

# US Cancer Screening Rates Fall in the Last Decade

Laurie Barclay, MD

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In the last decade, the general US population did not meet Healthy People 2010 (HP2010) goals for cancer screening except for colorectal cancer, according to results from a US survey [published online](#) December 27 in *Frontiers in Cancer Epidemiology and Prevention*. However, cancer survivors met goals for all cancer types except cervical cancer.

"There is a great need for increased cancer prevention efforts in the U.S., especially for screening as it is considered one of the most important preventive behaviors and helps decrease the burden of this disease on society in terms of quality of life, the number of lives lost and insurance costs," lead author Tainya C. Clarke, MPH, a research associate in the Department of Epidemiology and Public Health at the University of Miami, Miller School of Medicine, Florida, said in a news release.

"But despite this, our research has shown that adherence rates for cancer screenings have generally declined with severe implications for the health outlook of our society," Dr. Clarke said.

Despite earlier diagnoses and more effective treatments prolonging survival, cancer is still a leading cause of death and a highly prevalent chronic disease. In 2011, cancer-related deaths in the United States exceeded 570,000.

The objective of this study was to analyze 10-year trends in adherence to screening for site-specific cancers as recommended by the American Cancer Society, using the HP2010 goals as an adherence measure. Participants were 174,393 adults at least 18 years of age who completed the National Health Interview Survey between 1997 and 2010 for whom detailed cancer screening information was available.

The investigators also analyzed data from 7528 working cancer survivors representing 3.8 million US workers, as well as data from 119,374 adults representing more than 100 million working Americans with no history of cancer.

The US population slightly exceeded the HP2010 goal for colorectal screening, with 54.6% of the general public having colorectal screening compared with the HP2010 goal of 50%. However, the general US population surveyed failed to meet HP2010 goals for recommended breast, cervical, and prostate cancer screening.

Cervical cancer screening rate was higher in women aged 21 years and older than in those aged 18 years and older, suggesting that increasing human papillomavirus vaccination may contribute to decreasing Papanicolaou tests. The proportion of men older than 50 years receiving prostate-specific antigen (PSA) screening decreased by nearly 20% from 1999 to 2010, which the investigators suggest might reflect questions being raised about the effectiveness of PSA screening.

In contrast to the overall population, cancer survivors met and maintained the HP2010 goal for cancer screening at all sites with the exception of screening for cervical cancer, which decreased to 78% during the last decade. Compared with the general population, cancer survivors had higher screening rates, but there was a decline among cancer survivors who took part in cancer screenings during the

last 3 years. Screening rates among cancer survivors were higher for those employed in white-collar and service occupations than for those employed in blue-collar occupations.

### **Study Limitations and Implications**

Cancer survivors report "higher screening rates than the general population," the study authors write. "Nevertheless, national screening rates are lower than desired, and disparities exist by cancer history and occupation. Understanding existing disparities, and the impact of cancer screening on survivors is crucial as the number of working survivors increases."

Limitations of this study include a reliance on self-report for the main outcome variables, that the sample size of cancer survivors employed in the farming sector was too small for analysis, and a lack of data on what type of Papanicolaou test (liquid-based or glass smear) was performed on women screened for cervical cancer.

"This declining trend foreshadows a future negative impact on mortality from cancers of the breast, and cervix as well as increased morbidity associated with a later diagnosis of prostate cancer," the study authors conclude. "Disagreements among the [US Preventive Services Task Force], the [American Cancer Society] and other recommending bodies over cancer screening guidelines may have contributed to the decline in screening throughout the decade. A decline in worker insurance rates over the decade under study could also be a contributing factor."

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