Here is the good news:

The number of people in our communities who are diagnosed with cancer is pretty small. And, our overall rate of cancer is about the same as you’d expect to see in the general Nova Scotia population.

Even so, a cancer diagnosis is challenging news for anyone. And chances are, if you live in a First Nation community, you have been touched by cancer in some way.

The cancers that are hitting us the hardest are ones that we can either prevent or beat with screening and early treatment.

We know what to do. We have the information to back it up.
Let's draw the line on cancer:

**Standardized Incidence Ratio of New Cancer Cases in the First Nations Client Registry, 2004-2013**

- **All Cancers**: (260)
- **Colorectal**: (32)
- **Lung and Bronchus**: (55)
- **Breast**: (31)
- **All Other Cancers**: (118)

**Cancer Type**

Lung cancer stands out.

Anything **below** this dotted line (look at breast cancer) suggests that we are **diagnosed** with that cancer at a lower rate than the rest of the NS population.

Let's look at rates of breast cancer screening to find out.

**Standardized Mortality Ratio of Cancer Deaths in the First Nations Client Registry, 2004-2013**

- **All Cancers**: (104)
- **Colorectal**: (9)
- **Lung and Bronchus**: (38)
- **Breast**: (11)
- **All Other Cancers**: (46)

**Cancer Type**

So ... our breast cancer rates are similar to the rest of NS but we appear to die from this cancer at a higher rate.

Why?

Let's look at rates of breast cancer screening to find out.
The numbers are telling us screening can save your life. Just look at breast and cervical cancers.

Breast Screening Participation Rates in First Nations and Nova Scotia Women Aged 50-69

Canadian Target: At least 70% of women aged 50-69 should be screened in a 30-month period.

Breast Screening Participation Rates in First Nations and Nova Scotia Women Aged 50-69

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<tbody>
<tr>
<td><strong>First Nations</strong></td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Nova Scotia</strong></td>
<td>65%</td>
<td>55%</td>
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Only 36.5% of the women in our communities who should be going for breast screening actually do. This number has been going down in recent years.

Cervical Screening

We’re doing well with cervical cancer screening among First Nations women in their child-bearing years.

But after age 40, there is a steep drop in the number of women from our communities who are going for the Pap tests they need.

70% of all invasive cervical cancer cases occur after reproductive years.

Cervical cancer is almost entirely preventable through regular screening, which is why we need to get our numbers back up!

So ... a reason we are diagnosed with breast cancer at a lower rate but we die from breast cancer at a higher rate could be because we aren’t finding the disease early enough, when it is most likely to be curable.
There are 3 things to take away from our cancer data about reducing the effect cancer has on our people.

1. Many cancers can be prevented. Live healthy.

2. Lung cancer is something we can work to prevent. Try to quit, or even to smoke less.

3. Tell the ones you love to get screened for cancer.

Eat right. Stay fit. Keep a good body weight. And don’t smoke or chew tobacco.

If you can’t quit smoking (or even if you just live with a smoker), ask your Health Centre about symptoms to look for.

Men and women need to find out about what cancer screening tests are right for them at their stage of life.

**Pap Test**
You should be screened for cervical cancer within 3 years of becoming sexually active or at the age of 21, whichever comes later, and then every 3 years after that.

**Mammogram**
Breast screening is recommended every two years for women aged 50-69. Women ages 40-49 are accepted into the program as well. Talk to your health care provider to see if screening is right for you.

**FIT Test**
If you’re between the ages of 50-74, every 2 years you will get a FIT test kit (fecal immunochemical test) in the mail to screen for colorectal cancer.

Talk to your Community Health Nurse.