

Patterns and Trends in Cancer Screening

[Announcer] This program is presented by the Centers for Disease Control and Prevention.

[Paige Armstrong] Welcome to this edition of *PCD Sound Bites*. I'm your host, Dr. Paige Armstrong. Cancer causes a significant health burden in the United States. Screening for breast, cervical, and colorectal cancers is one of the recommended tools for early detection and reduction in cancer deaths. Examining gaps in these screenings over time offers the opportunity to monitor success and improved screening rates. With me today is Dr. Ingrid Hall, an epidemiologist with CDC's Division of Cancer Prevention and Control. We'll be discussing her team's recently published research, which examine the prevalence of cancer screening reported in 2015 by U.S. adults. Thank you for joining me, Ingrid.

[Ingrid Hall] Thanks for having me.

[Paige Armstrong] Let's start out with a brief overview of your study.

[Ingrid Hall] Our paper reports on the occurrence of breast, cervical, colorectal, and prostate cancer screening in 2015. We looked among all adults, among racial and ethnic groups, also by income, education, insurance, and other factors. We explored trends in screening—increases or decreases—from 2000 to 2015. We found that only colorectal cancer screening test use increased significantly. Despite this increase, use of colorectal, breast, and cervical cancer screening fell short of national targets. There is no national target for prostate cancer screening, however the goal is to increase discussion of advantages and disadvantages of screening between doctors and men 40 years of age and older.

[Paige Armstrong] Are there segments of the population where the use of cancer screening is particularly low?

[Ingrid Hall] For all tests studied, the lowest screening was generally associated with having no regular place to get care, having no insurance, not having seen a doctor in the past 12 months, and identifying as Asian. Younger age, lower income, and fewer years of education were also consistently associated with a lower prevalence of screening for both men and women.

[Paige Armstrong] Why was colorectal cancer screening the only test that increased in use?

[Ingrid Hall] There was a significant increase in screening test use for colorectal cancer among men and women. Focused public health efforts to promote colorectal cancer screening may have helped increase screening frequency over the past 10 years, as well as programs that cover some or all costs of screenings for patients.

[Paige Armstrong] You found some striking results when looking at the use of Pap tests. Tell us about this.

[Ingrid Hall] Pap test use varied by insurance status. No significant change in use was seen among women with no regular place to get care, however use declined significantly by about 4 percent from 2000 to 2015 among women who see the same doctor consistently. We also observed that non-Hispanic white women were less likely than non-Hispanic black or Hispanic women to have a Pap test in 2015, a pattern that goes back several years.

[Paige Armstrong] How can future researchers build upon what you have learned, and what would you recommend be explored and why?

[Ingrid Hall] More research and evaluation of public health campaigns designed to increase screening amongst underserved groups is needed. The Community Preventive Services Task Force findings show that the greatest screening effects happen when we use programs that combine increasing community demand with improving screening access as well as increasing provider delivery of services. One area for future research would be to develop and evaluate the effectiveness of culturally- and linguistically-appropriate, targeted programs to educate underserved populations and increase awareness and demand for screening. Culturally-tailored strategies may be particularly effective for Asian populations affected by language barriers and doctor-patient gender differences.

[Paige Armstrong] What can be done to make progress toward meeting Healthy People 2020 cancer screening targets for breast, cervical, and colorectal cancer?

[Ingrid Hall] The groups least likely to be screened have been the same for years, and a concerted effort is needed to reach them. We know what works: to increase awareness of the need for regular and timely screening, to continue expansion of insurance coverage, and to use electronic medical records with automatic reminders to patients and physicians, particularly among those subgroups with the lowest use. In addition, doctors play a key role in talking about the pros and cons of screening with their patients.

[Paige Armstrong] Thank you, Ingrid. You can read her study, “Patterns and Trends in Cancer Screening in the United States,” online at cdc.gov/pcd.

The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

[Announcer] For the most accurate health information visit cdc.gov or call 1-800-CDC-INFO.