

Cancer Screenings Results from the 2014 Indiana BRFSS

Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues. Cancer is not just one disease, but many, with more than 100 types. The number of new cancers can be reduced and many cancer deaths can be prevented. Screenings can help prevent cancer by finding and treating pre-cancers and cancers in the early stages. Treatment works best when cancer is found at an early state (Centers for Disease Control and Prevention [CDC]). From 2009-2013, an average of 33,588 cancer diagnoses, along with 13,087 deaths, occurred each year to Indiana residents.

Background

Cancer screening prevalence is not reportable; thus the prevalence must be obtained from another source. The Behavioral Risk Factor Surveillance System (BRFSS) survey includes questions on cancer screenings for breast, cervical, prostate and colorectal cancers in even-numbered years, and the screening information in this article is from the 2014 Indiana BRFSS survey. The differences in this article are statistically significant ($p < 0.05$) unless otherwise noted. Mortality data was obtained from the *Indiana 2014 Mortality Report*. Cancer incidence data was obtained from the Indiana State Cancer Registry Statistics Report Generator, access on February 10, 2016.

Results

Breast Cancer

Breast cancer was the second leading cause of cancer death in Indiana females with 861 deaths in 2014. In 2013, 4,689 Indiana females were diagnosed with breast cancer, 71.5% at a localized stage (five-year relative survival rate is 98.6% (SEER Cancer Statistics Review 1975-2012)). Healthy People 2020, using recommendations from the US Preventive Services Task Force (USPSTF), set a target of 81.1% for females aged 50-74 years and older having a mammogram every 1-2 years. In 2014, 72.4% of females aged 50-74 years met the target. Females with health care coverage had a higher prevalence of mammography screening than females without any health care coverage (74.6% vs. 44.4%, respectively). Females with one or more personal doctors or health care providers had a higher prevalence of mammography screening than those without a personal doctor (75.1% vs. 30.9%, respectively). Mammography screening prevalence increased with greater income and education. There were no differences by race/ethnicity.

Cervical

While not a leading cause of cancer death in Indiana females, there were 75 deaths from cervical cancer in 2014. In 2013, 255 Indiana females were diagnosed with cervical cancer, 62.5% at a localized stage (five-year relative survival rate is 67.8% (SEER Cancer Statistics Review 1975-2012)). Healthy People 2020, using a recommendation from the USPSTF, set a goal of 93.0% of females aged 21-65 years having a Pap test every three years. In 2014, 78.0% of females aged 21-65 years reported meeting that goal. As with mammography, females with health care coverage, compared to those without, had a higher prevalence of having a Pap test (81.2% vs. 62.5%, respectively) and those with one or more personal doctors or health care providers had a higher prevalence of having a Pap test than those without (82.1% vs. 59.7%, respectively). Cervical cancer screening prevalence also increased with greater education and income. There were no differences by race/ethnicity.

Prostate

Prostate cancer was the third leading cause of cancer deaths among Indiana males, with 603 deaths in 2014. In 2013, 3,093 males were diagnosed with prostate cancer, 75.1% at a localized stage (five-year relative survival rate is 100%). HP2020, using a recommendation from the USPSTF, set a target of 15.9% for males aged 40 years and older who have discussed the advantages and disadvantages of prostate-specific antigen (PSA) test with their health care provider. In 2014, 27.3% of males aged 40 years and older reported ever talking with a doctor, nurse or other health professional about the advantages and disadvantages of the PSA test. Approximately half (51.3%) of males aged 40 years and older reported ever being recommended to have a PSA test by a doctor, nurse or other health professional. Most (90.7%) males reported ever having a PSA test, with 57.8% tested within the past year, 16.0% tested 1-2 years ago, and 26.2% tested more than two years ago. For those having the test within the past year, 74.4% reported it was part of a routine exam, 5.6% because of a prostate problem, 6.3% because of a family history of prostate cancer, 4.2% because they were told they had prostate cancer, and 9.5% for some other reason.

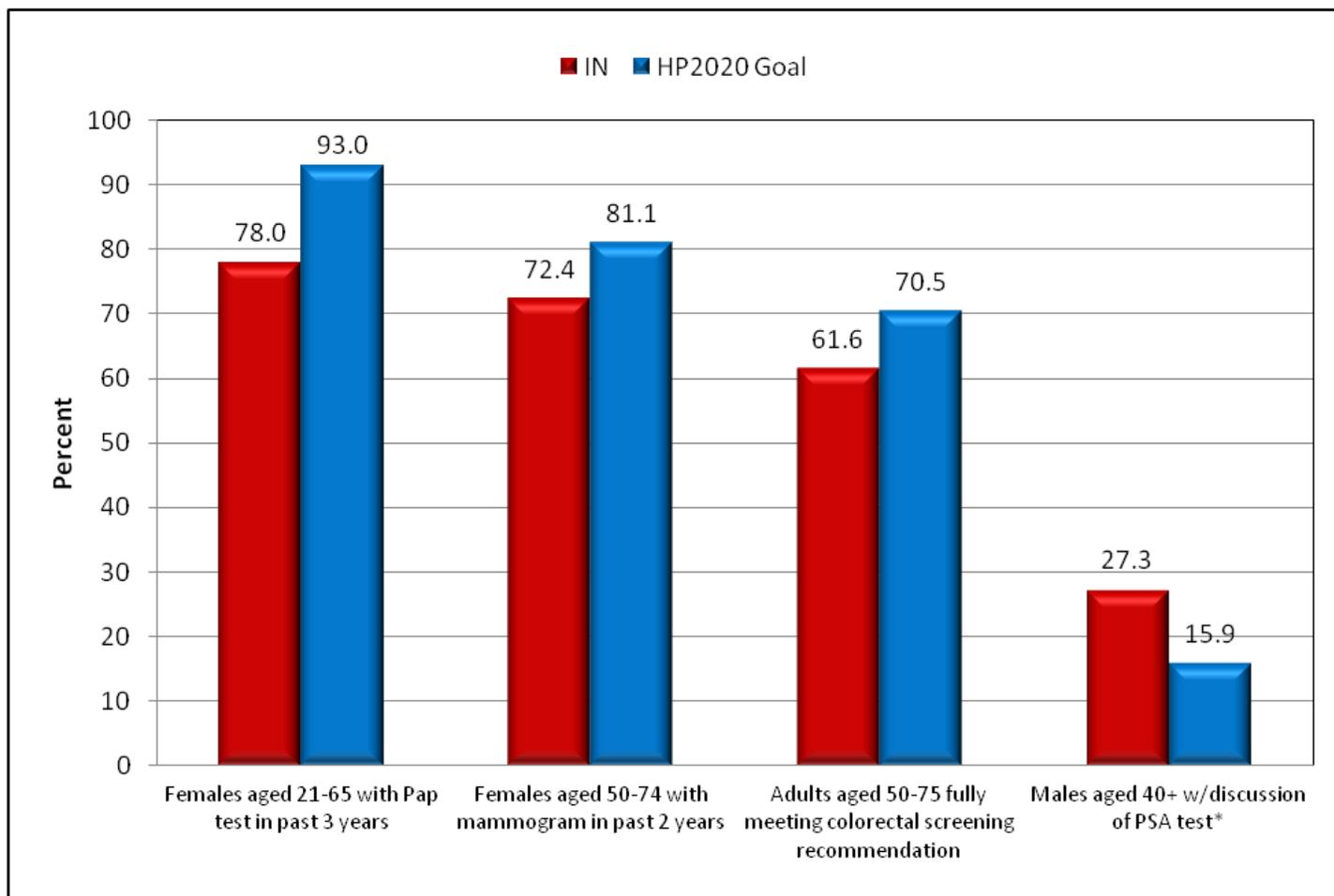
Colon and Rectum

Colorectal cancer was the second leading cause of death for Indiana males (n=607) and the third for females (n=600) in 2014. In 2013, 3,297 people were diagnosed with colon and rectum cancer, 42.1% at a localized stage (five-year relative survival rate is 90.1% (SEER Cancer Statistics Review 1975-2012)). Healthy People 2020, using a recommendation from the USPSTF, set a target of 70.5% for adults aged 50-75 years with a colorectal cancer screening (a blood stool test annually, a blood stool test within the past three years plus a sigmoidoscopy within the past five years, or a colonoscopy in the past 10 years). In 2014, 61.6% of adults aged 50-75 years met this recommendation, with females having a higher prevalence than males (64.0% vs. 59.1%, respectively). Screening prevalence increased with higher age, income and education. Having a colonoscopy within the past 10 years (58.8%) was the most common type of colorectal cancer screening, followed by an annual blood stool test (8.1%) and (<1%) for a blood stool test within the past three years plus a sigmoidoscopy in the past five years. Adults with any health care coverage had a higher prevalence for meeting the USPSTF recommendations than those without (64.2% vs. 29.5%, respectively).

Summary

For all the recommended screenings discussed above, only the Healthy People 2020 target for having a discussion about the advantages and disadvantages of the PSA test was met in 2014 (Figure 1)

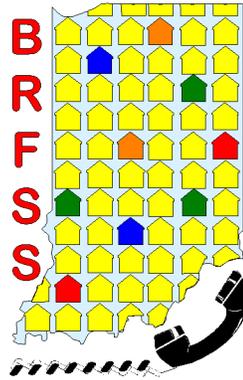
Figure 1. Prevalence of Adults Meeting HP2020 Cancer Screening Recommendations, Indiana 2014



Many cancers can be prevented or found at an early stage if people receive regular medical care and obtain early detection cancer screenings. The BRFSS obtains information on screening for breast, cervical, prostate and colorectal cancer, but other cancers that can be detected by screening include lung, oral cavity, testicular, and skin. For additional information, please visit the Indiana State Department of Health Breast and Cervical Cancer Program at <http://www.in.gov/isdh/24967.htm>, and the Indiana Cancer Consortium at <http://indianacancer.org/> for the *Indiana Cancer Facts and Figures 2015* report and the upcoming *Indiana Cancer Control Plan 2016-2020*.



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