



Cancer Screening Practices Among American Indian and Alaska Native Elders

Cancer is the second leading cause of death in the U.S., exceeded only by heart disease.¹ Each year, more than one million people are diagnosed with cancer. The financial costs of treating the disease are enormous and a burden to patients, their families, and society. Cancer treatment costs totaled \$72.1 billion in 2004, or about five percent of U.S. health care spending.²

In 2000, there were 4.1 million American Indian and Alaska Natives (AI/ANs) in the U.S., representing a 110 percent increase from 1990.³ The AI/AN population is expected to grow in the future by nearly two percent per year. While the cancer rate is decreasing among Whites, it is increasing among AI/AN populations.⁴ Cancer is the second-leading cause of death among AI/ANs.⁵ Also, AI/ANs have the lowest five-year cancer survival rate among U.S. ethnic minorities.

This study looks at the rate of cancer and cancer-related screenings for AI/AN elders aged 55 and older. Information was used from a nationwide survey, conducted by the National Resource Center on Native American Aging, involving more than 8,000 AI/AN elders. Cancer screenings are tests to determine the presence of cancer at early stages of the disease. The cancer screenings under study are ones that are highly recommended for elders and easy to have administered: fecal occult blood test (FOBT); prostate-specific antigen (PSA) test; Pap test; and Mammogram.

Cancer Rates

Among AI/AN elders, nearly ten percent have cancer (Figure 1), compared to just over 15 percent of U.S. elders of all races. By gender,

AI/AN males (10.7%) are more likely than AI/AN females (8.9%) to have cancer. For U.S. elders, 16.6 percent of males and 14.1 percent of females have cancer.

Cancer Screening

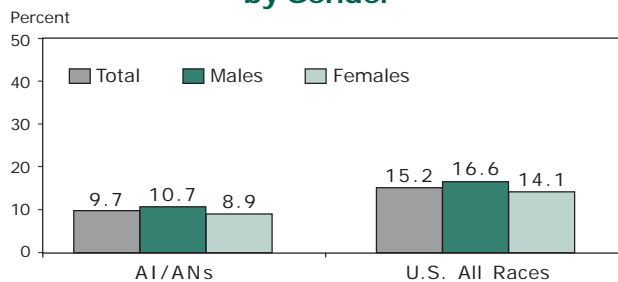
The FOBT, which screens for colorectal cancer, is recommended for persons aged 50 and older on an annual basis.⁷ Among AI/AN elders, 22 percent indicated they had a FOBT within the past year, which is identical to the rate among all U.S. elders.⁶ Also, 16 percent of AI/AN elders had the test one to five years ago and six percent had the test five or more years ago. Just over half (57%) indicate they have never had a FOBT (Figures 2 & 3).

The PSA test screens for prostate cancer. The American Cancer Society⁷ recommends that men aged 50 years and older get this test once a year.* Only 38 percent of AI/AN elderly men had a PSA test within the past year (Figure 4). This is significantly lower than the U.S. elder rate of 61 percent.⁶ Nearly a quarter (23%) of AI/AN elders state their most recent PSA test was one to five years ago. Four percent state their last PSA test was five or more years ago, and just over a third (36%) indicate they never had the test.

The mammogram screens for breast cancer. Women aged 40 and older are recommended to get one mammogram each year.⁷ Over half (54%) of AI/AN elder women had their last mammogram within the year. This is significantly lower than the U.S. elder rate of 62 percent.⁶ One-third of AI/AN women had their most recent exam one to five years ago. Six percent state they had a mammogram five or more years ago. Seven percent indicate they never have had a mammogram.

The Pap test, which screens for cervical cancer, is recommended for all adult females on an annual basis.⁷ Just less than half (47%) of AI/AN elder women state their most recent Pap test was in the past year, a figure that is roughly the same as the rate among all U.S. elders (i.e., 46%). A third (34%) of AI/AN women indicate their last screening was one to five years ago. Thirteen percent state their last Pap test occurred five or

Figure 1. Cancer Rate Among Elderly, by Gender



*Aged 60 and older



Figures 2 & 3. Most Recent Colorectal Cancer Screening Among Persons Aged 55+

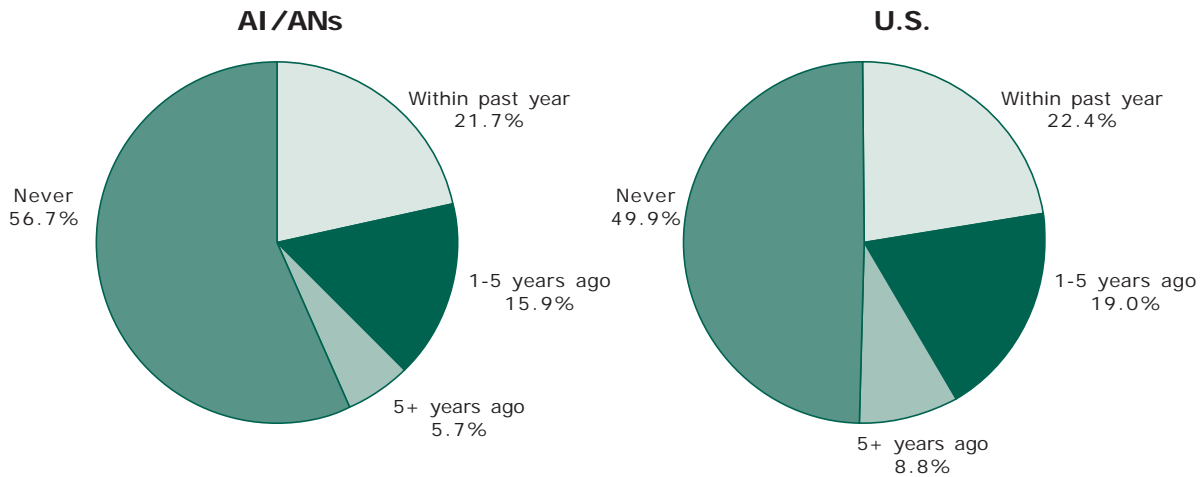
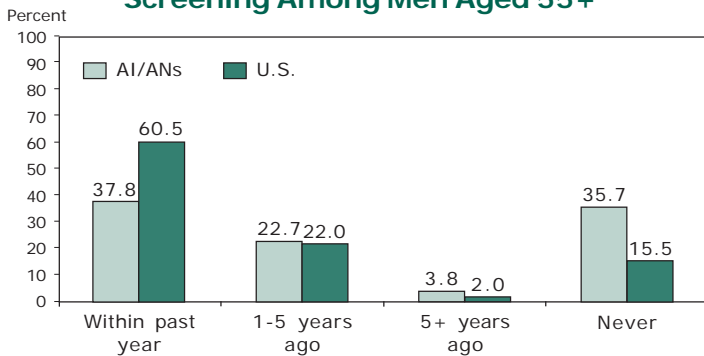


Figure 4. Most Recent Prostate Cancer Screening Among Men Aged 55+



more years ago, and five percent have never had this test.

Conclusion

AI/AN elders, regardless of gender, are less likely than other U.S. elders to have cancer. One possible explanation for this finding is that a higher percent of AI/ANs get diagnosed with cancer at later stages, thereby increasing their likelihood of dying from the disease. Consequently, there may be relatively fewer cancer survivors among AI/AN elders.

Screening is very important in diagnosing cancer at early, treatable stages of the disease.* Our study suggests that many AI/AN elders are not getting regular cancer screenings, particularly for colorectal cancer as 57 percent state they had never been screened for the disease. Additionally, 22 percent had been screened more than a year ago. By gender, AI/AN elder men are more likely than women to delay or forego cancer screenings, a pattern that is also found in the U.S. general population.

Additional efforts are needed to educate AI/AN elders about the importance of getting regular cancer screenings. Also, elders need to be aware that health insurance, including Medicare, may cover at least some of the costs for many of these

cancer screenings. Finally, greater efforts are needed to educate AI/ANs about how various healthy lifestyle choices reduce one's chances of getting cancer, increase longevity, and improve quality of life. Such choices include ceasing or reducing tobacco and alcohol use, maintaining a normal body weight, eating a healthy diet, and getting regular exercise.

*Note: For more information on cancer screenings and risk factors, please consult the American Cancer Society.

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