
Incidence, selected cancer sites per 100,000 population, calculated using invasive cases only

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Rate (95% CI)</th>
<th>NHW Rate (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Sites</td>
<td>308.8 (265.0, 358.7)</td>
<td>475.2 (469.8, 480.5)</td>
</tr>
<tr>
<td>Prostate (male)</td>
<td>86.8 (53.8, 138.4)</td>
<td>168.3 (163.7, 173.0)</td>
</tr>
<tr>
<td>Breast (female)</td>
<td>87.5 (57.9, 129.7)</td>
<td>120.5 (116.8, 124.3)</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>45.9 (30.4, 67.9)</td>
<td>59.0 (57.1, 60.9)</td>
</tr>
<tr>
<td>Colorectal</td>
<td>33.4 (19.5, 54.4)</td>
<td>42.7 (41.1, 44.3)</td>
</tr>
<tr>
<td>Blood Cancers</td>
<td>34.5 (20.7, 55.3)</td>
<td>43.6 (42.0, 45.2)</td>
</tr>
</tbody>
</table>

Note: younger age groups had too few cases to report

Incidence and mortality 10 year trends, AI/AN and NHW

Racial Misclassification
Cancer estimates for AI/AN may be obscured when AI/AN are incorrectly classified as another race (usually White) in public data sources. Each year the NW Tribal Registry partners with the three northwest state cancer registries to correct AI/AN racial misclassification and improve cancer estimates for Northwest AI/AN. Please contact us if you are interested in additional cancer data for your community.
Cancer screening measures: Portland Area IHS (Idaho, Oregon, & Washington, 2010 reporting year)

56% of women ages 21-64 had a pap smear in the past 3 years

38% of women ages 52-64 had a mammogram in the past 2 years

38% of patients ages 51-80 had colorectal cancer screening in the past year

27% of tobacco users received tobacco cessation counseling in the past year

Stage at diagnosis, screen-detectable cancers

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<th>Rate (95% CI)</th>
<th>NHW Rate (95% CI)</th>
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<tbody>
<tr>
<td>All Sites</td>
<td>185.1 (150.2, 226.7)</td>
<td>195.7 (192.3, 199.2)</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>42.1 (27.1, 63.8)</td>
<td>51.7 (49.9, 53.5)</td>
</tr>
<tr>
<td>Breast (female)</td>
<td>28.2 (10.7, 61.4)</td>
<td>23.7 (22.0, 25.4)</td>
</tr>
<tr>
<td>Blood Cancers</td>
<td>24.9 (12.9, 44.5)</td>
<td>22.1 (21.0, 23.3)</td>
</tr>
<tr>
<td>Colorectal</td>
<td>23.4 (11.9, 42.3)</td>
<td>17.5 (16.5, 18.6)</td>
</tr>
</tbody>
</table>

Data Notes

- Unless specified as non-Hispanic White (NHW), all data are for American Indian or Alaska Native (AI/AN alone or in combination with another race) residents of Idaho, diagnosed from 2003-2007
- Unless specified, counts (n) and proportions (%) include all reportable cancer sites and stages
- Rates are interpreted as the number of cases (or deaths) that would occur in a population of 100,000 people over one year. All rates are age-adjusted to the 2000 US standard population.
- Incidence rates include invasive cancers plus in situ urinary bladder.
- Mortality rates are incidence-based and include a death from any type of cancer. These are based on cancers diagnosed from 1992-2007, and do not represent complete mortality.
- Blood cancers include leukemia, Hodgkin lymphoma, non-Hodgkin lymphoma, and multiple myeloma
- Data are from Cancer Data Registry of Idaho, compiled by Northwest Tribal Registry Project and Northwest Tribal Cancer Control Project, NPAIHB

For more information
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The Idaho Department of Health and Welfare’s Women’s Health Check program offers FREE mammograms and Pap tests for women who qualify. For more information and eligibility criteria, call 1-800-926-2588.

Resources
For more information about statistical terms and interpretation, see www.cancer.gov/statistics/glossary
For more information on stage at diagnosis definitions, see www.cancer.gov/cancertopics/factsheet/detection/staging
Cancer Data Registry of Idaho: www.idcancer.org
Women’s Health Check: www.healthandwelfare.idaho.gov
Screening Resources: www.operationpinkbag.org
Screening information from Indian Health Service

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

Centers for Disease Control and Prevention, National Cancer Prevention and Control Program Grant # 1 U58 DP000786-3
National Cancer Institute, Division of Cancer Control and Population Sciences, Contract # HHSN261200900180P
Agency for Healthcare Research and Quality, Grant # R01 HS19972-01