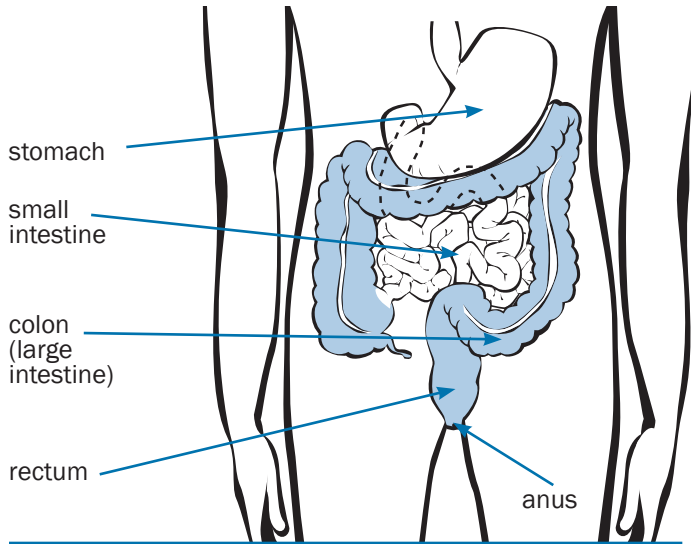


Colorectal Cancer Screening

Basic Fact Sheet



Colon and Rectum

What Is Colorectal Cancer?

Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

It's the Second Leading Cancer Killer

Colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. If everyone aged 50 years or older had regular screening tests, at least 60% of deaths from this cancer could be avoided. So if you are 50 or older, start getting screened now.

Who Gets Colorectal Cancer?

- Both men and women can get it.
- It is most often found in people 50 or older.
- The risk increases with age.

Are You at High Risk?

Your risk for colorectal cancer may be higher than average if:

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer.

People at high risk for colorectal cancer may need earlier or more frequent tests than other people. Talk to your doctor about when to begin screening and how often you should be tested.

Screening Saves Lives

If you're 50 or older, getting a colorectal cancer screening test could save your life. Here's how:

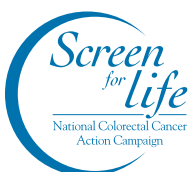
- Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find polyps, so they can be removed *before* they turn into cancer.
- Screening tests also can find colorectal cancer early. When it is found early, the chance of being cured is good.



Colon Polyp

Colorectal Cancer Can Start With No Symptoms

Precancerous polyps and early-stage colorectal cancer don't always cause symptoms, especially at first. This means that someone could have polyps or colorectal cancer and not know it. That is why having a screening test is so important.



1-800-CDC-INFO (1-800-232-4636)
www.cdc.gov/screenforlife

What Are the Symptoms?

Some people with colorectal polyps or colorectal cancer do have symptoms. They may include:

- Blood in or on your stool (bowel movement).
- Stomach pain, aches, or cramps that don't go away.
- Losing weight and you don't know why.

If you have any of these symptoms, talk to your doctor. These symptoms may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.

Types of Screening Tests

Several different screening tests can be used to find polyps or colorectal cancer. Each can be used alone. Sometimes they are used in combination with each other. The U.S. Preventive Services Task Force (USPSTF) recommends colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. Talk to your doctor about which test or tests are right for you. The decision to be screened after age 75 should be made on an individual basis. If you are older than 75, ask your doctor if you should be screened.

- **High-Sensitivity FOBT (Stool Test)**

There are two types of FOBT: One uses the chemical guaiac to detect blood. The other—a fecal immunochemical test (FIT)—uses antibodies to detect blood in the stool. You receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test to the doctor or a lab, where stool samples are checked for blood.

How Often: Once a year.

- **Flexible Sigmoidoscopy**

For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon.

How Often: Every five years. When done in combination with a High-Sensitivity FOBT, the FOBT should be done every three years.

- **Colonoscopy**

This is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.

How Often: Every 10 years.

Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.

Other Screening Tests in Use or Being Studied

Although these tests are not recommended by the USPSTF, they are used in some settings and other groups may recommend them. Many insurance plans don't cover these tests, and if anything unusual is found during the test, you likely will need a follow-up colonoscopy.

- **Double Contrast Barium Enema**—You receive an enema with a liquid called barium, followed by an air enema. The barium and air create an outline around your colon, allowing the doctor to see the outline of your colon on an X-ray.
- **Virtual Colonoscopy**—Uses X-rays and computers to produce images of the entire colon. The images are displayed on the computer screen.
- **Stool DNA Test**—You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

Will Insurance or Medicare Pay?

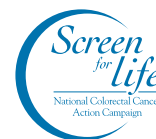
Many insurance plans and Medicare help pay for colorectal cancer screening tests. Check with your plan to find out which tests are covered for you. To find out about Medicare coverage, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov.

The Bottom Line

If you're 50 or older, talk with your doctor about getting screened. For more information, visit www.cdc.gov/screenforlife or call 1-800-CDC-INFO (1-800-232-4636). For TTY, call 1-888-232-6348.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



Risk Factors and Symptoms

Colorectal Cancer Screening Saves Lives

Risk Factors

People at increased risk for colorectal cancer may need to start screening at an earlier age and get tested more frequently than other people.

You may be at increased risk if:

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease.
- You have certain genetic syndromes, like familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (also known as Lynch syndrome).

Getting screened for colorectal cancer as recommended can reduce your risk for developing this disease. Screening finds precancerous polyps so they can be removed before they turn into cancer. Talk to your doctor about getting screened.

Symptoms

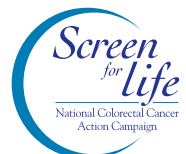
Don't wait for symptoms to be tested for colorectal cancer. Precancerous polyps and early-stage colorectal cancer don't always cause symptoms.

But if there are symptoms, they may include:

- Blood in or on your stool (bowel movement).
- Stomach pain, aches, or cramps that do not go away.
- Losing weight and you don't know why.

These symptoms also can be associated with other health conditions. If you have any of these symptoms, discuss them with your doctor. Only your doctor can determine the cause.

For more information, please call **1-800-CDC-INFO**
(1-800-232-4636) or visit www.cdc.gov/screenforlife



Individual Risk Based on Family History of CRC	
Familial Setting	Approximate Lifetime Risk of Colon Cancer
No history of colorectal cancer or adenoma (General population in the United States)	6%
One second ¹ - or third-degree ² relative with CRC	About a 1.5-fold increase
One first-degree ³ relative with an adenomatous polyp	2-to-3 fold increase
Two second-degree relatives with colon cancer	About a 2-to-3 fold increase
Two first-degree relatives with colon cancer	3-to-4 fold increase
First-degree relative with colorectal cancer diagnosed at < 50 years	3-to-4 fold increase

¹Second-degree relatives include grandparents, aunts, and uncles.

²Third-degree relatives include great-grandparents and cousins.

³First-degree relatives include parents, siblings, and children.

Screening Tests At-a-Glance

The U.S. Preventive Services Task Force (USPSTF) recommends colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. The decision to be screened after age 75 should be made on an individual basis. If you are older than 75, ask your doctor if you should be screened.

The benefits and potential harms of the recommended screening methods vary. Discuss with your doctor which test is best for you. Getting screened could save your life!

Name	Preparation	What happens?	Frequency
<p>High-Sensitivity Fecal Occult Blood Test (FOBT) or Stool Test; or Fecal Immunochemical Test (FIT) Note: There are two types of FOBT: one uses the chemical guaiac to detect blood. The other—a fecal immunochemical test (FIT) uses antibodies to detect blood in the stool. Ask your doctor for a <i>high-sensitivity</i> FOBT or FIT. The one time FOBT done by the doctor in the doctor’s office is <i>not</i> appropriate as a screening test for colorectal cancer.</p>	<p>Your doctor may recommend that you follow a special diet before taking the FOBT.</p>	<p>You receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You may be asked to do this for several bowel movements in a row. You return the test to the doctor or a lab, where stool samples are checked for blood.</p>	<p>This test should be done every year. (If anything unusual is found, your doctor will recommend a follow-up colonoscopy.)</p>
<p>Flexible Sigmoidoscopy (Flex Sig) Note: this is sometimes done in combination with <i>High-Sensitivity FOBT</i>.</p>	<p>Your doctor will tell you what foods you can and cannot eat before the test. The evening before the test, you use a strong laxative and/or enema to clean out the colon.</p>	<p>During the test, the doctor puts a short, thin, flexible, lighted tube into the rectum. This tube allows the doctor to check for polyps or cancer inside the rectum and lower third of the colon.</p>	<p>This test should be done every 5 years. When it is done in combination with High-Sensitivity FOBT, the FOBT should be done every 3 years. (If anything unusual is found, your doctor will recommend a follow-up colonoscopy.)</p>
<p>Colonoscopy Note: Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.</p>	<p>Before this test, your doctor will tell you what foods you can and cannot eat. You use a strong laxative to clean out the colon. Some doctors recommend that you also use an enema. Make sure you arrange for a ride home, as you will not be allowed to drive.</p>	<p>You will receive medication during this test, to make you more comfortable. This test is similar to flex sig, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.</p>	<p>This test should be done every 10 years. If polyps or cancers are found during the test, you will need more frequent colonoscopies in the future.</p>

For more information, please call **1-800-CDC-INFO** (1-800-232-4636) or visit www.cdc.gov/screenforlife

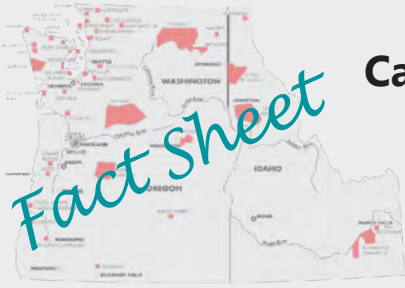
Other Screening Tests At-a-Glance

Colorectal Cancer Screening Saves Lives

Other Screening Tests In Use or Being Studied				
Name	Who recommends it?	What is involved?	Important considerations	
Double Contrast Barium Enema (DCBE)	American Cancer Society (recommends every 5 years.)	Before this test, you follow a special diet and use a strong laxative or enema to clean out the colon. During the test, you receive an enema with a liquid called barium that flows from a tube into the colon, followed by an air enema. The barium and air create an outline around your colon, allowing the doctor to see the outline of your colon on an X-ray.	If anything is found during this test, you likely will need a colonoscopy.	
Virtual Colonoscopy (also known as computed tomographic (CT) colonography or CTC)	American Cancer Society (recommends every 5 years.)	You prepare for this test as you would for a colonoscopy. Before the test, you follow a special diet and use a strong laxative to clean out the colon. Virtual colonoscopy uses x-rays and computers to produce images of the entire colon. The images are displayed on the computer screen.	This test is recommended by at least one group that issues screening guidelines, but other groups say more studies are needed to measure its effectiveness and to better understand its benefits and potential harms. Many insurance plans do not yet cover this test for screening. If anything is found during this test, you likely will need a 'regular' colonoscopy, described on the other side.	
Stool DNA test	American Cancer Society	For this test you collect an entire bowel movement and send it to a lab to be checked for cancer cells.	This test costs more than the other FOBT or stool tests. If something is found, you will need a colonoscopy. It is not yet known how often this test should be done. Most insurance plans do not cover this test.	



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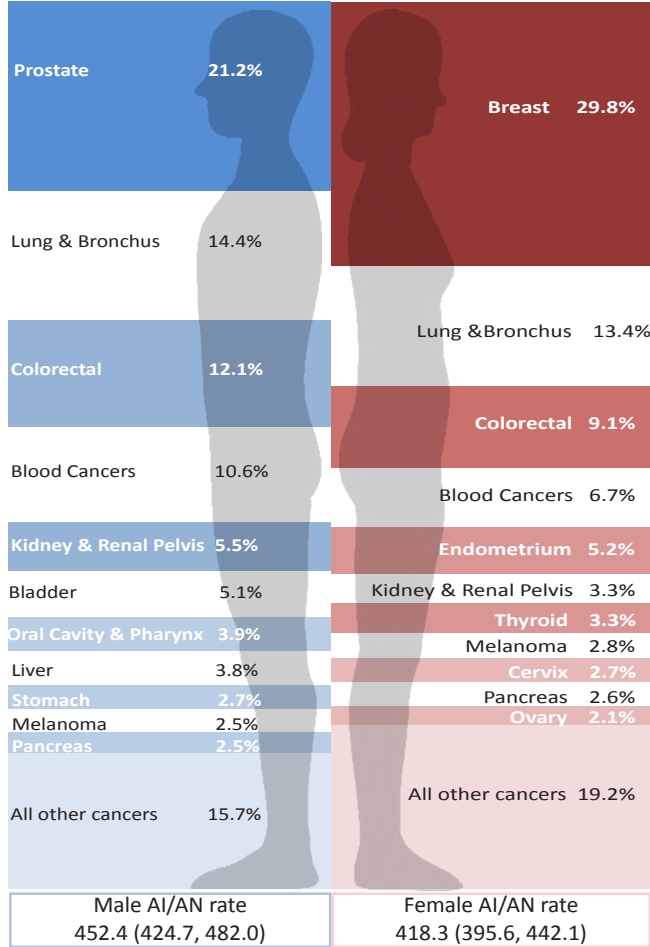


Cancer Among American Indians and Alaska Natives Idaho, Oregon, and Washington, 2003-2007



Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

Leading cancer sites by sex



Leading cancer sites by age group and sex (percent of cases)

Rank	0-19		20-39		40-64		65+	
	Male	Female	Male	Female	Male	Female	Male	Female
1	Blood cancers (35.0%)	Brain (25.0%)	Blood cancers (22.4%)	Breast (21.1%)	Prostate (18.0%)	Breast (39.1%)	Prostate (27.5%)	Breast (21.2%)
2	Brain (20.0%)	Blood cancers; Kidney (14.3% ea.)	Testis (13.2%)	Thyroid (17.3%)	Colorectal; Lung & bronchus (11.8% ea.)	Lung & bronchus (9.8%)	Lung & bronchus (18.9%)	Lung & bronchus (21.0%)
3	--	--	Kidney (9.2%)	Cervix (11.3%)	Blood cancers (11.3%)	Colorectal (8.8%)	Colorectal (13.5%)	Colorectal (10.9%)

AI/AN = American Indian/Alaska Native
NHW = non-Hispanic White

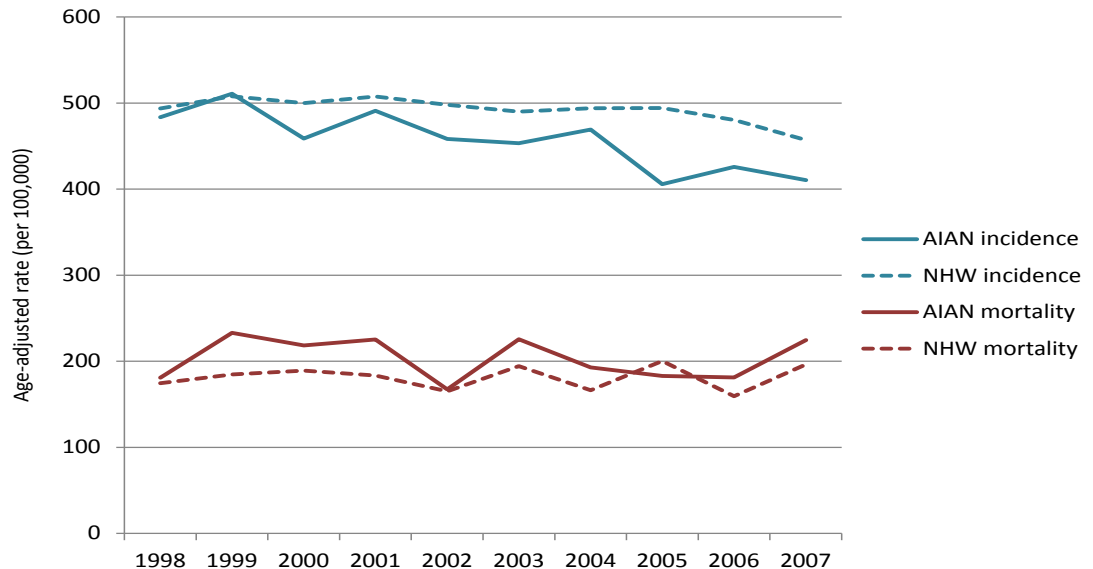
Incidence, selected cancer sites per 100,000 population, calculated using invasive cases only

Cancer	n	Rate (95% CI)	NHW Rate (95% CI)
All Sites	2743	430.7 (413.2, 448.8)	482.7 (480.7, 484.6)
Prostate (male)	280	105.6 (92.2, 120.8)	154.1 (152.6, 155.7)
Breast (female)	399	104.4 (93.8, 116.1)	130.3 (129.0, 131.7)
Lung & Bronchus	403	72.3 (64.9, 80.4)	66.9 (66.2, 67.7)
Colorectal	294	48.9 (43.0, 55.5)	44.1 (43.5, 44.7)
Blood Cancers	246	37.2 (32.2, 42.8)	42.5 (41.9, 43.1)

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.

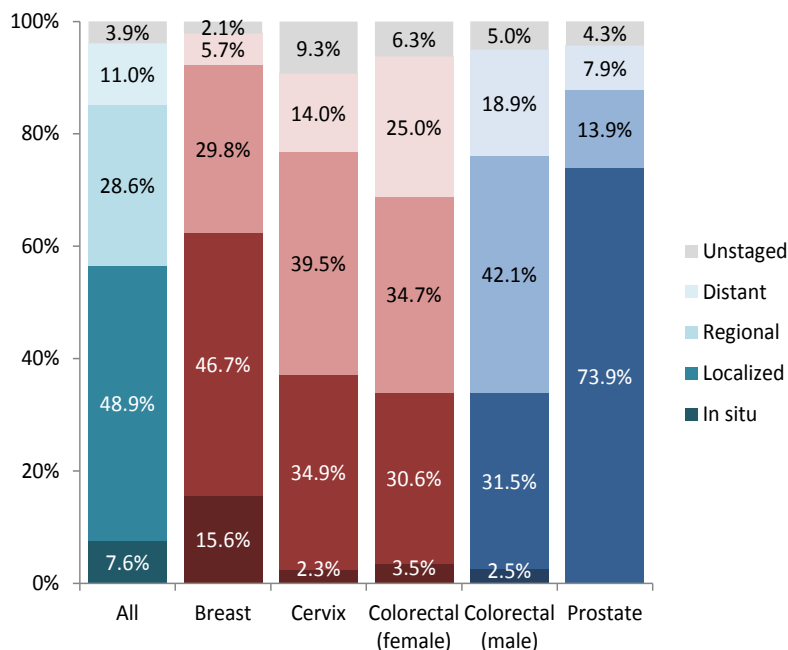
Incidence and mortality 10 year trends, AI/AN and NHW



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	All IHS: 59% 2010 Goal: 90%
38% of women ages 52-64 had a mammogram in the past 2 years	All IHS: 48% 2010 Goal: 70%
38% of patients ages 51-80 had colorectal cancer screening in the past year	All IHS: 37% 2010 Goal: 50%
27% of tobacco users received tobacco cessation counseling in the past year	All IHS: 25% 2010 Goal: not determined

Stage at diagnosis, screen-detectable cancers



Note: *In situ* and localized may be referred to as 'early stage'; regional and distant are often considered 'late stage'

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, Oregon, or Washington, 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, Oregon State Cancer Registry, and Washington State Cancer Registry; compiled by Northwest Tribal Registry Project and Northwest Tribal Cancer Control Project, NPaiHB

Cancer mortality, selected sites per 100,000 population

Cancer	n	Rate (95% CI)	NHW Rate (95% CI)
All Sites	1158	201.5 (189.1, 214.7)	183.3 (182.1, 184.5)
Lung & Bronchus	301	55.4 (48.9, 62.6)	54.0 (53.4, 54.7)
Breast (female)	77	23.8 (18.5, 30.4)	21.0 (20.5, 21.6)
Prostate (male)	45	22.6 (16.0, 31.6)	19.9 (19.3, 20.5)
Colorectal	123	21.8 (17.8, 26.5)	16.6 (16.2, 16.9)
Blood Cancers	107	17.7 (14.2, 22.0)	18.5 (18.2, 18.9)

For more information:

Megan Hoopes, MPH
503-416-3261 or mhoopes@npaihb.org



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
Oregon State Cancer Registry: www.oregon.gov/DHS/ph/oscar
Washington State Cancer Registry: <https://fortress.wa.gov/doh/wscr/>
Screening information from Indian Health Service

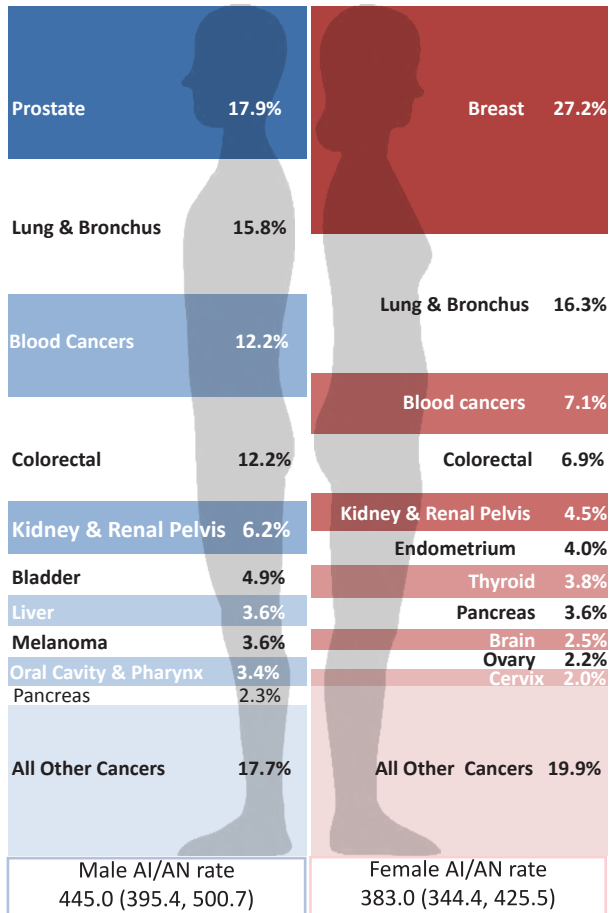


Cancer among American Indians and Alaska Natives in Oregon, 2003-2007

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health



Leading cancer sites by sex



Leading cancer sites by age group and sex (percent of cases)

Rank	20-39		40-64		65+	
	Male	Female	Male	Female	Male	Female
1	Blood cancers (42.1%)	Thyroid (22.2%)	Lung & bronchus (13.8%)	Breast (35.5%)	Prostate (23.7%)	Lung & bronchus (24.7%)
2	Brain (15.8%)	Breast (16.7%)	Prostate (12.4%)	Lung & bronchus (12.3%)	Lung & bronchus (19.1%)	Breast (20.4%)
3	Testis (10.5%)	Melanoma of the skin (13.9%)	Blood cancers (11.0%)	Colorectal (8.2%)	Colorectal (15.8%)	Blood cancers; Colorectal (7.0% ea.)

Note: younger age groups had too few cases to report

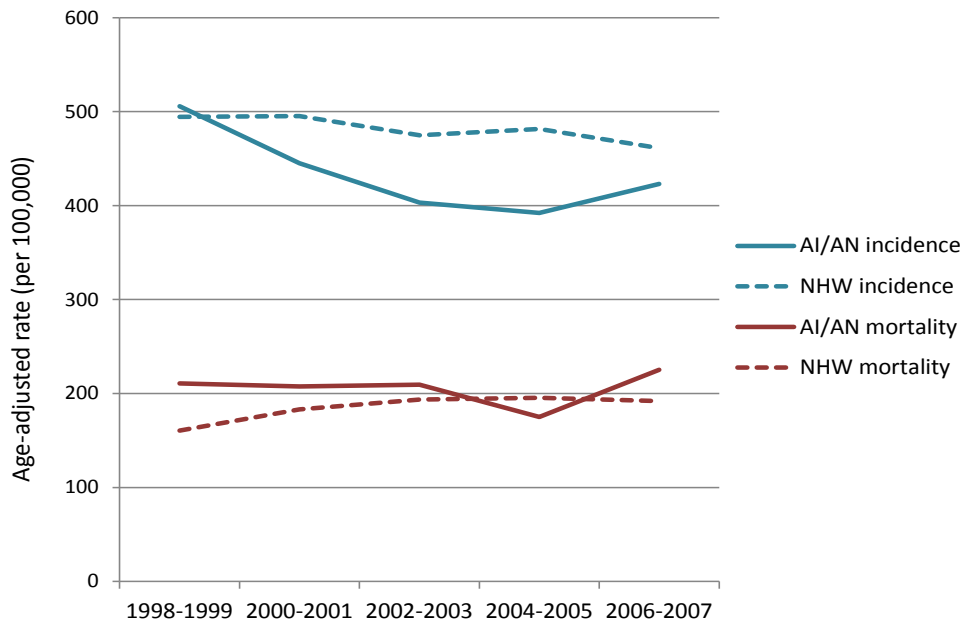
Incidence, selected cancer sites per 100,000 population, calculated using invasive cases only

Cancer	n	Rate (95% CI)	NHW Rate (95% CI)
All Sites	778	406.1 (375.7, 438.6)	470.8 (467.6, 474.0)
Prostate (male)	69	91.3 (69.0, 120.4)	143.0 (140.4, 145.6)
Breast (female)	106	90.4 (73.0, 111.4)	130.9 (128.6, 133.2)
Lung & Bronchus	134	79.1 (65.4, 95.1)	68.3 (67.1, 69.5)
Colorectal	75	41.4 (31.9, 53.2)	44.9 (43.9, 45.9)
Blood Cancers	79	38.8 (30.1, 49.8)	38.9 (38.0, 39.8)

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



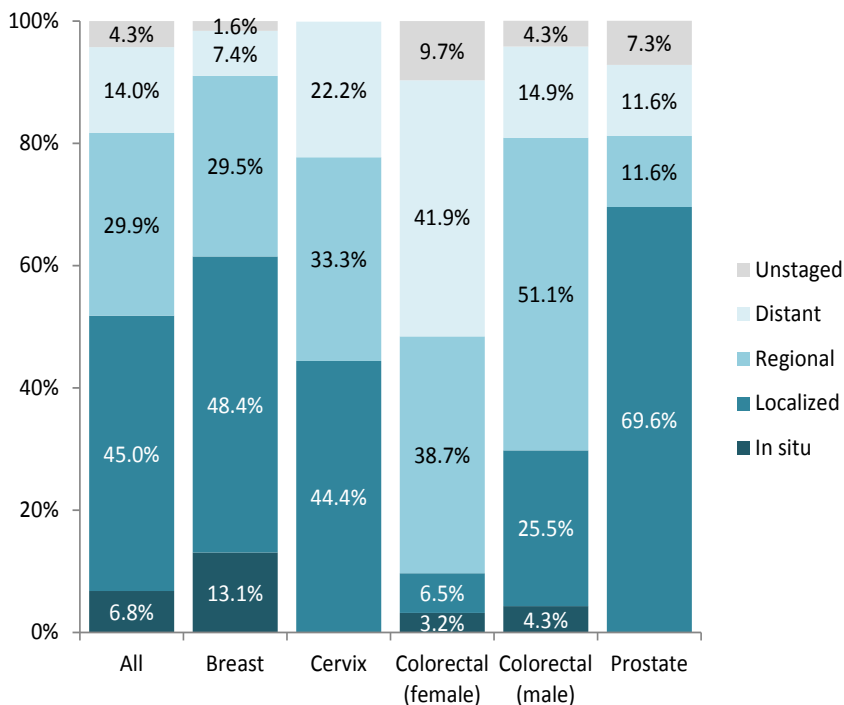
Cancer screening measures: Portland Area IHS

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38% of patients ages 51-80 had colorectal cancer screening in the past year	All IHS: 37% 2010 Goal: 50%
27% of tobacco users received tobacco cessation counseling in the past year	All IHS: 25% 2010 Goal: not determined

The Oregon Breast and Cervical Cancer Program provides cancer screening for low-income, uninsured, and medically underserved women. For eligibility criteria and additional information, call 1-877-255-7070.

Stage at diagnosis, screen-detectable cancers



Note: In situ and localized may be referred to as 'early stage'; regional and distant are often considered 'late stage'

Data Notes

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- Blood cancers include leukemia, Hodgkin lymphoma, non-Hodgkin lymphoma, and multiple myeloma
- Data are from Oregon State Cancer Registry; compiled by Northwest Tribal Registry Project and Northwest Tribal Cancer Control Project, NPaiHB

Cancer mortality, selected sites per 100,000 population

Cancer	n	Rate (95% CI)	NHW Rate (95% CI)
All Sites	354	202.5 (180.4, 226.9)	193.4 (191.3, 195.4)
Lung & Bronchus	102	64.0 (51.5, 79.0)	58.2 (57.1, 59.4)
Prostate (male)	16	27.6 (14.9, 48.4)	20.1 (19.1, 21.1)
Colorectal	38	21.8 (15.0, 31.0)	18.3 (17.7, 18.9)
Breast (female)	19	18.2 (10.5, 30.2)	21.5 (20.6, 22.5)
Blood cancers	32	16.8 (11.1, 24.9)	17.8 (17.2, 18.5)

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
 Oregon State Cancer Registry:
<http://public.health.oregon.gov/PHD/ODPE/HPCDP/OSCAR/>
 Oregon Breast & Cervical Cancer Program:
<http://public.health.oregon.gov/PHD/OFH/WRH/BCC/>
 Screening information from Indian Health Service



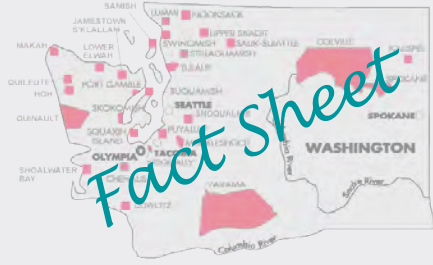
For more information

Megan Hoopes, MPH
 Northwest Tribal Registry Project Director
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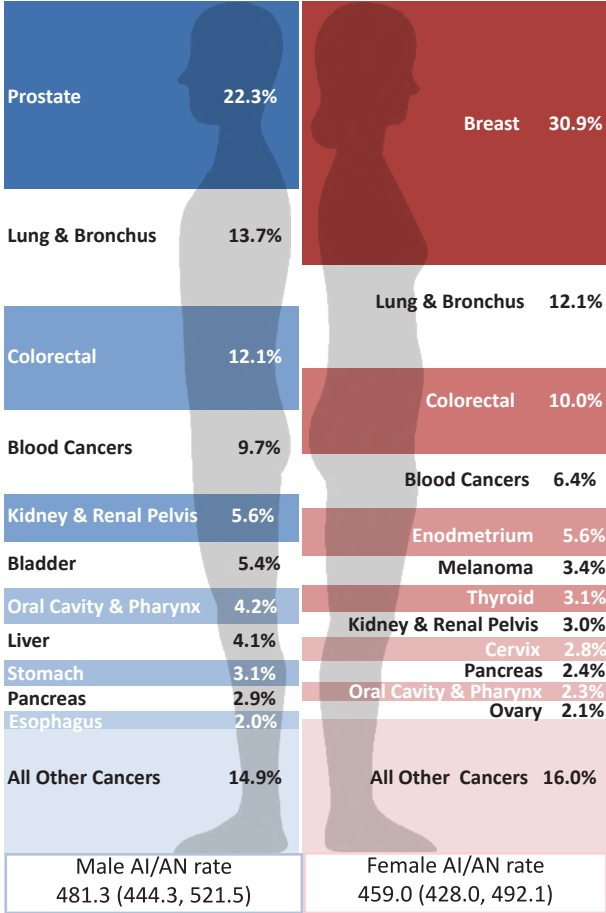
Cancer among American Indians and Alaska Natives in Washington, 2003-2007

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health



Fact sheet

Leading cancer sites by sex



Leading cancer sites by age group and sex (percent of cases)

Rank	20-39		40-64		65+	
	Male	Female	Male	Female	Male	Female
1	Blood cancers (17.7%)	Breast (23.6%)	Prostate (19.8%)	Breast (41.2%)	Prostate (28.9%)	Breast (20.4%)
2	Testis (13.7%)	Thyroid (14.6%)	Colorectal (13.0%)	Colorectal (9.1%)	Lung & bronchus (19.3%)	Lung & bronchus (19.6%)
3	Kidney; Melanoma (11.8% ea.)	Cervix (12.4%)	Blood cancers (11.3%)	Lung & bronchus (8.7%)	Colorectal (12.4%)	Colorectal (12.8%)

Note: younger age groups had too few cases to report

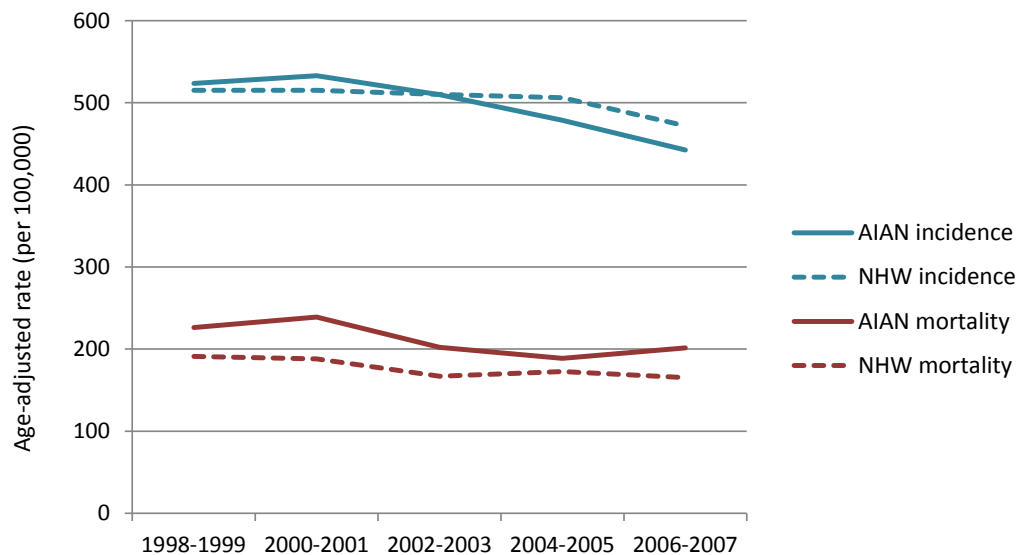
Incidence, selected cancer sites per 100,000 population, calculated using invasive cases only

Cancer	n	Rate (95% CI)	NHW Rate (95% CI)
All Sites	1757	467.8 (444.0, 492.8)	492.2 (489.5, 494.9)
Prostate (male)	186	117.2 (99.1, 138.7)	158.1 (155.9, 160.4)
Breast (female)	262	115.1 (100.7, 131.3)	132.1 (130.3, 134.0)
Lung & Bronchus	238	73.9 (64.1, 84.9)	68.0 (67.0, 69.0)
Colorectal	197	55.8 (47.6, 65.4)	43.7 (42.9, 44.5)
Blood cancers	146	37.0 (30.6, 44.6)	44.9 (44.1, 45.7)

Racial Misclassification

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

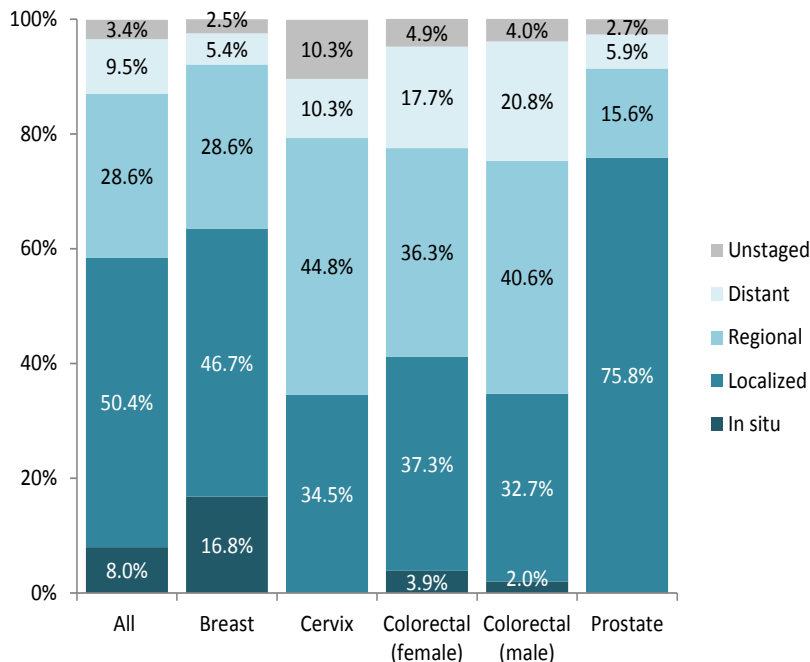


Cancer screening measures: Portland Area IHS (Idaho, Oregon, & Washington, 2010 reporting year)

56% of women ages 21-64 had a pap smear in the past 3 years	All IHS: 59% 2010 Goal: 90%
38% of women ages 52-64 had a mammogram in the past 2 years	All IHS: 48% 2010 Goal: 70%
38% of patients ages 51-80 had colorectal cancer screening in the past year	All IHS: 37% 2010 Goal: 50%
27% of tobacco users received tobacco cessation counseling in the past year	All IHS: 25% 2010 Goal: not determined

The Breast, Cervical, and Colon Health Program offers FREE screening tests for women and men in Washington who qualify. For more information and eligibility criteria, call 1-888-438-2247

Stage at diagnosis, screen-detectable cancers



Note: In situ and localized may be referred to as 'early stage'; regional and distant are often considered 'late stage'

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 Washington, 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.
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- Blood cancers include leukemia, Hodgkin lymphoma, non-Hodgkin lymphoma, and multiple myeloma
- Data are from the Washington State Cancer Registry; compiled by Northwest Tribal Registry Project and Northwest Tribal Cancer Control Project, NPaiHB

Cancer mortality, selected sites per 100,000 population

Cancer	n	Rate (95% CI)	NHW Rate (95% CI)
All Sites	691	204.3 (188.0, 221.9)	173.6 (172.0, 175.2)
Lung & Bronchus	171	53.3 (45.1, 62.9)	51.8 (50.9, 52.7)
Breast (female)	51	26.5 (19.3, 35.8)	20.0 (19.3, 20.7)
Colorectal	72	21.6 (16.4, 28.0)	15.2 (14.8, 15.7)
Prostate (male)	26	20.4 (12.7, 32.1)	18.8 (18.0, 19.7)
Blood cancers	61	16.8 (12.4, 22.6)	18.2 (17.7, 18.7)

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
 Washington State Cancer Registry: <https://fortress.wa.gov/doh/wscr/>
 Washington Breast, Cervical, and Colon Health Program: <http://www.doh.wa.gov/cfh/bcchp/default.htm>
 Screening information from Indian Health Service



For more information

Megan Hoopes, MPH
 Northwest Tribal Registry Project Director
 503-416-3261 or mhoopes@npaihb.org

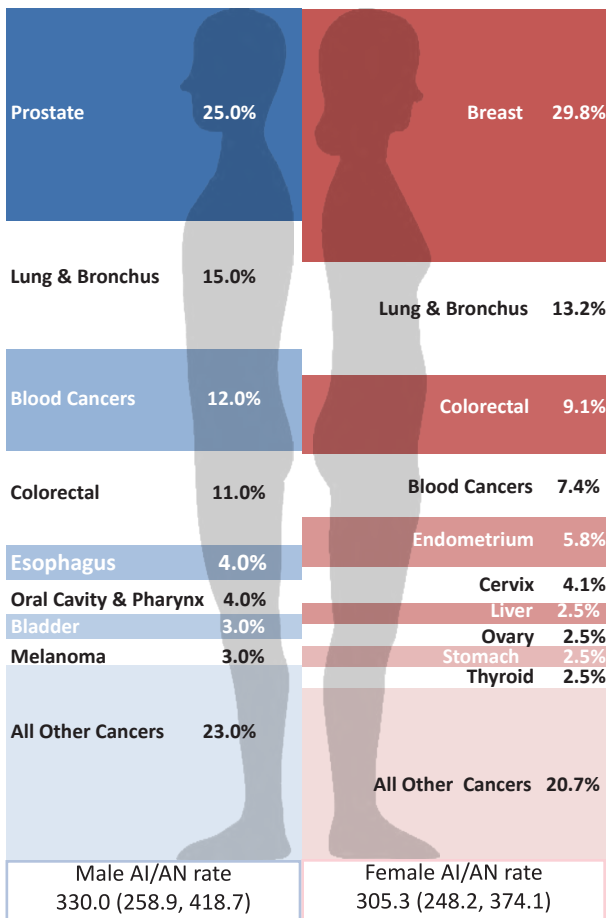
Fact Sheet

Cancer among American Indians and Alaska Natives in Idaho, 2003-2007



Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

Leading cancer sites by sex



Leading cancer sites by age group and sex (percent of cases)

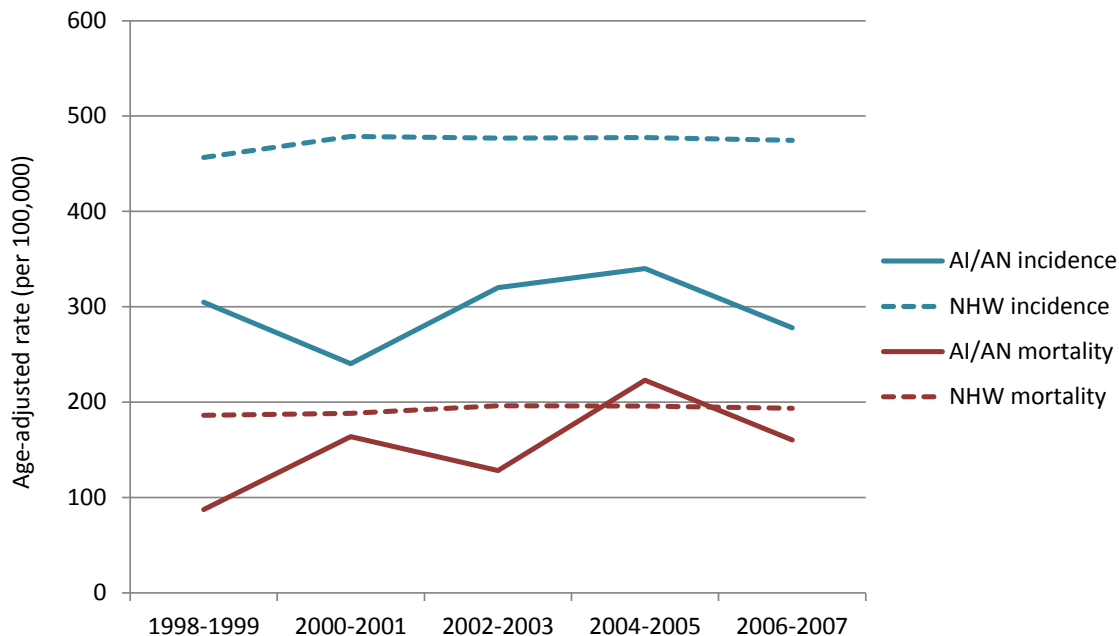
Rank	20-39		40-64		65+	
	Male	Female	Male	Female	Male	Female
1	--	Cervix; Thyroid (25.0% ea.)	Prostate (20.5%)	Breast (33.3%)	Prostate (32.7%)	Breast (29.1%)
2	--	--	Lung & bronchus (18.0%)	Endometrium; Lung & bronchus (10.5% ea.)	Lung & bronchus (15.4%)	Lung & bronchus (18.2%)
3	--	--	Blood cancers (12.8%)	Colorectal (8.8%)	Colorectal (11.5%)	Blood cancers; Colorectal (10.9% ea.)

Note: younger age groups had too few cases to report

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

Cancer	n	Rate (95% CI)	NHW Rate (95% CI)
All Sites	208	308.8 (265.0, 358.7)	475.2 (469.8, 480.5)
Prostate (male)	25	86.8 (53.8, 138.4)	168.3 (163.7, 173.0)
Breast (female)	31	87.5 (57.9, 129.7)	120.5 (116.8, 124.3)
Lung & Bronchus	31	45.9 (30.4, 67.9)	59.0 (57.1, 60.9)
Blood Cancers	21	33.4 (19.5, 54.4)	42.7 (41.1, 44.3)
Colorectal	22	34.5 (20.7, 55.3)	43.6 (42.0, 45.2)

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



Racial Misclassification

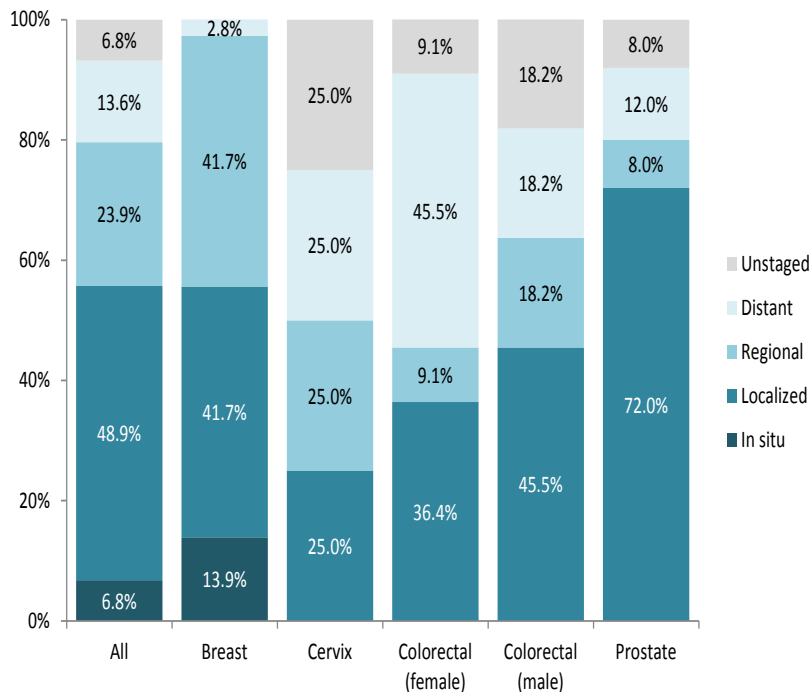
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The Idaho Department of Health and Welfare's Women's Health Check program offers FREE mammograms and Pap tests for women who qualify. For more information and eligibility criteria, call 1-800-926-2588.

Stage at diagnosis, screen-detectable cancers



Note: *In situ* and localized may be referred to as 'early stage'; regional and distant are often considered 'late stage'

Data Notes

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Cancer mortality, selected sites per 100,000 population

Cancer	n	Rate (95% CI)	NHW Rate (95% CI)
All Sites	113	185.1 (150.2, 226.7)	195.7 (192.3, 199.2)
Lung & Bronchus	28	42.1 (27.1, 63.8)	51.7 (49.9, 53.5)
Breast (female)	7	28.2 (10.7, 61.4)	23.7 (22.0, 25.4)
Blood Cancers	14	24.9 (12.9, 44.5)	22.1 (21.0, 23.3)
Colorectal	13	23.4 (11.9, 42.3)	17.5 (16.5, 18.6)

Resources

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 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

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