

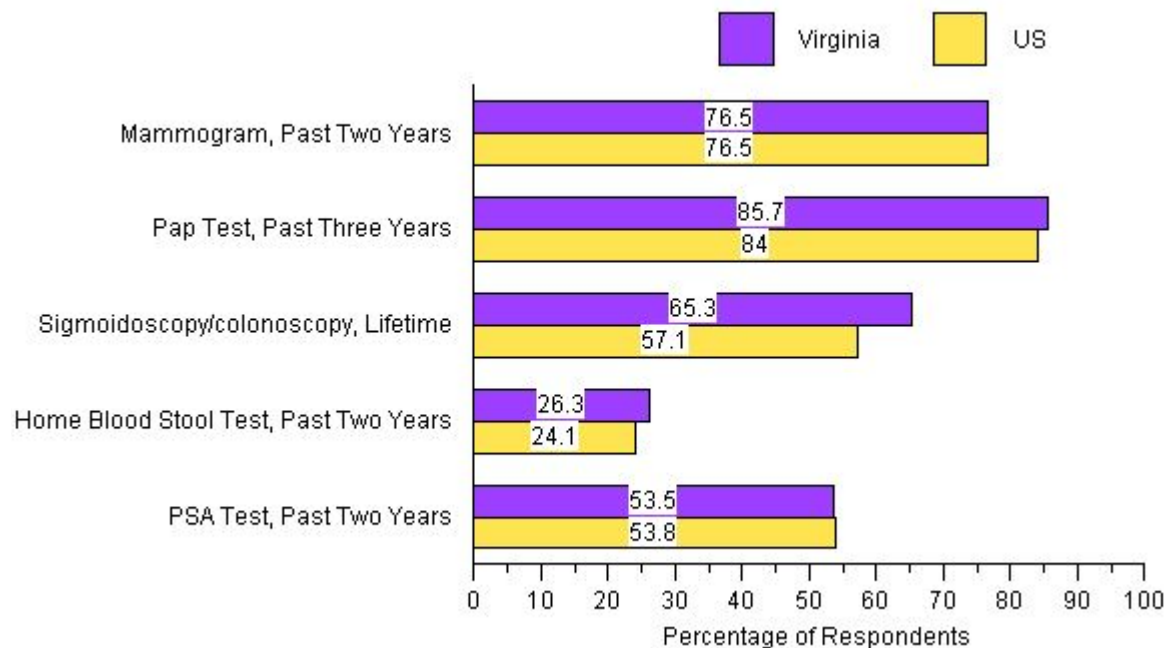
# Preventive Cancer Screening

Screening (sometimes referred to as “early detection”) can find cancer earlier when it is most treatable. This means that cancer can be detected at an earlier stage of the disease, and the chance of surviving five years or more is greater (see **SCREENING GUIDELINES** for select cancers).

According to the 2006 Behavioral Risk Factor Surveillance System (BRFSS), which is a health behaviors telephone survey for adults, many Virginians are screened for cancer as recommended for their age group (**Figure 1**):

- Three out of four women (76.5%) ages 40 and older had a mammogram within the past two years.
- About 90% of women ages 18 and older (who still have a cervix) had a Pap test within the past three years.
- More than half (53.5%) of all men ages 40 and older had a prostate-specific antigen (PSA) test within the past two years to screen for prostate cancer. The American Cancer Society recommends that men 50 and older should start having this test routinely. Seven of 10 (69.7%) men ages 50 and older had a recent PSA test.
- Two out of three (65.3%) adults ages 50 and older had an endoscopic test (e.g., flexible sigmoidoscopy, colonoscopy) to screen for colon cancer. According to the American Cancer Society, adults should have a colonoscopy every 10 years or a sigmoidoscopy every five years. Between 57% and 63% of adults reported that their last endoscopic exam was about five to ten years ago. Fewer (26.3%) adults in the same age group recently had a home blood stool test (also known as a fecal occult blood test, or FOBT) within the past two years.

Figure 1. Preventive Cancer Screening, U.S. and Virginia, 2006



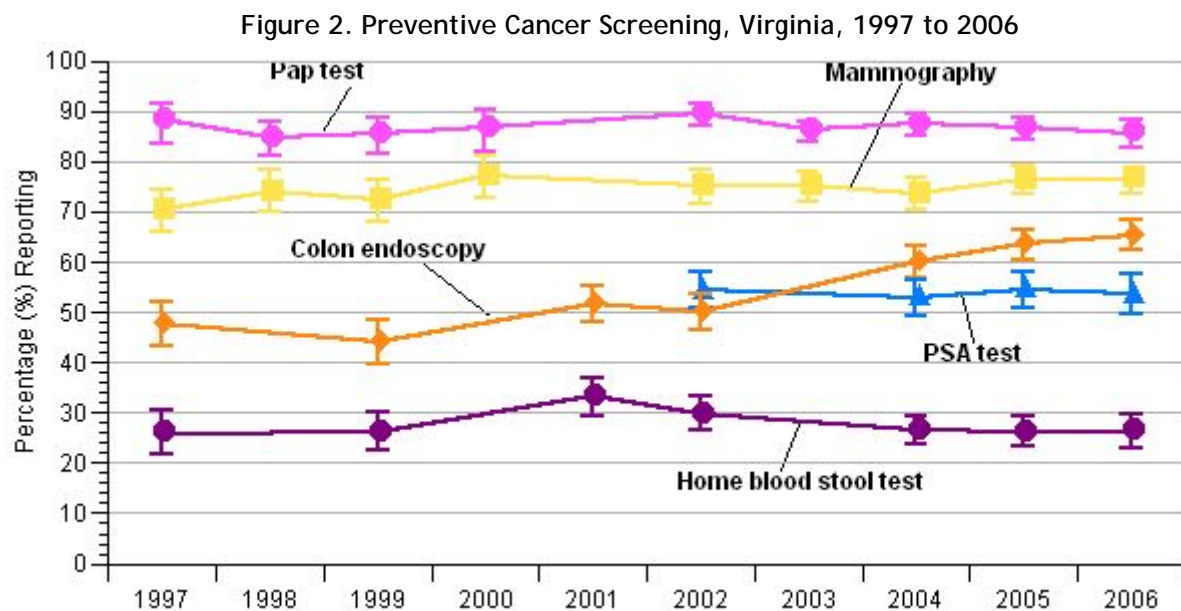
Source: Virginia Behavioral Risk Factor Surveillance System. National rates are based on the median rate among the 50 states, District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.

Almost half (48.4%) of adults 40 and older have had a healthcare professional (e.g., physician, nurse, or dentist) check their mouth for signs of oral cancer, and 42% had a screening in the past 12 months. The percentage of adults 40 and older who had a recent oral cancer screening increased between 2003 and 2006, from 39.3% to 42.1%.

### *Trends in Cancer Screening*

There are several factors that affect screening rates. Screening rates tend to be lower among low income, less educated, uninsured or underinsured adults. Some racial and ethnic groups are less likely to get screened; for example, Hispanics had lower prostate cancer screening rates. Women with a mental, emotional or physical disability had a lower mammography screening rate. Adults living in rural areas tend to have less access to screening and lower screening rates (see “[Cancer Screening: Group Differences](#)” fact sheet).

From 1997 to 2006, the rate of mammography among women ages 50 and older increased from 70% to almost 77%. The rate of Pap tests remained virtually the same over time. The rate of PSA tests among men ages 40 and older remained unchanged from 2002 to 2006. The rate of colon endoscopy among adults ages 50 and older increased by 37%, while the rate of home blood stool test remained the same (Figure 2).



Source: Virginia Behavioral Risk Factor Surveillance System. 95% confidence intervals are shown.

- For information on cancer screening and other risk behaviors in the U.S. and Virginia, go to the CDC BRFSS website (<http://www.cdc.gov/brfss/>).

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