



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

Cancer Screening in Montana: Adherence to clinical recommendations

Cancer is the second leading cause of death in Montana and the United States.¹ Many cancer deaths can be prevented by detecting the disease at an early or precancerous stage, when treatment is the most effective. Population based screening is recommended by the U.S. Preventive Services Task Force (USPSTF) for breast, cervical, and colorectal cancers.² The USPSTF is an independent expert panel of primary care providers which conducts periodic scientific evidence reviews of clinical preventive healthcare services to develop recommendations to primary care providers and healthcare systems.

This issue of *Montana Public Health* examines adherence to the current USPSTF screening guidelines for breast, cervical, and colorectal cancer over the past decade in Montana and the surrounding Western States. [The USPSTF recently proposed changes to cervical and prostate cancer screening guidelines. Readers can review these changes at the USPSTF website.²]

Breast Cancer Screening The USPSTF recommends women aged 50 to 74 years receive a screening mammogram every two years.² Women aged 40 to 49 years should discuss when and how often to screen for breast cancer with their healthcare provider.² Screening is not recommended for women 75 years or older.²

The proportion of women in Montana aged 50 to 74 years who reported receiving a mammogram within the past two years has decreased significantly from 81% in 2000 to 73% in 2010 (Figure 1).³ This means that more than one in four women in this age group are not up-to-date with mammography. The national Healthy People (HP) 2020 objective for breast cancer screening is 81% of women are up-to-date based on the most recent guidelines.⁴

Reasons for the decline in women who are up-to-date with breast cancer screening in Montana are unclear. Screening prevalence has decreased significantly in several demographic groups, including those with health insurance.³ Breast cancer screening prevalence over the past decade has remained steady in other Western states (i.e. Idaho, North Dakota, and Wyoming) and in the United States as a whole.⁵

Figure 1. Percentage of women aged 50-74 years who report having had a mammogram within the previous two years, BRFSS 2000-2010

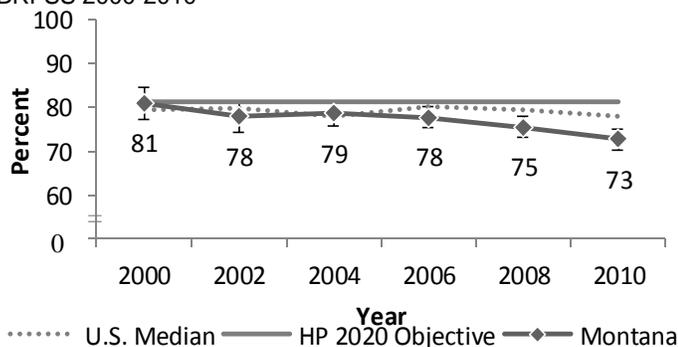
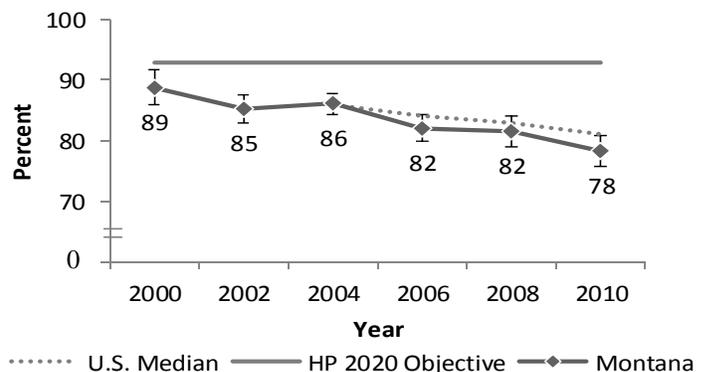


Figure 2. Percentage of women aged 18 years or older who report having had a pap test within the previous three years, BRFSS 2000-2010



Cervical Cancer Screening The USPSTF recommends that women who have been sexually active and have a cervix should be screened for cervical cancer via cytology (Papanicolaou [Pap] smear) every three years.² Routine screening is not recommended for women aged 65 years or older if they have had recent normal Pap smears.²

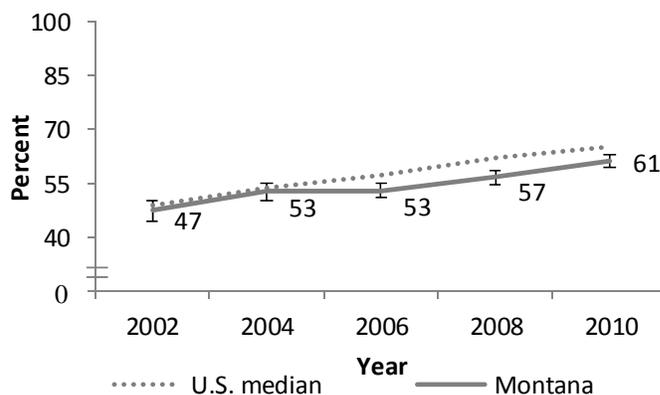
The percentage of women in Montana aged 18 years or older who reported having had a Pap test within the previous three years has decreased significantly from 89% in 2000 to 78% in 2010 (Figure 2).³ This means that more than one in five women in this age group are not up-to-date with cervical cancer screening. Wyoming and Idaho have experienced similar declines over this same time period.⁵ The national HP 2020 objective for cervical cancer screening is 93% of women are up-to-date based on the most recent guidelines.⁴

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Colorectal Cancer Screening The USPSTF recommends men and women of average risk (no family or personal history) aged 50 to 74 years should be screened via fecal occult blood testing (every 12 months), sigmoidoscopy (every 5 years), or colonoscopy (every 10 years).² Adults aged 76 to 85 should be considered on an individual basis and adults aged 85 years or older should not be screened.²

The percentage of adults who reported having EVER had an endoscopy screening (sigmoidoscopy or colonoscopy) increased significantly from 47% in 2002 to 61% in 2010.³ Similar increases in endoscopy prevalence were experienced in other Western States as well as the United States.⁵ In 2010, 58% of adults aged 50 to 74 years were up-to-date with CRC screening based on the USPSTF guidelines.³ The Healthy People 2020 objective for colorectal screening is 71% of adults are screened based on the most recent guidelines.⁴

Figure 3. The percentage of adults aged 50 years or older who report having EVER had an endoscopy (sigmoidoscopy or colonoscopy), BRFSS 2002-2010



Recommendations

- Health care providers should recommend cancer screening to eligible patients at every visit.
- Primary care practices should remind their clients that they are due for cancer screening via written or telephone messages.⁶
- Free or reduced cost cancer screening tests are available to eligible adults who meet certain age and financial guidelines from the Montana Cancer Screening Program (www.cancer.mt.gov).

For more information, contact Mark Wamsley, Montana Cancer Screening Program, www.cancer.mt.gov, 406-444-0063.

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