Most adults are getting recommended breast and colorectal cancer screenings. Yet a new CDC report says more than 22 million adults have not had screening tests for colorectal cancer, and more than 7 million women have not had a recent mammogram to screen for breast cancer as recommended. This CDC report also points out why more people need to get tested for colorectal and breast cancer and what can be done to increase screening.

Want to learn more? Visit—

- [http://www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)
- [http://www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)
- [http://www.cdc.gov/cancer](http://www.cdc.gov/cancer)
Colorectal Cancer

Problem

22 Million Adults Aged 50–75 Still Need to Be Tested

1. Colorectal cancer screening prevents cancer and saves lives.
   ◦ Colorectal cancer is cancer of the colon or rectum, and is often called simply “colon cancer.” It is the #2 cause of cancer deaths in the United States and kills more nonsmokers than any other cancer. African American men and women are particularly at risk of dying from colon cancer.
   ◦ In 2006, more than 139,000 people learned they had colon cancer, and more than 53,000 people died of it.
   ◦ At least 6 of every 10 deaths could be prevented from colon cancer if every adult 50 years or older got tested regularly.
   ◦ Screening tests can find precancerous polyps (abnormal growths) in the colon or rectum. These growths can be removed before they turn into cancer. In this way, you can prevent colon cancer. The earlier colon cancer is found during a screening, the easier it is to cure.

2. What screening tests look for colon cancer?
   At age 50 and until age 75 (sometimes younger or older, if your doctor recommends it), men and women should have one or more of three tests to check for colon cancer. In particular, adults aged 50–59 years should get screened because their testing rate is so low. The maximum benefit is expected when people in their 50s are informed and start getting tested.
   Colon cancer tests are—
   ◦ A stool test, also called a fecal occult blood test (FOBT) - every year. FOBT is done in the privacy of your home.
   ◦ Flexible sigmoidoscopy - every 5 years. This takes place at a doctor’s office or other medical setting. If any unusual growths are found, they can usually be removed at the time. Some people will need a follow-up colonoscopy.
   ◦ Colonoscopy - every 10 years. This test takes place at a doctor’s office or other medical setting under light sedation. If any unusual growths are found, they can be removed at the time.

3. About a third of people are not getting screened for colon cancer according to national recommendations.
   ◦ As of 2008, about a third of adults between the ages of 50 and 75 (about 22 million people) are not up-to-date with colon cancer screening.

4. Why don’t more men and women get tested for colon cancer?
   ◦ They don’t know that anyone can develop colon cancer as they get older.
   ◦ They didn’t get recommendation from a health care provider.
   ◦ They don’t have health insurance or a health care provider.
5. **Who needs to get tested for colon cancer?**

People of all racial and ethnic groups aged 50 to 75 years should get tested. Some groups of people don’t get tested at all or as often as their doctors recommend. The following people should be especially encouraged to get tested—

- African Americans. This group has the highest death rate for colon cancer.
- Hispanics.
- People with low income.
- People with low education levels.
- People who don’t have health insurance.
- People who have a family history of colon cancer. One in five people has a family history of colon cancer and should speak with a doctor about getting tested earlier and more often than others.

Some people may be at especially high risk because of a personal history of having polyps or having several close family members (parent, grandparent, sister, brother) who have had polyps or colon cancer.

Risk is higher for people with certain conditions including Crohn’s disease, inflammatory bowel disease, and some genetic disorders. People with these conditions should talk with their health care providers about getting tested at younger ages or more frequently.
U.S. State Info

The number of people who get screened for colon or breast cancer is very different from state to state. The highest number of people who get tested are in the northeastern United States.

Percentage of People Screened Among Insured and Uninsured in 2008

[Graph showing the percentage of people screened for colorectal cancer and mammograms among insured and uninsured individuals in 2008.]

Source: Behavioral Risk Factor Surveillance System (BRFSS)
The percentage of people up-to-date with colorectal cancer screening ranged from 53.2% in Oklahoma to 74.1% in Massachusetts. States with the highest number of screenings were in the northeastern United States.

**Colorectal Cancer Screening:**
Fecal occult blood test use within past year or lower endoscopy (either sigmoidoscopy or colonoscopy) in past 10 years, adults aged 50–75 years, United States, BRFSS 2008

- 53%–60%
- >60%–67%
- >67%–74%

Mammography screening use varied by state, with the highest mammography use in the northeastern United States.

**Mammogram:** Mammogram use in past 2 years, women aged 50–74 years, United States, BRFSS 2008

- 72%–78%
- >78%–84%
- >84%–90%
Breast Cancer

Problem

7 Million Women Still Need to Be Screened for Breast Cancer

1. Screening for breast cancer prevents cancer and saves lives.
   ◇ Breast cancer is the most common cancer among adult women in the United States and second leading cause of death from cancer among women.
   ◇ One of every eight adult women will get breast cancer in her lifetime. The risk of cancer increases with age.
   ◇ In 2006, more than 190,000 women were discovered to have breast cancer, and more than 41,000 died of the disease.
   ◇ Although white women are more likely to get breast cancer, African American women are the most likely to die of it. Minority women are most likely to have advanced breast cancer when the cancer is first discovered.
   ◇ If a close family member (mother, grandmother, sister, and father or brother) has had breast cancer, the risk for other family members getting breast cancer may be higher. If you think you may be at increased risk, ask your doctor if you should be tested earlier or more often than other women.

2. What test looks for breast cancer?
   ◇ The best way to find breast cancer is by having a mammogram. A mammogram is an X-ray of the breasts.
   ◇ Mammograms can find breast cancer early, before it is big enough to feel or cause symptoms and when it is easier to treat.

3. Women are not getting screened for breast cancer as often as recommended
   ◇ In 2008, about one of five adult women between the ages of 50 and 74 never had a mammogram or were not up-to-date with getting screened.
   ◇ Overall, mammography screening rates in the United States have not improved since 2002.
   ◇ Getting a mammogram every 2 years should be a priority for women aged 50–74 years. Screening can find breast cancer at an early stage, when treatment is most effective.
4. Who needs to get screened for breast cancer?

All women aged 50 to 74 should have a mammogram every 2 years. Women between 40 and 50 years should talk with their doctor about when to start getting mammograms. Some women are less likely than others to be up-to-date with breast cancer screening. They include women aged 50–74 years who—

- Are uninsured—only 56% of uninsured women had a mammogram in the past 2 years, while 84% of women with health insurance had a mammogram.
- Are American Indian and Alaska Native.
- Have a low income.
- Have less than a high school education.

5. How effective are mammograms in preventing death from breast cancer?

- Getting screened for breast cancer beginning at age 50, or earlier if you have a family history of the disease or your doctor recommends it, helps find this cancer early, when treatment can be most effective.

6. Why don’t more women get screened for breast cancer?

The #1 reason women say they didn’t get a mammogram is that their health care provider didn’t tell them to get one.

- Some women don’t get a mammogram because they don’t have health insurance and can’t afford it. In the future, health care reform may help reduce this problem.
- Some women are not aware of, or convinced of, the benefits of screening.
What Can Be Done

What can be done to help more people get screened for colon and breast cancer?

**Health departments can**

- Inform people about who should be screened and about test options.
- Explain the benefits of screening for colon and breast cancer.
- Identify groups in the community who are not getting screened.
- Make sure tests are done correctly.
- Work with minority and other hard-to-reach groups to encourage and facilitate screening.
- Identify problems (barriers) that keep people from getting screened.
- Create programs to solve these problems and increase screening such as using “patient navigators.” Patient navigators can guide people through the screening process, making it easier to get screened, learn test results promptly, receive appropriate follow-up care, and find support networks.
- Encourage medical practices, especially those with low screening rates, to remind patients to be screened, track who has been screened, and follow up with patients who have not been screened or who need additional tests or treatment.

**People can**

- Talk to their health care providers about their risk of getting cancer and ask which screening tests they should have, at what age to begin, and how often to be screened.
- Get screened regularly for colon cancer at age 50 or older, using either one or a combination of tests, including a fecal occult blood test, flexible sigmoidoscopy, or colonoscopy.
- Get a mammogram every 2 years if you are a woman aged 50 or older. Women younger than 50 should talk with their health care provider about breast cancer risk and when to begin getting a mammogram.
- Talk to their health care provider about whether they should be tested at an earlier age or more often than other people if they have a family history of colon or breast cancer.
- Contact their local health department about free or low-cost screening if they can’t pay for colon or breast cancer testing or if their insurance doesn’t cover it. Call 1-800-CDC-INFO or visit www.cdc.gov/cancer to find a local program.
- See a doctor promptly to determine the next steps needed if a screening test shows there might be a problem.

**Doctors, nurses, and other health care providers can**

- Inform patients about who should be screened, when screening should be done, and why it is important.
- Establish standing orders for nurses so they can request tests themselves.
- Make sure patients who cannot afford testing know about free cancer screening services in their area.
- Establish systems that make screening automatic, such as reminding patients when they’re due for a recommended cancer screening by sending cards or e-mails or calling them.
- Ensure patients receive test results promptly and that those with positive results quickly get an appointment for diagnosis and treatment.
- Systematically monitor and improve screening rates.

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