

	Breast Cancer	Cervical Cancer	Colon/Rectal CA	Prostate Cancer
Month for Awareness Ribbon Color	<i>October Pink/Pink&Blue M</i>	<i>January Lavender</i>	<i>March Dark Blue</i>	<i>September Blue</i>
Est # of new Dx 2010	207, 090 W 1970 M	12,200 W	142,520 MW	217,730 M
Est # of deaths/yr	40,460 W 450 M	4210 W	51,370 W	32,050 M
Lifetime Risk	12 % W (1/8)	0.68 % W (1/147)	5.2 % MW (1/20)	16.2% M (19% AAM) (1/6)/ (1/5AAM)
Mean Age	61 W (24K under 45)	48 W (2003-2007)	70 MW (2003-2007)	80 M (2003-2007)
AA incidence (W/H)	118.3/100,000 (126.5/86)	10.1/100,000 (7.9/12)	68/100,000 (55/45)	234/100,000 (150/125)
AA death rates (W/H)	32/100,000 (2.3/15)	4.4/100,000 (2.4/3.1)	30/100,000 (20/15)	54/100,000 (22/18)

Breast Cancer

Of the new diagnosis /yr 1900 will be in AAW.

Second leading cause of cancer deaths in young African American Women under 45. By the time an AAW turns 40- 10% will have already developed breast cancer. Survival rates are 10-20% lower than white women. AAW are less likely to get diagnosed at an early stage due to lack of resources, lack of education and awareness, and increase rate of Triple Negative cancers. AAW are reluctant to participate in clinical trials.

SCREENING GUIDELINES; (highly treatable/curable in early stages - 90's 100% 5yr survival)

SBE - Monthly starting at age 20's

MMG's - annually at age 40 (30's if FH of immediate family member with cancer in 30-40's), even after age 77

CBE - by a clinician every 3 yrs under 40's, annual over 40. (unless immediate family member with cancer in 30-40's)

High Risk: (>20% lifetime risk (Gail, Care, Tyrer-Cuzik, Claus Models) CBE every 6 mos, Annual MMG, annual MRI's High risk clinics, genetics, risk reduction strategies.

Prostate Cancer

Fourth most common cause of death in AAM

AAM are at higher risk for Prostate cancer starting @ age 40-45

19% - 1/5 AAM will get it (1/3 if immediate Family member has it)

5% of AAM will die from Prostate cancer. Lack of early stage diagnosis and resources.

SCREENING GUIDELINES : (Highly treatable if caught early - 100% 5yr survival)

ACS: 40-45 PSA and DRE yearly

Colorectal screening: @ age 50 one of the following: Yearly fecal blood test, Fecal test and flex sig every 5 yrs, Colonoscopy every 10 yrs, or Barium enema every 5 yrs.

Cervical screening: 3 yrs after first sexual encounter or @ age 21 - Pap every 2 years, 30 & up Pap every 2-3 yrs (if normal), S/P TAH - cervical surveillance.