

CDC: Too few getting recommended cancer tests." We say, let s discuss

By ACSH Staff — May 8, 2015



The [CDC begins its lengthy discussion](#) [1] of Americans latest

compliance with their recommended screening tests for cervical, breast and colorectal cancers this way: Regular breast, cervical and colorectal cancer (CRC) screening *! .reduces deaths from these cancers.* [itals. added]. This truism is misleading, however, to some degree, since having a goal of eradicating each case of a type of cancer will inevitably lead to overdiagnosis and many needless medical and surgical interventions.

First, the data: the CDC s goal is to get to the Healthy People 2020 parameters for screening, and the public [did not come very close](#) [2], in terms of these three cancer screening levels. Although some sub-populations improved their rate of testing, generally screening test use remained well below targets and did not change between the reports in 2010 and 2013. In fact, Pap testing for cervical cancer declined somewhat, and so did screening mammography, albeit only slightly. Worst of all, screening for CRC, after a salutary jump between 2000 and 2010, leveled off thereafter at an unacceptably low rate of 58 percent.

ACSH s Dr. Gil Ross had this comment: One clear concern emerges from this new report: not enough education and encouragement is being conveyed from the public health establishment to primary care doctors and thence to patients, about the importance of CRC screening. CRC is the 2nd leading cancer killer in America (trailing only lung cancer): out of 136,000 diagnoses, it takes the lives of about 50,000 Americans each year. And full compliance with the recommended screening methods fecal occult blood testing plus flexible sigmoidoscopy, or better yet, periodic colonoscopy would reduce that toll by well over half. I believe the data for PAP tests and mammography are compromised by confusion among women (as well as some of their doctors) as to the recommended schedules, and whether the HPV test has replaced the PAP test to some extent. As for mammograms, we recommend what the USPSTF and the CDC do: no *routine* screening before age 50, then every other year until age 75 (with individual decision-making thereafter). The CDC says that the toll of breast cancer can be reduced by screening; we are reminded that the toll of *mammography* includes overdiagnosis of non-threatening abnormalities, leading to needless procedures. To sum up: more CRC screening is needed, but the data for cervical cancer and breast cancer screenings are not as dire as portrayed.

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Links

[1] <http://www.cdc.gov/media/releases/2015/p0507-cancer-screening.html>

[2] <http://www.cdc.gov/mmwr/preview/mmwrhtml/figures/m6417a4f.gif>