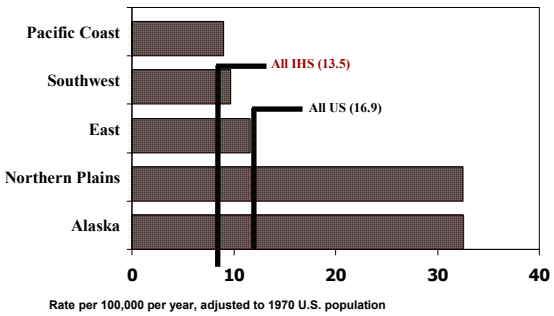
Incidence of Colorectal Cancer in American Indian and Alaska Native Communities

The Indian Health Service (IHS) is committed to improving the quality of clinical care for American Indians and Alaska Natives. Colorectal cancer in American Indian and Alaska Native people has an age adjusted mortality of 13.5 compared to US All Races 16.9. However, there are areas within the Indian Health Service that exhibit much higher rates than US All Races.

The following graph illustrates recent rates of colorectal mortality in different American Indian/ Alaska Native communities.

AI/AN Mortality Rate, Colorectal Cancer, By Region, Both Sexes, 1994-1998



Current Rates of Screening within Indian Health Service

RPMS data reveals low rates of colorectal cancer screening. Even if one annual rectal exam is considered an adequate screen for colorectal cancer, screening rates are consistently less than 10 % for most areas of Indian Health Service. Screening methods that rely on sigmoidoscopy and/or colonoscopy are consistently less than 5%.

What to do?

The Indian Health Service colorectal cancer screening initiative is designed to make it easier for you to incorporate screening into your clinical practice. As you know, many options exist for screening methods. Recently, the United States Preventive Services Task Force (USPTF) has recommended that:

Clinicians screen men and women 50 years of age or older for colorectal cancer.

The USPTF found fair to good evidence that several screening methods are effective in reducing mortality from colorectal cancer. The USPTF concluded that the benefits from screening substantially outweigh potential harms, but the quality of evidence, magnitude of benefit and potential harms vary with each method...

The USPTF found good evidence that periodic fecal occult blood testing (FOBT) reduces mortality from colorectal cancer and fair evidence that sigmoidoscopy alone or in combination with FOBT reduces mortality. Further information is available at www.ahrq.gov/clinic/uspstf/uspscolo.htm

Recommendations

Potential screening options are numerous. However, within the Indian Health Service setting, access to care and cost constraints may limit local provider options.

As a result, the Indian Health Service is recommending the following:

1. Renewed emphasis on colorectal cancer screening
2. Improved patient education about colorectal cancer screening
3. Fecal occult blood testing every year if possible; every 2 years at a minimum
4. Appropriate follow-up for positive FOBT results
5. Additional screening options if available
    a. Flexible sigmoidoscopy within the last 5 years
    b. Annual FOBT plus flexible sigmoidoscopy every 5 years
    c. Double contrast enema every 5 years
    d. Colonoscopy within the last 10 years

Support For This Initiative

Indian Health Service provides pre-formatted patient information that can be distributed to patients. In addition, standard patient instructions for FOBT are also available for distribution at your facility.

Monitoring of Colorectal Cancer Screening Rates

The GPRA+ Clinical Indicator Reporting System Software is designed to help you monitor your screening rates. This software enables you to generate patient lists of who has and has not been screened.

In addition, your facility will be able to monitor their rates of colorectal cancer screening.

Please refer to *How to Document Colorectal Cancer Screening* for further information about appropriate RPMS documentation.

For further information, please contact

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Colorectal Cancer Screening Initiative

Clinical Reference Guide

Colorectal cancer is a common, lethal, and *preventable* disease.
90% of cases occur after age 50.

Indian Health Service
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