 30, women who have had three normal test results in a row may get screened every two to three years.

Approximately 83 percent of female respondents reported that they had had a Pap test in the past three years. Women with higher levels of household income were more likely to have had a Pap test in the past three years. A similar result was found with education (see Figure 2). However, there was less disparity between women with and without health care coverage who had had a Pap test in the past three years (82.7% vs. 72.8%, respectively).

Colon and Rectal Cancer

The ACS recommends that screening for colon and rectal cancer begin at age 50. Screening schedules can involve a fecal occult blood test, flexible sigmoidoscopy, double-contrast barium enema, or colonoscopy. A physician will be able to recommend the appropriate screening schedule.

Respondents aged 50 years and older were asked if they had had a blood stool test in the past two years. Approximately 77 percent (76.7%) reported that they had not had the test. Respondents with household incomes of \$15,000 or less were significantly more likely to report not having had the test than respondents with household incomes of \$25,000 or more.

Respondents aged 50 years and older were also asked if they had ever had a sigmoidoscopy or colonoscopy. Forty-nine percent (49.4%) reported they had not had the procedure. There was no statistically significant difference between black and white respondents and male and female respondents.

Respondents aged 50-54 were more likely than older respondents not to have had the procedure (see Figure 3). Having health care coverage was an important factor in whether or not respondents had had a sigmoidoscopy or colonoscopy. Forty-six percent of respondents with health care coverage had not had either procedure, compared with 68 percent of respondents without health care coverage.

Figure 1

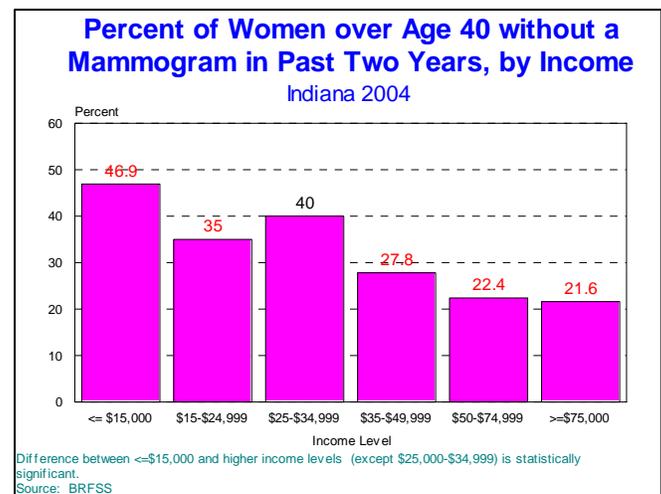


Figure 2

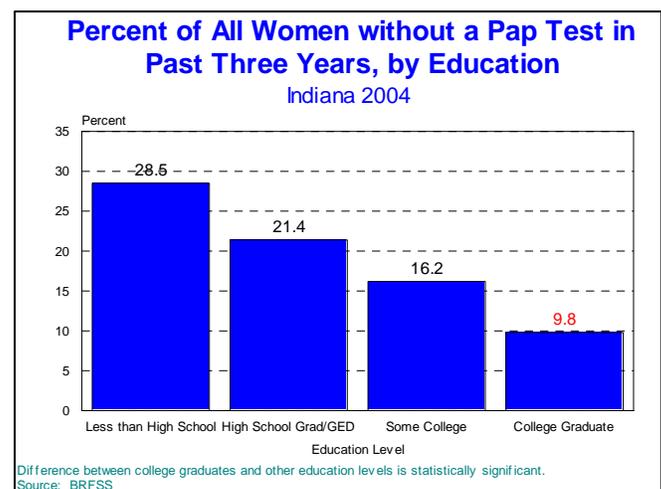
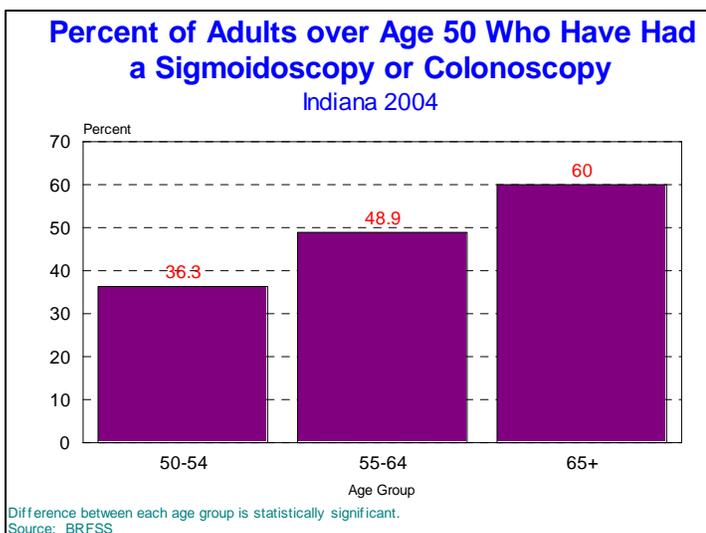


Figure 3



Prostate Cancer

Although the Prostate-Specific Antigen (PSA) screening test can detect early-stage prostate cancer, it is unclear whether early detection improves health outcomes. For that reason, the CDC, along with a number of national medical organizations, recommends informed decision-making as opposed to mass screening for all men.

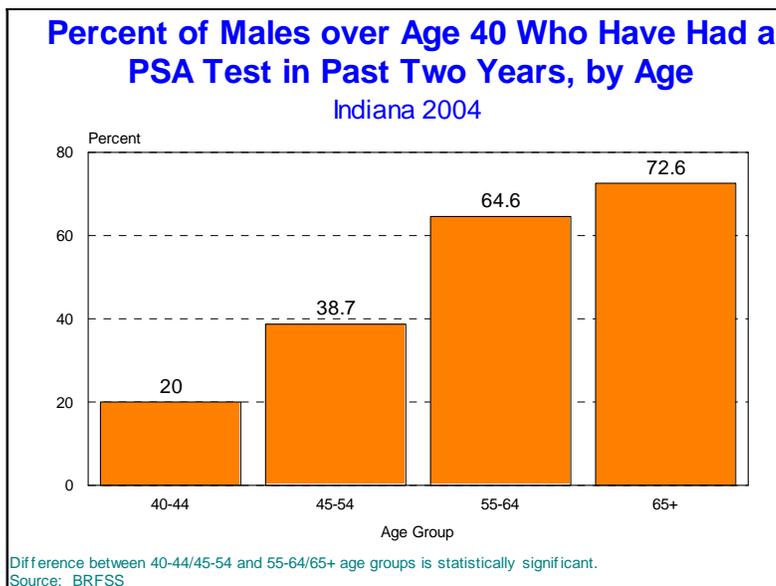
The ACS recommends that health care professionals should offer the PSA blood test and digital rectal examination yearly, beginning at age 50, to men with at least a 10-year life expectancy. Men at high risk, such as African Americans and men who have had a first-degree relative (father, brother, or son) diagnosed

with prostate cancer at an early age (younger than age 65) should begin testing at age 45. Information should be provided to all men about what is known and what is uncertain about the benefits and limitations of early detection of prostate cancer so that they can make an informed decision about screening.

Male respondents aged 40 years and older were asked if they had ever had a digital rectal exam. Approximately 73 percent (72.8%) reported they had had this exam. White males were significantly more likely than black males to report having had this exam (74.6% vs. 52.5%, respectively.)

Male respondents aged 40 years and older were asked if they had ever had a PSA test and if they had had the test within the past two years. For respondents who had had a PSA test within the past two years, there were no statistically significant differences between white and black respondents, or education or household income levels. Older men were more likely than younger men to have had a PSA test within the past two years (see Figure 4).

Figure 4



Indiana Cancer Consortium



For information on how Indiana's cancer burden is being addressed, please read the Indiana Cancer Consortium's *Indiana Cancer Control Plan 2005-2008* available on the ISDH Web site at <http://www.IN.gov/isdh/dataandstats/pdfs/CancerPlan.pdf>.

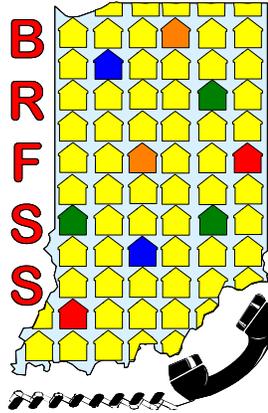
Information from the Indiana Breast and Cervical Cancer Early Detection Program is also available on the ISDH Web site at <http://www.IN.gov/isdh/programs/bccp/index.htm>.



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