



Improving the Use of Breast, Cervical and Colorectal Cancer Screening

In 2003, approximately 100,000 people will die of cancer in the United States will die from breast, cervical or colorectal cancers. Screening is a means of identifying persons who may have these cancers or pre-cancerous tissue changes that warrant further evaluation. Screening can detect these cancers earlier in their development, which may improve the effectiveness of treatment and prevent deaths. Screening may actually prevent cervical and colorectal cancers by allowing pre-cancerous conditions to be effectively treated. Early treatment may also improve quality of life for people with these cancers. However, despite the availability of effective screening tests for these common cancers, utilization rates are below recommended levels, especially among some minority groups, low income residents, and others who may may not have regular medical care. **The question is then, what are effective strategies to promote increased use of breast, cervical, and colorectal cancer screening.**

Summary of Findings

The independent Task Force on Community Preventive Services issues the following findings for interventions grouped within larger strategies. Strategies address particular barriers to screening such as client-related (e.g., knowledge or attitudinal) barriers to screening), Access barriers, or provider and system barriers. Within each of these larger strategies the Task Force considers specific interventions.

Recommendations are based on the strength of the evidence of effectiveness found through a systematic review of published evidence conducted by a team of experts on behalf of the Task Force. **A determination that there is “insufficient evidence to determine effectiveness” does NOT mean that the intervention does not work**, but rather indicates that additional research is needed to determine whether or not the intervention is effective. Decision makers should consider these evidence-based recommendations in light of local needs, goals, and constraints when choosing interventions to implement. This list represents interventions for which reviews have been completed; other interventions are in review for which findings will be added as Task Force completes their review of the evidence.

Intervention	Recommendation
Community-Oriented (Groups and Individuals) to Promote Screening	
Mass media (to promote breast and cervical cancer screening)	Recommended (Sufficient Evidence)
Mass media (to promote colorectal cancer screening)	Insufficient evidence to determine effectiveness
Small media education (tailored or non-tailored) for breast cancer screening	Recommended (Sufficient Evidence)
Small media education (tailored or non-tailored) for cervical and colorectal cancer screening	Insufficient evidence to determine effectiveness
Small group education (to promote breast cancer screening)	Insufficient evidence to determine effectiveness
One-on-one education (tailored or non-tailored) to promote breast cancer screening	Recommended (Sufficient evidence)
One-on-one education (tailored or non-tailored) to promote cervical and colorectal cancer screening	Insufficient evidence to determine effectiveness
Health Care System Oriented (Groups and Individuals) to Promote Screening	
Client reminders to promote breast and cervical cancer screening	Recommended (Strong evidence)
Client reminders to promote colorectal cancer screening	Insufficient evidence to determine effectiveness
Incentive Programs for clients (in conjunction with reminders) to promote breast and cervical cancer screening	Recommended (Sufficient evidence)
Incentive Programs for clients who refer friends to promote colorectal cancer screening	Insufficient evidence to determine effectiveness

Publications:

MMWR/Recommendations and Reports- Spring 2004. A report on findings.

www.thecommunityguide.org and for more information about the tobacco review see www.thecommunityguide.org/cancer/

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