



# WHAT WORKS

## Cancer Prevention and Control: 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. Screening for these cancers can lead to early detection, more effective treatment, and fewer cancer deaths.<sup>1</sup> This brochure is designed to help public health program planners, community advocates, educators, and policymakers find proven intervention strategies—including programs, services, and policies—to increase screening rates for breast, cervical, and colorectal cancers. It can help decision makers in both public and private sectors make choices about what intervention strategies are best for their communities.

This brochure summarizes information in The Guide to Community Preventive Services (The Community Guide), an essential resource for people who want to know what works in public health. Use this information to select intervention strategies you can adapt for your community to do the following:

- Get more people screened for breast, cervical, and colorectal cancers.
- Help people make informed decisions about getting screened.

The Community Guide provides evidence-based findings and recommendations from the Community Preventive Services Task Force (Task Force) about community preventive services, programs, and policies to improve health. Learn more about The Community Guide and what works to improve cancer screening rates by visiting [www.thecommunityguide.org/cancer](http://www.thecommunityguide.org/cancer).

## 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 cancer 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 be among the top ten cancers that kill **African-American women** and **American Indian/Alaska Native women**.<sup>2</sup>

### In Men



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

For more information on cancer in the United States or in your state, see the U.S. Cancer Statistics at <http://apps.nccd.cdc.gov/uscs>.

## Many people are not getting screened

- **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 who lack a regular **healthcare provider**.
  - > People who can't get to places where **screening services are available**.
  - > Recent **immigrants**.<sup>1</sup>
- Approximately one-half of colorectal and cervical cancers and one-third of breast cancers are diagnosed at a late stage.<sup>3</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.

## EVALUATING THE EVIDENCE

- The Task Force 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, evidence gaps, and journal publications can be found on the Cancer Prevention and Control section of the website at [www.thecommunityguide.org/cancer](http://www.thecommunityguide.org/cancer).

### ▶ Community Preventive Services Task Force

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based findings and recommendations about public health interventions and policies to improve health and promote safety. The Community Preventive Services Task Force (Task Force)—an independent, nonfederal, unpaid group of public health and prevention experts—bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, 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.

More information about how the Task Force conducts its reviews is available at [www.thecommunityguide.org/about/methods.html](http://www.thecommunityguide.org/about/methods.html).

## SUMMARIZING THE FINDINGS ON CANCER SCREENING

All Task Force findings and recommendations on breast, cervical, and colorectal cancer screening are available online at [www.thecommunityguide.org/cancer](http://www.thecommunityguide.org/cancer). Some of the Task Force recommendations related to specific screening tests—mammogram, Pap test, and fecal occult blood test (FOBT)—are below.\*

### Client-oriented intervention strategies

- ✓ **Client reminders.** Strong evidence supports sending patients client reminders (such as letters, postcards, e-mails, or phone messages) to increase screening rates for **all three cancers**. Evidence also suggests that there is 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 for **all three cancers**. 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**. Healthcare 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 client reminders.
- ✓ **Group education and reducing client 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. Approaches might include giving vouchers, reimbursement, reducing co-pays, or adjusting federal or state insurance coverage.


- ✓ **Reducing structural barriers.** For **breast and colorectal cancer** 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

- ✓ **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.

## PUTTING THE 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 Task Force and determine which ones best match your needs. Develop evidence-based programs, services, and policies 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. Look for the National Cancer Institute's Cancer Control P.L.A.N.E.T. icon  on The Community Guide website or visit <https://rtips.cancer.gov/rtips> to read about real-world programs that might be adaptable to your needs. You can learn more about RTIPs at [www.thecommunityguide.org/cancer/screening/client-oriented/rtips.html](http://www.thecommunityguide.org/cancer/screening/client-oriented/rtips.html).
- ✓ See how other communities have applied the Task Force recommendations for improving cancer screening at [www.thecommunityguide.org/CG-in-Action/index.html](http://www.thecommunityguide.org/CG-in-Action/index.html). Get ideas from their success stories.
- ✓ Consult the **Partnership for Prevention's workplace guide** at [www.prevent.org/Worksite-Health/Investing-in-Health-Workplace-Guide.aspx](http://www.prevent.org/Worksite-Health/Investing-in-Health-Workplace-Guide.aspx) for suggestions on putting evidence-based recommendations on worksite cancer screening interventions into practice.

\*Other colorectal cancer screening tests were examined in the systematic review. However, FOBT screening was the only screening test for which there was sufficient evidence of effectiveness to make recommendations.

## FOR MORE INFORMATION

### The Community Guide: Cancer Prevention and Control

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

### Division of Cancer Prevention and Control, CDC

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

### CDC Vital Signs: Cancer Screening

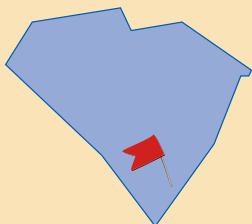
[www.cdc.gov/VitalSigns/pdf/2010-07-vitalsigns.pdf](http://www.cdc.gov/VitalSigns/pdf/2010-07-vitalsigns.pdf)

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

<http://cancercontrolplanet.cancer.gov>

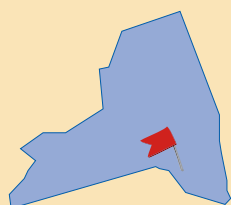


## THE COMMUNITY GUIDE IN ACTION



### South Carolinians 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 2 years, the program—called 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.



### Calling All New Yorkers: Get Screened for Cancer

With cancer the second-leading cause of death statewide, the New York State Department of Health Cancer Services Program (CSP) took a tip from The Community Guide and launched a statewide automated calling system to remind clients to get screened. An evaluation of this intervention found that 5 percent of all clients who were called got a screening test for colorectal cancer. The CSP also used The Community Guide to discuss a variety of screening strategies with health partners and contractors across the state, including ways to reduce barriers to screening.

Read more on these and other success stories in The Community Guide in Action series at [www.thecommunityguide.org/CG-in-Action/index.html](http://www.thecommunityguide.org/CG-in-Action/index.html).

## 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: 1999–2008 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; 2012. Available at <http://www.cdc.gov/uscs>. Accessed on August 15, 2012.

<sup>3</sup>Centers for Disease Control and Prevention. 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.