

Guidelines for and Disparities in Screening for Five Cancer Types

The U.S. Preventive Services Task Force (USPSTF) is an independent volunteer panel of experts in prevention and evidence-based medicine. The panel carefully reviews the available data and weighs the risks and benefits for the broader population before issuing cancer screening guidelines. Currently, there are USPSTF guidelines for five types of cancer, four of which apply to individuals who are at an average risk

of developing breast, colorectal, prostate, or cervical cancer. Guidelines for lung cancer apply to former or current smokers, individuals who are at a high risk of developing the disease because of tobacco use. Screening rates for all five cancers declined significantly during the peaks of COVID-19, although more recent data suggest that screening rates for some cancer types are returning to prepandemic levels.

BREAST CANCER



USPSTF Recommendation: Mammogram every other year for women ages 50-74. Women ages 40-49 should discuss with their health care provider to make an informed and shared decision whether they should receive breast cancer screening.*

Example of Disparity: In 2018, only 63.0 percent of women with less than a high school education were up to date with breast cancer screening compared to 80.4 percent of those with a college degree.

CERVICAL CANCER



USPSTF Recommendation: Cervical cytology every three years for women ages 21-65; high-risk human papillomavirus testing alone, or in combination with cytology, every five years for women ages 30-65.

Example of Disparity: In 2018, only 64.7 percent of gay or lesbian women were up to date with cervical cancer screening compared to 83.4 percent of straight women.

COLORECTAL CANCER



USPSTF Recommendation: Stool-based tests every 1-3 years, and/or colonoscopy/flexible sigmoidoscopy every 5-10 years, for all adults ages 45-75.

Example of Disparity: Women living in rural areas between 2017 and 2020 were 19 percent less likely to be up to date with colorectal cancer screening than those living in urban areas.**

LUNG CANCER



USPSTF Recommendation: Low-dose computed tomography (LDCT) every year for all adults ages 50-80 who are current smokers or who quit within the past 15 years, with a 20 pack-year smoking history.

Example of Disparity: Compared to eligible non-Hispanic White individuals, eligible non-Hispanic Black individuals were 53 percent less likely to report that they have completed LDCT in the past one year.**

PROSTATE CANCER



USPSTF Recommendation: Periodic prostate-specific antigen-based test, as recommended by the health care provider, for men ages 55-69.

Example of Disparity: In 2018, only 8.9 percent of uninsured men age 65 and above were up to date with prostate cancer screening compared to 34.4 of those who had any private insurance.

* Only USPSTF guidelines are included in this sidebar. Many other professional societies issue evidence-based screening guidelines for certain types of cancer that may differ from those issued by USPSTF. For example, certain organizations recommend that women should undergo screening mammography beginning at age 40 years.

**Note: Findings of these studies predate the revised 2021 USPSTF guidelines. Future studies will delineate the impact of the revised guidelines on cancer screening disparities.