



The  
Community  
Guide

[www.thecommunityguide.org](http://www.thecommunityguide.org)

# WHAT WORKS

## Cancer Screening

*Evidence-Based Interventions for Your Community*



Each year, hundreds of thousands of people are diagnosed with or die from breast, cervical, or colorectal (cancer of the colon and the rectum) cancers. Appropriate screening for these cancers can lead to early detection, more effective treatment, and fewer cancer deaths.<sup>1</sup> This fact sheet provides proven intervention strategies—including programs, and services—to increase screening for breast, cervical, and colorectal cancers among underserved populations. It can help decision makers in both public and private sectors make choices about what intervention strategies are best for their communities.

This fact sheet summarizes information from The Guide to Community Preventive Services (The Community Guide), an evidence-based resource of what works in public health. Use the information in this fact sheet to select from the following intervention strategies you can adapt for your community to

- Get more people screened for breast, cervical, and colorectal cancers.
- Educate people about cancer screening and help people overcome barriers to services.
- Improve access to screening.
- Increase provider delivery of screening services.

 Community  
Preventive Services  
Task Force

The Community Guide provides evidence-based findings and recommendations from the Community Preventive Services Task Force (CPSTF) about community preventive services and programs to improve health. The CPSTF—an independent, nonfederal panel of public health and prevention experts—bases its findings on systematic reviews of the scientific literature. Learn more about The Community Guide and what works to increase cancer screening by visiting [www.thecommunityguide.org/topic/cancer](http://www.thecommunityguide.org/topic/cancer).

*The Centers for Disease Control and Prevention provides administrative, scientific, and technical support for the Community Preventive Services Task Force.*

## THE PUBLIC HEALTH CHALLENGE

Despite effective screening tools, cancer still has an impact

### In Women



- **Breast Cancer** is one of the three most common cancers and causes of death among women. Death rates are highest among **African-American women**.<sup>2</sup>
- Though overall rates of **cervical cancer** have declined in recent years, it continues to have a **higher incidence rate** among **African-American women** and **Hispanic women**.<sup>2</sup>

### In Men



- For men, **colorectal cancer** is the third most common cancer and cause of death.<sup>2</sup>
- **African-American** men are more likely than others to be diagnosed and die from colorectal cancer.<sup>2</sup>

## Many people are not getting screened



- About **15-40%** of people eligible to be screened for breast, cervical, and colorectal cancers are **not up to date with screening**.<sup>1</sup>



- For all three cancers, **Asians/Pacific Islanders** are less likely to be screened than whites and blacks. **Hispanics** are less likely to be screened for cervical and colorectal cancers.<sup>1</sup>
- Some people are **less likely to get screened** than others:
  - ▶ Those who don't have **health insurance**.
  - ▶ Individuals without a regular **healthcare provider**.
  - ▶ People who can't get to places where **screening services are available**.
  - ▶ Recent **immigrants**.<sup>1</sup>



- From 2010 to 2013, **screening** for breast, cervical, and colorectal cancers remained **below** the Healthy People 2020 targets for the recommended age groups among men and women.<sup>3</sup>

## Early detection saves lives, but many cancers are diagnosed late

Approximately **one-half** of **colorectal** and **cervical** cancers and **one-third** of **breast** cancers are **diagnosed** at a **late stage**.<sup>4</sup>

Highest Rates of Late-Stage Diagnosis by Race/Ethnicity	
<b>Breast cancer</b>	African-American women
<b>Cervical cancer</b>	Hispanic women
<b>Colorectal cancer</b>	African-American men and women

Source MMWR. 2010;59(SS09);1-25.

## SUMMARIZING THE FINDINGS ON CANCER SCREENING

All CPSTF findings and recommendations on breast, cervical, and colorectal cancer screening are available online at [www.thecommunityguide.org/topic/cancer](http://www.thecommunityguide.org/topic/cancer). Some of the findings and recommendations related to specific screening tests—mammogram, Pap test, and fecal occult blood test (FOBT)—are below. Other colorectal cancer screening tests were examined in the systematic review. However, FOBT screening was the only test for which there was sufficient evidence of effectiveness to make recommendations.

### Client-oriented intervention strategies for breast, cervical, and colorectal cancer screening

- **Client reminders.** Strong evidence supports sending patients client reminders (such as letters, postcards, emails, or phone messages) to increase screening rates for all three cancers. Evidence also shows an added benefit to combining client reminders with other intervention strategies recommended by the Task Force to promote breast and colon cancer screening
- **Small media.** Videos and printed materials such as letters, brochures, and newsletters can educate and motivate people to get screened. These materials can be distributed through community settings or healthcare systems and do not have to be tailored to the recipients.
- **One-on-one education.** Individual education sessions can help people overcome barriers to screening for all three cancers. Health care professionals, lay health advisors, or volunteers can conduct sessions by phone or in person in a variety of settings. One-on-one education is often supported by small media such as brochures, or may involve client reminders.
- **Group education and reducing out-of-pocket costs.** Both of these intervention strategies can increase mammogram screenings for breast cancer. In group education, a health professional or trained layperson leads a lecture, presentation, or other interactive session in a church, home, senior center or other setting. Reducing out-of-pocket costs aims to remove economic barriers to screening with approaches such as . Approaches might include giving vouchers, reimbursement, or reducing co-pays, or adjusting Federal or state insurance coverage.

- **Reducing structural barriers.** For mammogram and FOBT screening, strong evidence supports the benefits of removing other barriers to screening. Examples of these approaches include keeping flexible clinic hours, working in non-clinical settings (e.g., mobile mammography vans), and offering on-site translation, transportation, patient navigators, and other administrative services.

### Provider-oriented intervention strategies for breast, cervical, and colorectal cancer screening

- Healthcare providers play an important role in getting patients screened for cancer. Assessing how many of their patients receive screening services and giving them feedback on their performance can boost screening rates for all three cancers. Informing providers that a patient is due or overdue for services is another effective way to get more people screened. These reminders and recalls can be added to patient medical records or delivered to the provider in other ways.

### Multicomponent intervention strategies for breast, cervical, and colorectal cancer screening

- Evidence across studies for breast, cervical, and colorectal cancer screening suggests interventions are more effective when combining two or more approaches to increase community demand and access (such as client reminders or reducing structural barriers) with intervention approaches to increase provider delivery of services (such as provider incentives or provider assessment and feedback). When designed and implemented for underserved populations, multicomponent interventions can increase cancer screening.

## PUTTING THE CPSTF FINDINGS TO WORK

As a public health decision maker, practitioner, community leader, or someone who can influence the health of your community, you can use The Community Guide to create a blueprint for success.

- ✓ Identify your community's needs. Review the intervention strategies recommended by the CPSTF and determine which ones best match your needs. Develop evidence-based programs and services that focus on breast, cervical, and colorectal cancer screening.
- ✓ Explore Cancer Control P.L.A.N.E.T.'s Research-Tested Intervention Programs (RTIPs), community-based and clinical programs that have been evaluated, found to be effective, and published in a peer-reviewed journal. Visit <https://rtips.cancer.gov/rtips/index.do>
- ✓ See how other communities have applied the CPSTF recommendations and other intervention strategies for improving cancer screening at [www.thecommunityguide.org/content/the-community-guide-in-action](http://www.thecommunityguide.org/content/the-community-guide-in-action). Get ideas from their success stories.
- ✓ Use the Centers for Disease Control and Prevention (CDC) resources on cancer prevention at [www.cdc.gov/cancer](http://www.cdc.gov/cancer) to find publications, toolkits, and other guides for implementing effective cancer screening programs.



## THE COMMUNITY GUIDE IN ACTION



### Carolínians Promote Screening for African-American Women

African-American women in South Carolina die at higher rates than other women from breast and cervical cancers. Following recommendations described in The Community Guide, the St. James-Santee Family Health Center created a program that encourages women to get their much-needed screening. They used approaches such as client reminders and incentives, one-on-one education, and provider reminders. Within two years, the program—dubbed Black Corals—netted a 17 percent increase in Pap tests and a 15 percent increase in mammograms. Missed appointments dropped from 31 to 19 percent. Read more on this story at [www.thecommunityguide.org/stories/black-corals-gem-cancer-screening-program-south-carolina](http://www.thecommunityguide.org/stories/black-corals-gem-cancer-screening-program-south-carolina).

### New York: Increasing Cancer Screenings, Saving Lives

Cancer is one of the most common chronic diseases in New York, and is second only to heart disease as the leading cause of death. Each year, more than 100,000 New Yorkers are diagnosed, and nearly one in four deaths in the state are due to cancer. The New York State Department of Health Bureau of Cancer Prevention and Control coordinates multiple programs based on Task Force recommendations to increase screening rates for breast, cervical, and colorectal cancers. Interventions include client reminders, small media, mass media, and programs to reduce structural barriers. As a result of the state department's Cancer Services Program, 28,510 people were screened for cancer during the 2015-2016 program year. Read more on this story at [www.thecommunityguide.org/stories/new-york-increasing-cancer-screenings-saving-lives](http://www.thecommunityguide.org/stories/new-york-increasing-cancer-screenings-saving-lives).



## FOR MORE INFORMATION

### Community Guide in Action Stories

[www.thecommunityguide.org/content/the-community-guide-in-action](http://www.thecommunityguide.org/content/the-community-guide-in-action)

### Division of Cancer Prevention and Control, CDC

[www.cdc.gov/cancer](http://www.cdc.gov/cancer)

### CDC, Vital Signs: Cancer Screening

[www.cdc.gov/VitalSigns/pdf/2010-07-vitalsigns.pdf](http://www.cdc.gov/VitalSigns/pdf/2010-07-vitalsigns.pdf)

### National Cancer Institute: Cancer Control P.L.A.N.E.T

[cancercontrolplanet.cancer.gov](http://cancercontrolplanet.cancer.gov)

### Directory of Research Tested Intervention Programs (RTIPS)

[rtips.cancer.gov/rtips](http://rtips.cancer.gov/rtips)



## REFERENCES

<sup>1</sup> Centers for Disease Control and Prevention. [Cancer Screening—United States, 2010](#). Morbidity and Mortality Weekly Report. 2012;61(03):41-45.

<sup>2</sup> U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999–2014 Incidence and Mortality Web-based Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2017. Available at [www.nccd.cdc.gov/uscs](http://www.nccd.cdc.gov/uscs)

<sup>3</sup> CDC. [Cancer Screening Test Use – United States, 2013](#). Morbidity and Mortality Weekly Report. 2015;64(17):464-468.

<sup>4</sup> CDC. [Surveillance of Screening-Detected Cancers \(Colon and Rectum, Breast, and Cervix\)—United States, 2004—2006](#). Morbidity and Mortality Weekly Report. 2010; 59(SS09);1-25.



## Cancer Screening

### Evidence-Based Interventions for Your Community

#### CPSTF FINDINGS ON CANCER SCREENING

The Community Preventive Services Task Force (CPSTF) has released the following findings on what works in public health to increase cancer screening. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify intervention strategies you could use for your community.

Legend for CPSTF Findings:  Recommended  Insufficient Evidence  Recommended Against (See reverse for detailed descriptions.)

INTERVENTION STRATEGY	CPSTF FINDING		
<b>Increasing Breast, Cervical, and Colorectal Cancer Screening</b>			
<b>Client-oriented screening intervention strategies</b>			
Interventions	Breast Cancer	Cervical Cancer	Colorectal Cancer
Client reminders			
Client incentives			
Small media			
Mass media			
Group education			
One-on-one education			
Reducing structural barriers			
Reducing client out-of-pocket costs			
<b>Multicomponent intervention strategies</b>			
Increase screening and provider delivery of services			
<b>Provider-oriented screening intervention strategies</b>			
Provider assessment and feedback			
Provider incentives			
Provider reminder and recall systems			

For more information on Cancer findings, visit The Community Guide website at [www.thecommunityguide.org/topic/cancer](http://www.thecommunityguide.org/topic/cancer). Other related resources include one pagers and Community Guide in Action stories.

## UNDERSTANDING THE FINDINGS

The CPSTF bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the CPSTF, scientists and subject matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners. Based on the strength of the evidence, the CPSTF assigns each intervention to one of the categories below.

Category	Description	Icon
<b>Recommended</b>	There is strong or sufficient evidence that the intervention strategy is <b>effective</b> . This finding is based on the number of studies, how well the studies were designed and carried out, and the consistency and strength of the results.	
<b>Insufficient Evidence</b>	There is <b>not enough evidence</b> to determine whether the intervention strategy is effective. This does not mean the intervention does not work. There is not enough research available or the results are too inconsistent to make a firm conclusion about the intervention strategy's effectiveness. The CPSTF encourages those who use interventions with insufficient evidence to evaluate their efforts.	
<b>Recommended Against</b>	There is strong or sufficient evidence that the intervention strategy is <b>harmful or not effective</b> .	

## EVALUATING THE EVIDENCE

- The findings and recommendations for intervention strategies that increase cancer screening are based on systematic reviews of the available evidence.
- The systematic reviews look at the results of research and evaluation studies published in peer-reviewed journals and other sources.
- Each systematic review looks at each intervention strategy's effectiveness and how it works in different populations and settings. If found effective, cost and return on investment are also reviewed when available.
- For each intervention strategy, a summary of the systematic review, included studies, evidence gaps, and journal publications can be found on the Cancer section of the website at [www.thecommunityguide.org/topic/cancer](http://www.thecommunityguide.org/topic/cancer).

Visit the "Our Methodology" page on The Community Guide website at [www.thecommunityguide.org/about/our-methodology](http://www.thecommunityguide.org/about/our-methodology) for more information about the methods used to conduct the systematic reviews and the criteria the CPSTF uses to make findings and recommendations.