



Texas Preventable Disease

NEWS

Frank Bryant, Jr. MD, FAAFP
Chairman
Texas Board of Health

Robert Bernstein, MD, FACP
Commissioner

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**Bureau of Disease Control and Epidemiology,
1100 West 49th Street, Austin, Texas 78756 (512-458-7455)**

TRENDS IN SCREENING MAMMOGRAMS FOR WOMEN 50 YEARS OF AGE AND OLDER--BRFSS, 1987*

Although the American Cancer Society (ACS) and the National Cancer Institute (NCI) recommend that women ≥ 50 years of age have an annual screening mammogram, most have never had one. Efforts to increase screening of women for breast cancer include public and private promotional campaigns, legislation to make mammograms a reimbursable service, and educational efforts to increase awareness among health-care professionals. For example, the ACS conducted a media campaign from March through May of 1987 to promote screening for breast cancer. In addition, considerable media attention followed the early detection of former First Lady Nancy Reagan's breast cancer by a screening mammogram in October 1987.

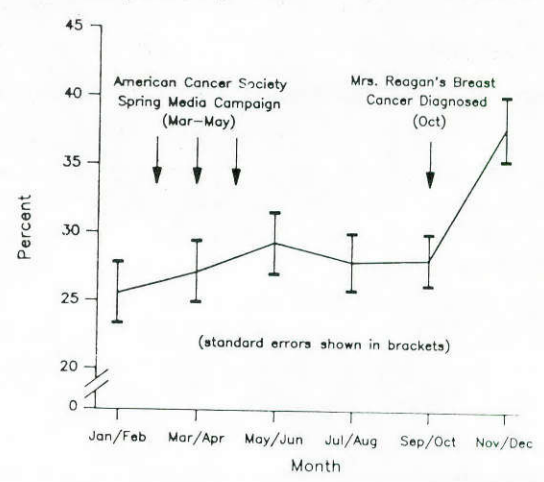
To assess whether the media attention to breast cancer screening and the promotional efforts in 1987 were paralleled by increases in screening of women ≥ 50 years of age, CDC analyzed data from 33 states that participated in the 1987 Behavioral Risk Factor Surveillance System (BRFSS). In the BRFSS, state health departments conduct monthly random digit-dialed telephone interviews of adults ≥ 18 years of age throughout the year.

Beginning in January 1987, each woman who was interviewed was asked questions about knowledge and health behaviors relating to mammograms. Mammograms done because of a breast problem or a history of breast cancer were not considered screening mammograms. Analysis was also limited to women who had seen a physician for a routine examination in the previous 12 months. After women who had not had a routine examination or who had had mammograms because of a breast problem or a personal history of breast cancer were excluded, the survey group comprised 8,402 women.

The results presented here were weighted to account for the age and race distribution of women residing in each state as well as for the respondents' probability of selection. The results, therefore, are representative of the total population of women ≥ 50 years of age who reside in the 33 states surveyed. Based on the 1986 intercensal population estimates, 73% of US women aged ≥ 50 years reside in these 33 states.

Overall, 29% of the study group reported having had a screening mammogram in the last year. When the respondents were grouped by month of interview, the percentage of women who reported having had a screening mammogram in the last year showed a relative increase of nearly 50%, from 26% for women interviewed in January and February to 38% for women interviewed in November and December (Figure 1). The percentage of women who reported being screened increased coincident with the ACS's spring promotional campaign and again after the diagnosis of Mrs. Reagan's breast cancer (Figure 1).

Figure 1.
Percentage of women ≥ 50 years of age who had a screening mammogram in the last year, by interview month, 1987



*CDC. MMWR 1989; 38(9):137-40.

MMWR Editorial Note: The BRFSS information presented here generally agrees with data from other surveys. A Gallup poll conducted in December 1987 showed that 40% of women aged ≥ 40 years had had a mammogram in the previous one to three years, an 18% increase from 1983. Similarly, data from the National Health Interview Survey, collected in the first quarter of 1987, showed that 31% of women aged ≥ 40 years had had screening mammograms, about half within the previous year. However, these data also indicated that black women were less likely than white women to have had mammograms.

The importance of screening mammograms for early detection of breast cancer in women and for subsequent reduction of breast cancer mortality is well established. Consequently, the ACS recommends annual mammograms for all women aged ≥ 50 years, mammogram at 1- to 2-year intervals for women aged 40-49 years, and a baseline mammogram for comparative purposes for women aged 35-39 years. In addition, the ACS recommends women begin monthly breast self-examination at age 20 years and receive annual breast examinations by a health-care provider beginning at age 40 years and every 3 years from age 20 to 40 years. NCI recommends a mammogram every 1 to 2 years for women aged 40-49 years and annually for women ≥ 50 years. NCI also encourages monthly breast self-examination and encourages physicians to do clinical breast examination as part of a periodic examination.

Early breast cancer detection is promoted nationwide by the ACS. During the past two years, these efforts have been emphasized to alert women and health professionals to the life-saving potential of appropriate screening for breast cancer.

The data from the 1987 BRFSS suggest that the media events and educational activities were accompanied by increases in screening mammograms. Although the observed increases may be related to enhanced public awareness during the ACS spring campaign and after Mrs. Reagan's diagnosis, the BRFSS data only generally support that notion. Baseline data from the BRFSS are not available for comparison, and many other factors (eg, education, convenience, cost) can influence the response to cancer-control recommendations. Increased understanding of how such factors interact to influence prevention behavior will require more detailed survey information. For example, trends in different locations may vary by time. In states where ACS programs for early detection of breast cancer have been operating longest, increased use of screening mammograms might be expected. Data from the BRFSS regarding geographic patterns of mammogram use would help in examining this hypothesis.

Because many factors may have influenced the increase in the percentage of women who reported being screened, the observed month-to-month changes cannot be directly attributed to any specific events that occurred during 1987. However, the BRFSS data suggest that efforts to promote the use of screening mammograms combined with media attention to the early detection of breast cancer may have resulted in an increased use of screening mammograms during 1987. Increased use of screening mammograms and targeting of cancer-control efforts at lower socioeconomic segments of the population (where cancer risks are often higher and health-care access is more difficult) should result in earlier detection of breast cancer and a subsequent reduction of mortality from breast cancer.

* * *

NOTICE TO READERS

The editor of Texas Preventable Disease News (PDN) welcomes written accounts of communicable disease and other public health problems encountered and investigated by local health professionals throughout the state. Numerous articles published in PDN have been contributed by individual health care workers in Texas. The Bureau of Disease Control and Epidemiology encourages public health workers to share their experiences and information relating to matters of professional public health interest or concern. Previously published accounts of this nature have been favorably received by the readership. Interested authors are requested to contact the editor of PDN for additional information pertaining to general guidelines for publication at (512) 458-7494 or STS 824-9494.

MONTHLY SUMMARY OF REPORTABLE DISEASES IN TEXAS

(Counties listed below reflect only those with populations of 190,000 or more, based on 1988 population estimates.)

Cumulative through: April, 1989

County	Amebiasis	Campylo- bacteri- osis	Chicken- pox	Enceph- alitis	H. influenzae Infections	Hepatitis A	Hepatitis B	Hepatitis NA-NB	Influenza	Measles	Meningo- coccal Infections	Aseptic Meningitis	Mumps	Pertussis	Rubella	Salmonella	Shigella
BEXAR	0	47	736	1	34	84	39	1	2386	15	3	6	0	0	0	28	39
BRAYORIA	0	0	13	0	0	4	3	0	0	11	2	1	1	0	0	0	1
CAMERON	6	0	280	0	5	25	3	0	2404	16	0	2	9	0	0	4	8
COLLIN	0	0	773	0	0	14	3	0	13453	2	0	1	1	0	1	9	2
DALLAS	5	15	3012	1	41	92	86	7	11934	44	11	16	13	0	0	28	38
DENTON	0	4	20	0	5	8	2	0	589	1	0	1	0	0	0	2	2
EL PASO	0	1	644	0	3	102	41	1	131	0	0	2	2	0	0	22	10
PORT BEND	0	1	50	0	3	2	6	0	22	5	0	0	1	0	0	5	5
GALVESTON	0	2	98	0	4	20	8	0	122	0	1	0	0	0	0	5	1
HARRIS	3	17	3094	2	23	177	37	9	9717	1362	16	25	32	0	0	43	46
HDALGO	3	6	238	1	2	9	6	1	13	115	2	0	2	0	0	7	10
JEFFERSON	0	0	271	0	1	18	10	3	654	0	4	2	140	0	0	3	4
LUBBOCK	14	2	176	0	11	8	17	3	258	215	4	6	2	0	2	9	5
MCLENNAN	0	0	311	0	3	39	3	2	859	0	4	0	0	0	0	3	4
MONTGOMERY	0	0	73	0	1	22	6	0	4	12	1	1	3	0	0	1	0
NUECES	2	1	660	0	6	8	11	0	2982	11	0	4	0	0	0	10	13
TARRANT	1	1	1467	1	15	46	47	0	4054	25	5	4	3	0	0	16	14
TRAVIS	12	22	94	0	10	20	20	2	52	8	2	3	3	0	0	23	24
All Other Counties	12	24	3583	9	115	442	175	9	17146	232	24	15	114	0	2	129	92
Cumulative TX 1989	58	143	15593	15	282	1140	523	38	66780	2074	79	89	326	0	5	347	318
Cumulative Tx 1988	62	158	8467	18	318	653	452	54	64424	6	40	130	104	75	3	475	347

1989 CUMULATIVE TOTALS FOR OTHER REPORTABLE DISEASES:

Acute Occ. Pesticide Poisoning	3	Coccidioidomycosis	11	Histoplasmosis	18	Psittacosis	0	Toxic Shock Syndrom	4
Anthrax	0	Dengue	0	Legionellosis	3	Q Fever	0	Trichinosis	0
Asbestosis *	1	Diphtheria	0	Leptospirosis	0	Rabies	0	Tuberculosis	483
Botulism	2	+ Elevated Blood Lead Levels	274	Listeria Infections	5	Reye Syndrome	0	Tularemia	0
Brucellosis	6	Gonorrhea	14483	Lyme Disease	3	Rocky Mt Spotted Fever	1	Typhoid	5
Chlamydia trachomatis	4781	Hansen's Disease	11	Malaria	16	Silicosis *	6	Typhus, Murine	1
Cholera	0	Hepatitis D (Delta Agent)	0	Plague	0	Syphilis (P&S)	1188	Vibrio Infections	0
		Hepatitis type unspecified	211	Polioyelitis	0	Tetanus	1	Yellow Fever	0

* Blood lead level >40ug/dl in persons 15 years of age or older; summarized by date of blood lead test.

TEXAS DEPARTMENT OF HEALTH
 TEXAS AIDS CASES: WEEKLY SURVEILLANCE REPORT
 Case County by Residence of Onset and Year of Diagnosis
 May 19, 1989

COUNTY	1980-1985		1986		1987		1988		1989		CUMULATIVE	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Bell	3	3	4	2	2	1	2	2	1	0	12	8
Bexar	53	50	56	48	114	80	169	48	62	12	454	238
Bowie	1	1	2	2	6	4	9	7	0	0	18	14
Brazoria	8	8	10	7	9	2	10	3	1	0	38	20
Brazos	10	10	5	4	4	4	2	1	0	0	21	19
Cameron	1	1	3	1	1	1	4	1	3	0	12	4
Collin	1	1	2	2	5	2	3	3	1	1	12	9
Dallas	249	238	304	248	493	322	476	184	93	16	1615	1008
Denton	2	2	6	5	16	14	10	5	2	0	36	26
Ector	1	1	4	4	4	2	5	1	0	0	15	8
Ellis	0	0	1	1	6	4	4	3	1	0	12	8
El Paso	5	5	9	8	18	8	13	5	1	1	46	27
Fort Bend	10	10	10	8	16	9	5	3	3	0	44	30
Galveston	11	11	16	14	22	12	21	7	7	2	77	46
Gregg	2	2	3	3	5	4	1	1	0	0	11	10
Harris	610	555	622	524	810	481	698	272	116	19	2856	1851
Hays	3	3	4	4	2	1	1	1	0	0	10	9
Hidalgo	6	6	0	0	4	3	2	0	1	0	13	9
Jefferson	7	6	8	3	20	10	18	9	3	0	56	28
Johnson	1	1	1	1	3	1	5	2	1	0	11	5
Lubbock	4	4	5	3	15	9	6	2	3	0	33	18
McLennan	2	2	6	4	6	3	3	1	0	0	17	10
Midland	1	1	0	0	5	4	4	0	0	0	10	5
Montgomery	5	5	3	2	9	6	13	8	3	2	33	23
Nueces	6	4	11	9	20	13	14	2	6	2	57	30
Orange	3	3	4	2	4	3	3	2	1	1	15	11
Potter	1	0	3	2	5	3	6	4	0	0	15	9
Smith	3	3	3	1	3	1	4	1	3	1	16	7
Tarrant	45	38	49	33	125	75	94	35	26	5	339	186
Taylor	3	3	2	2	1	1	8	3	3	0	17	9
Travis	60	50	51	37	105	62	103	33	19	5	338	187
Walker **	9	9	19	11	19	9	25	4	13	0	85	33
Webb	1	1	4	4	5	1	5	2	0	0	15	8
Wichita	1	1	2	1	6	4	12	2	0	0	21	8
Williamson	0	0	3	3	4	2	1	0	2	0	10	5
All Others	43	37	53	41	97	61	82	27	11	2	286	168

STATEWIDE	1980-1985		1986		1987		1988		1989		CUMULATIVE	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
	1171	1075	1288	1044	1989	1222	1842	684	386	69	6676	4094
CFR %	CFR%	92	CFR%	81	CFR%	61	CFR%	37	CFR%	18	CFR%	61

* COUNTIES LISTED INDIVIDUALLY ARE THOSE WITH A CUMULATIVE TOTAL OF 10+
 ** 76 CASES WERE DIAGNOSED WHILE TEXAS DEPARTMENT OF CORRECTION INMATES

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