

Awareness and Perceived Value of Multi-Cancer Early Detection Tests Among U.S. Adults

Multi-cancer early detection (MCED) tests are an emerging technology for cancer screening. These tests are designed to detect multiple cancer types simultaneously by analyzing a single biological sample, such as blood or saliva, for biomarkers that may suggest the presence of cancer. MCED tests have generated excitement for their potential to detect cancers for which no routine screening currently exists, as well as their potential to identify cancers earlier, when they may be more treatable. These tests may also be acceptable to patients because they are convenient and minimally invasive.

However, MCED tests also have the potential to cause harm through false positive results, false negative results, overdiagnosis and overtreatment of cancers that may not have become clinically meaningful, and reduced adherence to guideline-recommended cancer screening (e.g., mammography, colonoscopy). These outcomes could lead to unnecessary medical procedures, treatment delays, increased patient distress, and financial burden. Additionally, MCED tests are not diagnostic; further evaluation is needed following a positive test result to confirm the presence and location of cancer. These diagnostic pathways vary widely and may not always identify a cancer, resulting in considerable uncertainty that may be challenging to communicate, coupled with complexity in clinical management.

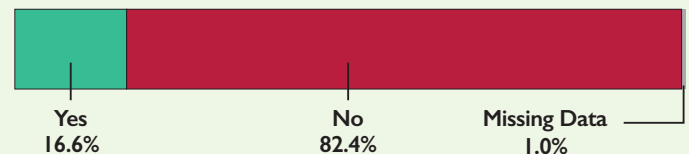
Although there is considerable enthusiasm about the potential of MCED tests, there is currently insufficient evidence regarding the impact of these tests on clinically relevant cancer outcomes, and caution should be exercised in their use outside of clinical trials. No MCED tests have been approved by the U.S. Food and Drug Administration (FDA), but some are commercially available as laboratory developed tests (LDTs), which are not required to have demonstrated clinical benefit to patients. As MCED tests become more widely available and public awareness increases, it will be important to equip consumers and providers with the information they need to make informed decisions about testing.

Quick Facts

- MCED tests could improve cancer outcomes by enabling earlier cancer detection and identifying cancers that lack a recommended screening test. However, evidence of their clinical benefit is still evolving.
- There are potential harms and uncertainties associated with MCED testing, including false positive results, false negative results, overdiagnosis and overtreatment, diagnostic ambiguity, and lack of standardized follow-up care.
- No MCED tests have received FDA approval, but some are being offered to providers and consumers as LDTs.
- In 2024, nearly 17% of American adults reported having heard of MCED tests, and more than 70% felt that having an MCED test would be at least somewhat valuable.

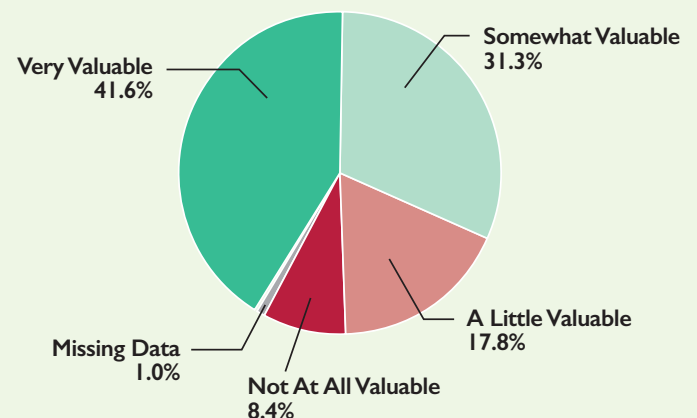
Percentage of American Adults Who Have Heard of MCED Tests

Before today, had you ever heard of multi-cancer early detection tests?



Perceptions of the Value of MCED Tests Among American Adults

How valuable do you think it would be for you to have a multi-cancer early detection test right now?



SOURCE: HINTS 7 (2024)

Public Awareness and Perceived Personal Value of MCED Testing

A recently published analysis of HINTS 7 (2024) data found that only approximately 17% of U.S. adults had previously heard of MCED tests, but nearly 74% felt that such tests would be very or somewhat valuable to them personally. Although there were no significant sociodemographic differences between those who reported awareness of MCED tests and those who did not, multivariable logistic regression models identified several factors that were significantly associated with perceived MCED value. Specifically, non-Hispanic Black individuals (compared to White individuals), those aged 50–64 (compared to those aged 18–49), college educated individuals (compared to those with less than a high school education), individuals with annual household incomes over \$75,000 (compared to those making less than \$35,000), those with at least one chronic health condition (compared to those with no chronic health conditions), and those with a reported family history of cancer (compared to those with no family history) were more likely to perceive MCED tests as valuable. In contrast, unmarried individuals (compared to married individuals) and residents of rural or small metro areas (compared to residents of large metro areas) were significantly less likely to perceive MCED tests as valuable.

How Can This Inform Your Work?

As MCED tests become increasingly available and more evidence surrounding their use emerges, providers will need to be prepared to engage in shared decision-making conversations with patients who ask about these tests. This includes informing patients about the potential benefits, harms, limitations, and uncertainties associated with MCED testing; evaluating patients' ability and willingness to undergo additional diagnostic evaluations required in the event of a positive result; and ensuring testing decisions align with patient values, preferences, and circumstances. It is also critical to make sure patients understand that these tests are not a substitute for guideline-recommended cancer screenings.

Some providers report lacking sufficient information related to MCED testing, suggesting that targeted educational and training efforts are needed to prepare providers to address questions from patients, interpret and communicate MCED test results, and manage follow-up care (including the clinical protocols as well as patient concerns following testing). Providers may also benefit from additional resources to help them manage MCED testing and follow-up conversations with patients. These could include decision aids; structured communication support tools; and accurate, understandable, and up-to-date patient educational materials that address aspects of MCED testing that are key to decision-making (e.g., test accuracy, cost, follow-up care) and can help patients understand their options and actively participate in care. These resources should be made available in multiple languages and in formats accessible to people with varying levels of health literacy. Similarly, patient navigation services, which can help address barriers patients may experience with accessing testing or completing diagnostic evaluations, could be an important strategy for ensuring that all populations are able to benefit from MCED tests if they are shown to have clinical utility.

About HINTS

hints.cancer.gov

The National Cancer Institute (NCI) created the Health Information National Trends Survey® (HINTS) to monitor changes in the rapidly evolving field of health communication. The survey data can be used to understand how adults use communication channels to obtain health information for themselves and their loved ones. HINTS data can also help practitioners create more effective health communication strategies. The HINTS survey has been fielded 17 times to date.

HINTS Briefs provide a snapshot of noteworthy, data-driven research findings that may be of interest to the HINTS community. The Briefs summarize research findings from recently published peer-reviewed journal articles analyzing HINTS data.

For More Information on Cancer

- Call the NCI Cancer Information Service at 1-800-4-CANCER
- Visit <https://www.cancer.gov>
- Download NCI publications at <https://pubs.cancer.gov/ncipl/home.aspx>
- Visit [Facebook.com/cancer.gov](https://www.facebook.com/cancer.gov) and <https://www.youtube.com/ncigov>

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