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Health & Medicine

Cancer Screening Rules Are Changing. Are You Up to Date?

Columbia doctors say the right testing plan still depends on your personal risks and medical history.

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Every year, tens of thousands of Americans have their lives saved by colonoscopies, mammograms, Pap tests, and other cancer screenings. That rivals the lives saved by treatment advances, and at a fraction of the cost — both in dollars and human suffering.

“Screening is the key to fighting cancer because if we catch the disease early, ideally before symptoms appear, treatments are much more likely to be effective,” says Rebecca Kehm, a cancer epidemiologist at Columbia’s Mailman School of Public Health. “In some cases, like cervical and colon cancer, we can prevent the disease altogether by removing abnormal growths before they turn cancerous.”

The US Preventive Services Task Force, an independent panel of medical experts, recommends routine screening for cervical, breast, colorectal, and lung cancer (for longtime smokers). For these common cancers, the evidence shows that screening can save lives without subjecting large numbers of people to false positives and unnecessary treatments. Depending on your risk profile, though, screening for additional cancers may be warranted. For example, doctors often recommend that fair-skinned individuals get checked for skin cancer and that men with a family history of prostate cancer, and all Black men, start screening for the disease in their forties.

“For people with increased risk, screening has become more individualized over the years,” says Kehm. “So people should consult with their physician to come up with a screening plan that is right for them.” She adds: “The single biggest factor is knowing your family history of cancer — which may also raise the prospect of getting genetic testing, to learn more about your individual risk.”

In recent months, a number of changes have been made to cancer screening rules, some involving new laws and technologies that promise to make tests more widely accessible. We spoke to Columbia cancer experts about the changes.

Expanding insurance coverage for mammograms

An estimated one-third of American adults are behind on their cancer screenings, and experts say that affordability is one of the main reasons. Even people with private health insurance, they say, may not have routine screenings covered. In New York State, a law that took effect in January now requires insurance companies to cover mammograms — which are recommended for most women beginning around age forty — as well as any follow-up diagnostic tests that may be necessary.

Kehm says that boosting screening rates among women in their forties is especially important because breast cancer, which was long considered a threat to women over fifty, has been striking younger women more frequently in recent years.

“People who’ve just reached the recommended age for cancer screening tend to have the lowest participation rates,” she says. “But starting right away is one of the best things you can do to reduce the chances of developing advanced disease.”

Kehm says that women with a family history of breast cancer should start speaking with their doctors about early screening options in their twenties.

At-home HPV testing for cervical cancer

Cervical cancer was once a leading cause of cancer death among women, but rates of the disease in the US have plummeted since the 1970s, for the simple reason that most women now receive routine screening starting in their twenties. Pap smears,

which can detect abnormal cells in the cervix, and HPV tests, which can spot the sexually-transmitted Human papillomavirus responsible for most of those cellular changes, are highly accurate, making cervical cancer one of the most preventable forms of cancer. Still, about one-quarter of US women do not get screened regularly. Some woman say that affordability is a barrier, while others report feeling uncomfortable having vaginal samples collected in a physician's office.

Earlier this year, the federal government updated its guidelines to recommend a new technology that could boost screening rates: an at-home HPV test kit that enables women to collect their own samples and mail them to a laboratory for analysis. Studies have shown that the test, in addition to being convenient, predicts cancer risk so accurately in women aged 30 to 65 that the US Health Resources and Services Administration has announced that it can be used instead of Pap smears. (Pap smears are still the recommended screening method for women in their twenties, who often have temporary HPV infections that don't meaningfully increase their cancer risk.) As of January 1, 2027, most US insurance plans will be required to cover at-home HPV testing and any necessary follow-up procedures.

Some physicians say that if screening rates continue to improve, cervical cancer could eventually be eradicated in the US.

"Even when this cancer occurs, the difference in prognosis between early-stage and late-stage disease is huge, both in terms of our chances of curing it and for a patient's quality of life afterwards," says Alexandre Buckley De Meritens, a Columbia gynecologist and surgeon.

Improved access to lung-cancer screening

Lung cancer is the deadliest of all cancers in the US, killing nearly 125,000 people per year, in part because screening rates are exceptionally low. Current guidelines call for longtime smokers and former smokers between the ages of 50 and 80 to receive a low-dose CT scan once a year, but only one-fifth of those eligible do so. Consequently, 70 percent of lung cancers are diagnosed in the late stages, when the disease is usually fatal.

Doctors say that many people who qualify for lung-cancer screening are unaware it's available, as medical experts endorsed it only a decade ago. "Fear is another

obstacle," says Bryan Stanifer, a thoracic surgeon and director of the lung cancer screening program at Columbia University Irving Medical Center. "People are afraid to find out they have cancer, and afraid that they'll need surgery. They may also be skeptical that treatment will help them."

But patients can benefit enormously when lung cancer is caught early, when the five-year survival rate is 60 percent or higher. "And the surgery is minimally invasive now, using robotics or video assistance, with a two-to-four-week recovery time," says Stanifer.

Since launching in 2022, CUIMC's lung-cancer screening program has expanded access to low-dose CT scans throughout the New York City region by allowing patients to receive scans at clinics near where they live and have the images analyzed by experts at CUIMC. Last year, in partnership with Cornell physicians, the program also began operating a mobile screening van that provides low-dose CT scans to underserved New York City residents in their own neighborhoods.

Lung-cancer screening will become more affordable to New Yorkers in 2027, as well. Another recently passed law will require insurers to cover the cost of low-dose CT scans and any necessary follow-up tests. Physicians at CUIMC's Herbert Irving Comprehensive Cancer Center supported the legislation by providing state lawmakers data showing how expanded coverage would save lives.

Think twice before using multi-cancer tests

In recent years, scientists have been developing blood tests designed to detect multiple cancers by identifying tiny bits of tumor DNA floating in the bloodstream. The goal is to spot cancers that standard screening methods do not pick up, based on DNA fragments they shed, so that doctors can begin treating those diseases in their early stages, as well. One such technology, made by California-based company Grail, is commercially available for $949 and was featured in a Super Bowl ad this year.

But how useful are these multi-cancer blood tests? Chin Hur '90CC, a Columbia physician-scientist and expert on screening technologies, says there is reason to be cautious. He says that while such technologies hold promise for being able to detect some of the most elusive cancers, studies to date suggest that they are not yet

reliable at spotting the disease early, missing more early-stage cancers than they catch.

“On one hand, you could say that detecting even a few cases of early-stage cancer is better than none,” he says. But using a screening test with low sensitivity presents new challenges that patients may be unprepared for, Hur says. “One concern is that people will feel a false sense of comfort by receiving a negative result and then skip the other, more reliably screening tests that we should all get,” he says.

Hur also points out that follow-up diagnostics for some cancers are not highly reliable, thus making any attempts at early detection of questionable value. “Say a blood test indicates that you have ovarian cancer,” he says. “The next test to confirm that could be a pelvic ultrasound, a test that has a high miss rate. So, what happens if the blood test is positive but the ultrasound is negative? Then you’re just going to be tortured with uncertainty. There are situations like that, where we just don’t know what to tell the patient.”

Until multi-cancer blood tests become more reliable, Hur says, patients should instead focus on staying current on the federally recommended cancer screens. “I’d say these multi-cancer tests aren’t ready for routine public use just yet,” he says. “They’re promising, but we still need more evidence showing they actually improve patient outcomes.”

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