

EARLY DETECTION

Key Words: Early Detection

Early Detection



The use of screening tests to detect cancers early often leads to more effective treatment with fewer side effects. Patients whose cancers are found early also are less likely to die from these cancers than are those whose cancers are not found until symptoms appear.

This section describes trends in the use of the following screening tests, each of which has been found to detect cancers accurately and to decrease the chances of dying from cancer:

- Mammography (for breast cancer)
- Pap smear (for cervical cancer)
- Fecal occult blood test (for colorectal cancer)
- Sigmoidoscopy (for colorectal cancer)

Trends for newer ways to detect cancer, such as the prostate specific antigen (PSA) test, may be included in future editions of the *Cancer Progress Report*. PSA use has not yet been proven to reduce deaths from prostate cancer. There is also concern about possible harm caused by unnecessary treatments, because the test can find very early cancers that might not cause any harm if left untreated—especially in older men. Other screening methods, such as new imaging techniques to detect lung cancer, or ways to detect early cancer in the blood, also require more research.

Breast Cancer Screening

Mammography use has increased steadily in women ages 40 and older.

Benefits of Screening Mammography

Regular use of screening mammograms can help reduce the chances of dying from breast cancer. For women between the ages of 50 and 69, there is strong evidence that screening lowers this risk by 30 percent. For women in their 40s, the risk can be reduced by about 17 percent. For women ages 70 and older, mammography may be helpful, although firm evidence is lacking.

Measure

Percent of women ages 40 years and older who reported they had a mammogram within the past 2 years, by racial/ethnic group.

Period – 1987, 1992, and 1998

Trends – Rising

Mammography use is increasing among Hispanic, Black, and White women ages 40 and older.

Most Recent Estimates

In 1998, 67 percent of women ages 40 and older had a mammogram within the past 2 years. Among racial and ethnic groups, 60 percent of Hispanics, 66 percent of Blacks, and 68 percent of Whites had a mammogram within the past 2 years. Notably, differences between these groups were minimal.

Healthy People 2010 Target

Increase to 70 percent the proportion of women ages 40 and older who have received a mammogram within the past 2 years.

Groups at High Risk for Not Being Screened

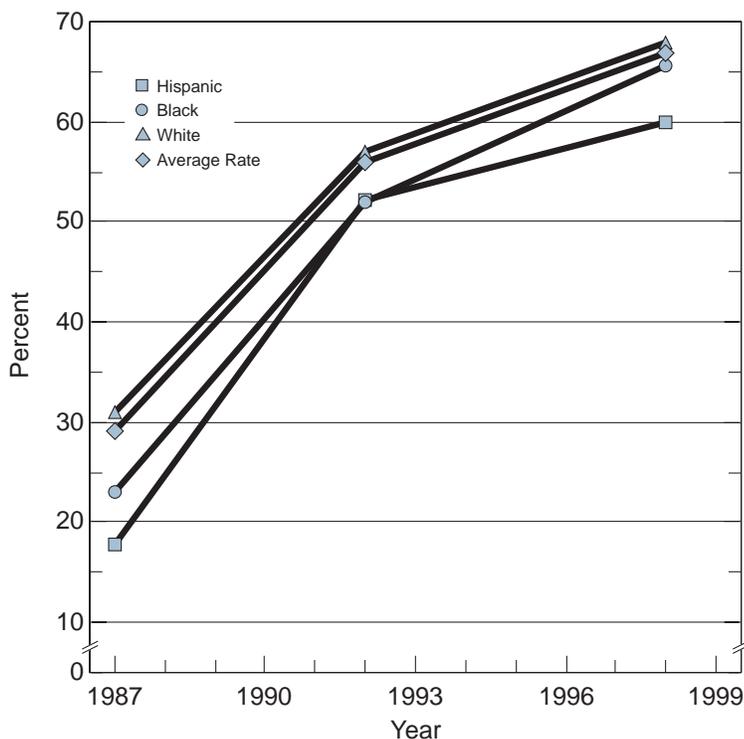
Poor, less educated women who lack health insurance or a usual source of care are less likely to get screening mammograms.

Key Issues

The barriers that prevent high-risk groups from getting regular mammograms need to be removed.

While millions of women have had at least one screening mammogram, many women still have not. Also, even among those women who had a recent screening mammogram, many do not do so on a regular basis.

Figure 14: Percent of Women (Ages 40+) Who Had Mammography Within the Past 2 Years, by Race/Ethnicity—1987, 1992, and 1998



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey. Age-adjusted to the year 2000 standard population.

EARLY DETECTION

Key Words: Pap Smear

Cervical Cancer Screening

Pap smear use is rising slightly among women ages 18 and older.

Benefits of Pap Smear Testing

Regular use of the Pap smear test reduces deaths from cervical cancer. Women who have not been screened face a 3 to 10 times greater risk of developing invasive cervical cancer.

Measure

Percent of women ages 18 years and older who reported they had a Pap smear within the past 3 years.

Period – 1987, 1992, and 1998

Trend – Rising slightly

Most Recent Estimate

In 1998, 79 percent of women ages 18 and older had a Pap smear within the past 3 years.

Healthy People 2010 Target

Increase to 90 percent the proportion of women ages 18 and older who have received a Pap smear within the past 3 years.

Groups at High Risk for Not Being Screened

Older, poor, less educated women are less likely to be screened for cervical cancer. At the same time, older women are at greater risk than younger women of dying from cervical cancer.

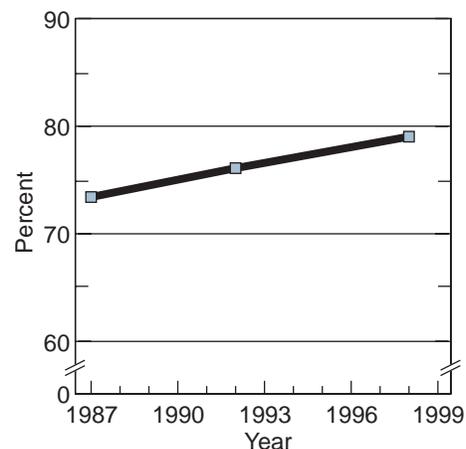
Key Issues

Regular Pap smear testing needs to be encouraged for all women. Special efforts are needed for the following groups: older, poor, less educated women; women who have emigrated to this country; and sexually active women, who are more likely to be exposed to the human papillomavirus and the human immunodeficiency virus, both of which can increase the risk of developing cervical cancer.

Promising new techniques are more likely to detect cancer cells in the cervix and to detect viruses known to cause this cancer.



Figure 15: Percent of Women (Ages 18+) Who Had a Pap Smear Test Within the Past 3 Years—1987, 1992, and 1998



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey. Age-adjusted to the year 2000 standard population.

Colorectal Cancer Screening

Colorectal cancer screening rates have risen but remain low among people ages 50 and older.



Benefits of Screening Tests for Colorectal Cancer

Research supports the use of two screening tests for colorectal cancer:

- **The fecal occult blood test (FOBT).** When done every 1 to 2 years in people ages 50-80, the FOBT can decrease the number of deaths due to colorectal cancer.
- **Sigmoidoscopy (also known as proctosigmoidoscopy).** Regular sigmoidoscopies can reduce colorectal cancer deaths. More

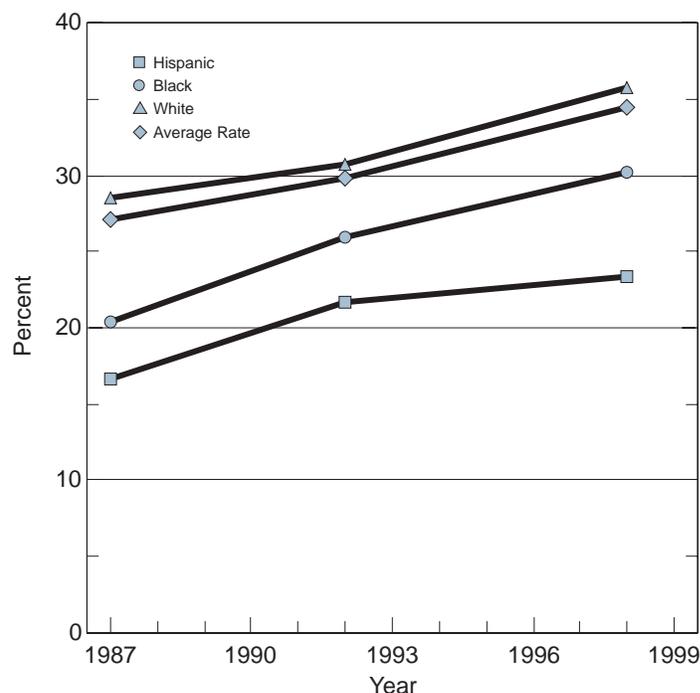
research is needed to learn the best timing between exams.

Measures

FOBT: Percent of people ages 50 and older who reported they had an FOBT within the past 2 years, by racial/ethnic group.

Sigmoidoscopy: Percent of men and women ages 50 and older who reported they ever had a sigmoidoscopy.

Figure 16: Percent of Adults (Ages 50+) Who Had an FOBT Test Within the Past 2 Years, by Race/Ethnicity—1987, 1992, and 1998



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey. Age-adjusted to the year 2000 standard population.

EARLY DETECTION

Key Word: Colorectal

Colorectal Cancer Screening *(continued)*

Period – 1987, 1992, and 1998

Trends – Rising overall

FOBT: Rising overall. In Whites, rising slightly (though not statistically significant), then rising. Rising in Blacks, though not statistically significant. Rising, then rising slightly in Hispanics, though neither of these trends is statistically significant. *(Figure 16.)*

Sigmoidoscopy: Rising overall and in men. Rising, then rising slightly in women, though the latter trend for women is not statistically significant. *(Figure 17.)*

Most Recent Estimates

In 1998, 34 percent of people 50 and older had an FOBT within the past 2 years. This includes 23 percent of Hispanics, 30 percent of Blacks, and 36 percent of Whites. *(Figure 16.)*

In 1998, 37 percent of people 50 and older had ever had a sigmoidoscopy. This includes 43 percent of men and 33 percent of women. *(Figure 17.)*

Healthy People 2010 Targets

Increase to 50 percent the proportion of adults ages 50 and older who have had an FOBT within the past 2 years.

Increase to 50 percent the proportion of adults ages 50 and older who have ever had a sigmoidoscopy.

Groups at High Risk for Not Being Screened

People with lower incomes, less education, and no health care coverage are less likely to be screened for colorectal cancer.

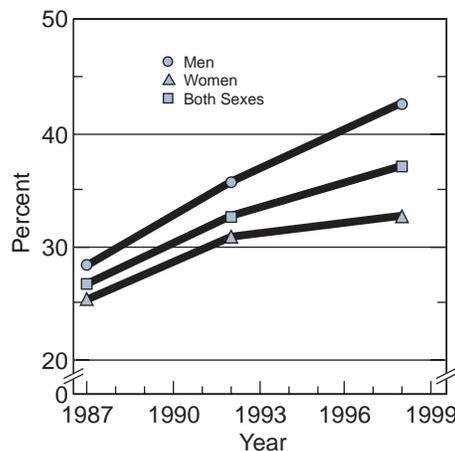
Key Issues

Despite some improvements over time, colorectal cancer screening rates remain low. It is important to understand and overcome doctor and patient barriers to these life-saving tests.

Newer screening methods, such as colonoscopy, are promising and need further evaluation.

A substantial proportion of reported FOBT and sigmoidoscopy procedures may be for diagnostic rather than screening purposes.

Figure 17: Percent of Men and Women (Ages 50+) Who Ever Had a Sigmoidoscopy—1987, 1992, and 1998



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey. Age-adjusted to the year 2000 standard population.