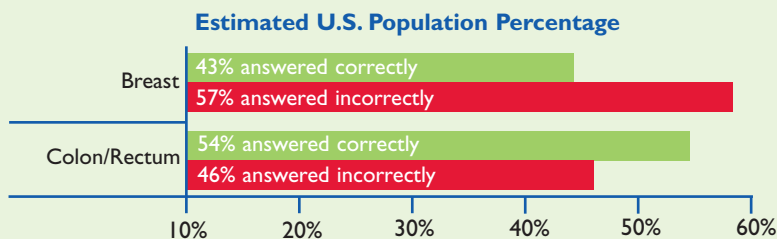


## Most Americans Are Aware of Cancer Screening Tests

### Knowing age and frequency recommendations remains a challenge

When given the names of screening tests to detect certain cancers (e.g., mammogram, fecal occult blood test), the majority of Americans say they have heard of the tests, and many Americans say they have been screened for cancer. However, most people aren't sure at what age they should begin screening or how often they should be screened. In this HINTS Brief, we explore people's knowledge about screening tests for breast, cervical, and colorectal cancers.

#### What is the correct age to begin screening for breast and colorectal cancers?



#### Breast

HINTS reveals that 57% of American women do not know that age 40 is the recommended age to begin getting mammograms. However, the majority of women (73%) are aware that they should get a mammogram every one to two years once screening has begun. Among those women who report ever having had a mammogram (84%), 74% say their last mammogram happened within the recommended screening interval. Among women over age 35, 75% percent say that their health care provider has recommended the test within the last year.

#### Cervix

While 93% of female respondents to HINTS report ever having had a Papanicolaou (Pap) test to screen for cervical cancer, the majority (79%) are unaware of the change in guidelines recommending a Pap test every three years for healthy adult women. Most women (87%) say they have their Pap test as part of their annual exam. Eighty-five percent of women say that they expect to have their next Pap test within one year, but 67% say that they would agree to have the screening every three years, if recommended by their health care provider. Although human papillomavirus (HPV) is a major cause of cervical cancer, most American women (61%) have never heard of it.

#### Colon/Rectum

Several screening exams are available to detect colorectal cancer, including fecal occult blood tests (FOBT), double contrast barium enema, sigmoidoscopy, and colonoscopy. Physicians may present several colorectal cancer screening options to give patients a choice, which may improve screening uptake and adherence. Fifty-three percent of HINTS respondents over age 45 report that their health care provider has recommended screening for colorectal cancer. When asked to name tests that detect colorectal cancer, 40% of HINTS respondents couldn't name a test. The majority of respondents (54%) know that colorectal cancer screening should start at age 50.

## Quick Facts:

According to the the U.S. Preventive Services Task Force

- Women should begin mammography screening at age 40 and have repeat mammograms every one to two years.
- Women should begin having Pap tests to screen for cervical cancer within three years of first having sexual intercourse but no later than age 21. Healthy women should repeat the test every three years.
- Women and men should begin colorectal cancer screening at age 50.

Screening age and frequency recommendations may vary for people who are at higher risk for developing certain cancers because of family history or other risk factors.

## Communication and Colorectal Cancer Screening Information Seeking, Health Care Providers, and the Internet

In a recent study using HINTS data, investigators found that several communication-related factors independently contribute to whether people are more or less likely to be up-to-date with colorectal cancer screening. Respondents in the study were considered up-to-date if they had either an FOBT within the past year or endoscopy (colonoscopy or sigmoidoscopy) within the past 10 years.

On average, respondents who said that they had actively sought cancer information, either by themselves or by asking others to do it for them, were more likely to be up-to-date with colorectal cancer screening than respondents who were not active information seekers. Use of the Internet for searching for both health information generally and cancer information specifically was also independently associated with being up-to-date.

Those who were up-to-date with colorectal cancer screening had twice the odds of reporting having "some" or "a lot" of trust in their health care provider. These respondents also indicated that they would prefer to receive screening information in the form of personalized reading materials or other publications such as magazines.

## Knowledge of Screening Age Recommendations: Differences by Race/Ethnicity

General screening guidelines suggest that women begin screening for breast cancer at age 40 and for cervical cancer within three years of first having sexual intercourse but no later than age 21. Women and men should begin screening for colorectal cancer at age 50. (Screening age and frequency recommendations vary for people who are at higher risk for developing certain cancers because of family history or other risk factors.) Gaps in knowledge about general screening age recommendations differ by race/ethnicity, suggesting that messages about age-appropriate cancer screening are reaching some groups better than others.

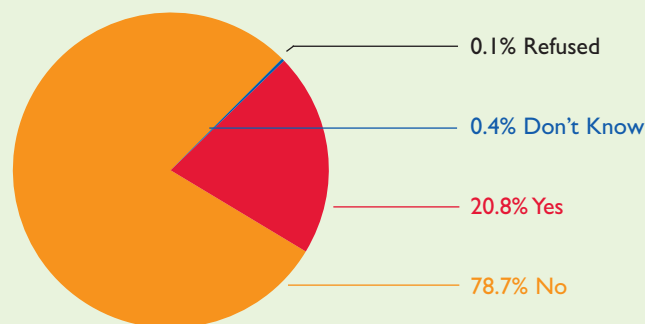
When asked at what age people should begin screening for colorectal cancer, a slight majority (53%) of men and women aged 40 and older said, correctly, that colorectal cancer screening should begin at age 50. Among those who answered incorrectly, differences are pronounced by race/ethnicity.

- 38% of Whites answered incorrectly compared with 79% of Hispanics, 75% of African Americans, and 70% of American Indians/Alaska Natives.

When asked at what age women should begin screening for breast cancer, 32% of all American women over age 40 said, correctly, that age 40 was the appropriate age to begin screening; 5% said they did not know. The majority (64%) answered incorrectly. HINTS reveals that women of all racial and ethnic groups are misinformed.

- 75% of American Indians/Alaska Natives answered incorrectly, followed by 71% of Hispanics, 67% of African Americans, and 62% of Whites.

**Most medical organizations now recommend a Pap test every three years for healthy adult women. Have you heard about this change in guidelines?**



## How Can HINTS Inform Your Work?

The strongest predictor of screening adherence is recommendation by a health care provider. People without access to care likely are not receiving these important prompts and therefore must be reached in different ways. While communication contributes to screening uptake and repetition, multi-faceted interventions that address social barriers such as lack of insurance, usual source of care, and transportation are needed.

- The majority of American women do not know when they should start getting mammograms. Efforts to educate women of all races about starting breast cancer screening at age 40 are needed.
- The majority of American women are not aware that they do not need to get a Pap test every year. Efforts to educate healthy women aged 18 and older about receiving Pap tests every three years are needed.
- Knowledge of the appropriate age to begin colorectal cancer screening differs by race/ethnicity. However, efforts to educate all adults about starting colorectal cancer screening at age 50 are needed.

## About HINTS <http://hints.cancer.gov>

The National Cancer Institute (NCI) fielded the first Health Information National Trends Survey (HINTS) in 2002 and 2003, surveying 6,369 Americans. HINTS was created to monitor changes in the rapidly evolving field of health communication. The survey data can be used to understand how adults 18 years and older use different communication channels to obtain health information for themselves and their loved ones, and to create more effective health communication strategies across populations.

HINTS Briefs provide a snapshot of noteworthy, data-driven research findings. They introduce population-level estimates for specific questions in the survey and summarize significant research findings that are a result of analyzing how age, race, and gender influence specific outcomes.

The Briefs are intended to highlight top-level findings derived from analyses reported more thoroughly in other venues and are not meant to be comprehensive reports. Conclusions drawn from the Briefs are limited by the descriptive nature of the data presented and are not intended to replace HINTS-related scientific publications from which inferences may be more confidently derived.

For contact information, complete access to all HINTS data including statistics not included in this Brief (such as statistics for Asian American and Native Hawaiian/Pacific Islander respondents) or to develop your own project using HINTS data, please visit the "Conduct HINTS Research" section of the HINTS Web site.

## For More Information on Cancer

- Call the NCI Cancer Information Service at 1-800-4-CANCER
- Visit <http://cancer.gov>
- Order NCI publications at <https://cissecure.nci.nih.gov/ncipubs/>

## References Used in This HINTS Brief

CDC Morbidity and Mortality Weekly Report. March 24, 2006. 55(11);308-311.

Ling BS, Klein WM, Dang Q. Relationship of communication and information measures to colorectal cancer screening utilization: results from HINTS. J Health Commun. 2006; 1:181-90.

NCI's Cancer Trends Progress Report 2005, <http://progressreport.cancer.gov>

Guide to Clinical Preventive Services, 2005. AHRQ Publication No. 05-0570, June 2005. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/pocketgd.htm>

