

Búsqueda de endoscopia:

Sent on Saturday, 2011 Aug 27

Search "Endoscopy, Gastrointestinal"[Mesh] OR ("Endoscopy, Gastrointestinal/contraindications"[Mesh] OR "Endoscopy, Gastrointestinal/methods"[Mesh] OR "Endoscopy, Gastrointestinal/mortality"[Mesh] OR "Endoscopy, Gastrointestinal/standards"[Mesh] OR "Endoscopy, Gastrointestinal/statistics and numerical data"[Mesh] OR "Endoscopy, Gastrointestinal/trends"[Mesh] OR "Endoscopy, Gastrointestinal/utilization"[Mesh])
Limits: added to PubMed in the last 60 days, published in the last 60 days

Click [here](#) to view complete results in PubMed. (Results may change over time.)

PubMed Results

1. MMW Fortschr Med. 2011 Jun 30;153(26-28):38-42; quiz 43.

[\[Food intolerance or allergy?\]](#).

[Article in German]

[Michael W.](#)

Source

info@gifr.de

PMID:

21776904 [PubMed - indexed for MEDLINE]

[Related citations](#)

2 MMWR Morb Mortal Wkly Rep. 2011 Jul 8;60(26):884-9.

[Vital signs: Colorectal cancer screening, incidence, and mortality--United States, 2002-2010.](#)

[Centers for Disease Control and Prevention \(CDC\).](#)

Abstract

BACKGROUND:

Screening lowers colorectal cancer (CRC) incidence and mortality. CRC is preventable through the removal of premalignant polyps and is curable if diagnosed early. Increased CRC screening and reduced CRC incidence and mortality are among the Healthy People 2020 objectives.

METHODS:

CRC screening data are reported using information from 2002-2010 Behavioral Risk Factor Surveillance System surveys. State-specific CRC incidence and mortality data were drawn from the United States Cancer Statistics. Annual percentage changes (APCs) in incidence and death rates from 2003 to 2007 were calculated by state.

RESULTS:

From 2002 to 2010, the percentage of persons aged 50-75 years who were adequately screened for colorectal cancer increased from 52.3% to 65.4%. In 2007, CRC incidence ranged from 34.3 per 100,000 population in Utah to 56.9 in North Dakota; death rates ranged from 12.3 per 100,000 in Utah to 21.1 in the District of Columbia (DC). From 2003 to 2007, CRC incidence declined significantly in 35 states, and mortality declined in 49 states and DC, with APCs ranging from 1.0% per year in Alabama to 6.3% per year in Rhode Island.

CONCLUSIONS:

CRC incidence and mortality have declined in recent years throughout the United States, and CRC screening has increased. **IMPLICATIONS FOR PUBLIC HEALTH PRACTICE:** Continued declines in incidence and mortality are expected as past and current public health emphasis on the importance of CRC screening become evident with the increase in screening. To ensure these gains continue, CRC screening should be accessible and used as recommended by all eligible persons in the United States.

Free Article

PMID:

21734636 [PubMed - indexed for MEDLINE]

[Related citations](#)