

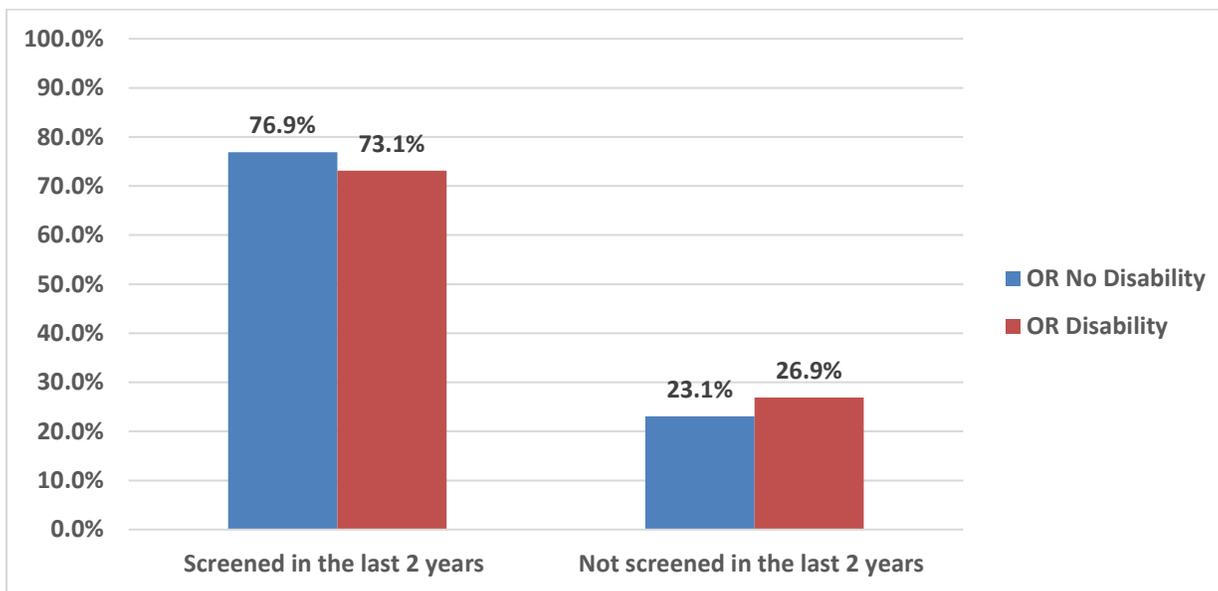


Cancer Screenings among Oregonians with Disabilities

Oregon Office on Disability and Health

Getting screened for cancer is important because it helps detect cancer at an early stage, when the cancer is easier to treat and survival is more likely.¹ Breast cancer is the second-leading cause of cancer deaths among women¹. The United States Preventive Services Task Force (USPSTF) recommends a screening mammogram every two years for women age 50-74 years. Mammograms in women 50 years to 74 can reduce deaths due to breast cancer by 20%¹. The following chart shows the percentages of women with and without disabilities, age 50-74, who said they had received a mammogram within the past two years². The BRFSS is a telephone based survey that is conducted annually in all 50 states in the US.

Figure 1. Breast Cancer Screening (Mammography) By Disability, 2014 BRFSS Data

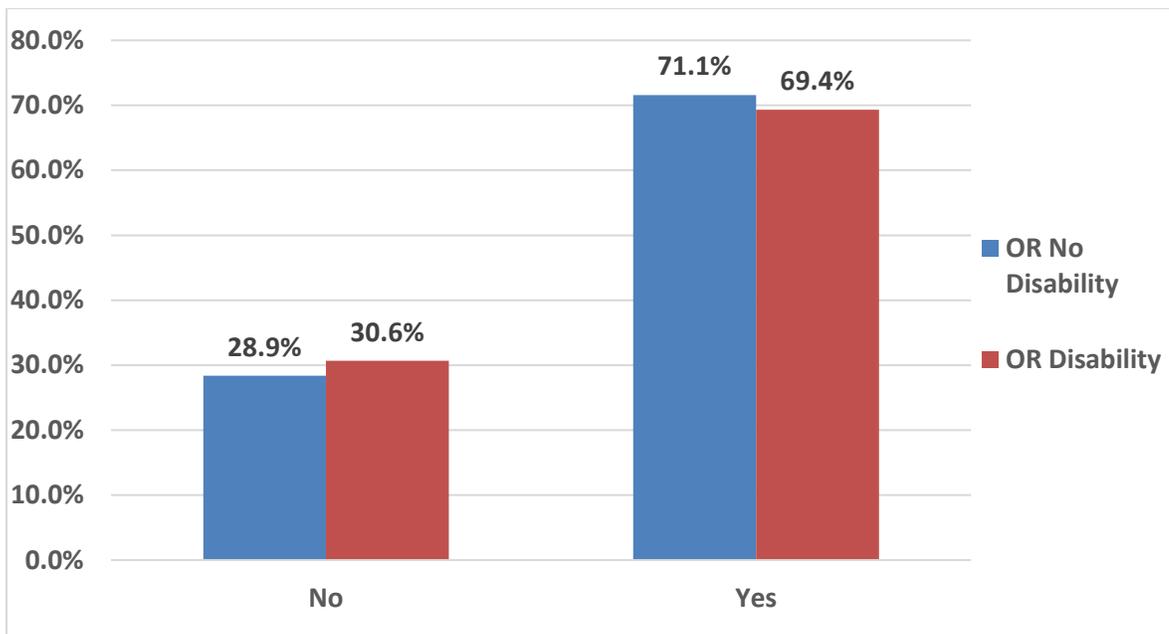


We found that in Oregon:

- 26.9% of women with disabilities who are age 50-74 have not received a mammogram within the past two years as recommended by the USPSTF.
- 73.1% of women with disabilities ages 50-74 or above have received a mammogram in a timely manner compared to 76.9% of women without disabilities.

Colorectal cancer is the third most common type of non-skin cancer in both men and women³. The United States Preventive Services Task Force (USPSTF) recommends colorectal cancer screening (CRC) beginning at age 50 and continuing until 75 years of age.² Possible screening methods include an annual fecal occult blood test or fecal immunochemical test, a sigmoidoscopy every five years, or a colonoscopy every 10 years. **Error! Bookmark not defined.** The chart below shows the percentage of adults with and without disabilities, age 50 and 75 who have ever been screened for colorectal cancer. The BRFSS is a telephone based survey that is conducted annually in all 50 states in the US.

Figure 2. Colorectal Cancer Screening by Disability, 2014 BRFSS



We found that Oregon adults with and without disabilities are about equally likely to be screened for colorectal cancer. Nonetheless, nearly 30% of people with disabilities did not receive either a colonoscopy or sigmoidoscopy in the past compared to 28.9% of people over 50 without disabilities.

How can we increase the frequency of cancer screenings?

- Set up targeted information sessions for people living with disabilities, emphasizing the importance of early cancer screening.
- Make screening centers more accessible to the needs of people living with disabilities.
- Increase education about cancer and cancer prevention for people living with disabilities.

For more resource on screenings visit:

- [American Cancer Society](#)
- [CDC- Breast Cancer Screening](#)
- [Susan Komen- Breast Cancer Screening](#)
- [Right to Know Campaign](#)
- [Mammography Accessibility Project](#)
- [CDC- Colorectal Cancer Screening](#)
- [Colon Cancer Alliance-Colorectal Cancer Screening](#)

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¹ American Cancer Society. Breast Cancer Facts & Figures 2015-2016. Atlanta; American Cancer Society; 2015. 18-22.

² Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Questionnaire*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2014.

³ Winawer, Sidney, et al. "Colorectal cancer screening and surveillance: clinical guidelines and rationale—update based on new evidence." *Gastroenterology* 124.2 (2003): 544-560.