

**Older Adults and Cancer Screening: Guidelines and Perceptions in south central Pennsylvania**  
Office for Cancer Health Equity, Penn State Cancer Institute

Screening for breast, cervical, and colorectal cancers among average-risk adults reduces the risk of death from these cancers. Average-risk adults are those who have not been diagnosed with cancer, do not have a first-degree relative who has had cancer, and are in a specific age range. For example, the US Preventive Services Task Force recommends colorectal cancer screening for persons between 50 and 75 years of age, cervical cancer screening between 21 and 65, and breast cancer screening between 50 and 74.

But what do persons in central Pennsylvania who are close to that upper age limit think about cancer screening, and possibly stopping cancer screening because of their age being older than the recommended age? We wanted to know so that we can provide more personalized health care.

With the help of the Hispanic/Latino Community Cancer Advisory Board (CAB), we set about to find out! The CAB helped recruit older adults, both English-speaking and Spanish-speaking, for focus groups. The study is now published in the Journal of Primary Care and Community Health. The results are quite interesting!

A total of 39 adults (ages 65 or up) participated in one of four focus group in three community settings in south-central Pennsylvania. Two focus groups were in English while the other two were in Spanish. Participants were, on average, age 74 years, mostly female (74%), Hispanic (69%), and with less than a high school degree (69%).

**Key themes associated with older adults’ attitudes and perceptions of cancer screening and overscreening:**

Theme	Opinions from participants
<b>Importance of tailored and targeted education/information</b>	<ul style="list-style-type: none"> <li>• Individuals desire additional information to make a screening decision</li> <li>• Information should be tailored to each individual based on health record, environmental factors, etc.</li> <li>• They valued their physician’s opinions but would need additional information from their doctor to justify a recommendation to stop screening.</li> <li>• Participants believed that the decision to be screened is ultimately up to the individual, and obtaining information is necessary to make that decision.</li> </ul>
<b>Impact of physician/patient communication</b>	<ul style="list-style-type: none"> <li>• Important for the physician to communicate clearly and justify any recommendations that are made to the patient (especially if recommending stopping screening)</li> <li>• Participants have a lot of trust in providers’ recommendation to screen but less trust in providers’ recommendation to stop screening.</li> <li>• Participants did not believe that physicians could predict how long someone would live. That God was the only one who could predict how long an individual has to live</li> </ul>
<b>Impact of barriers and facilitators to screening on cancer screening cessation</b>	<ul style="list-style-type: none"> <li>• Barriers to screening – negative perceptions/attitudes (pain, fear, stress, time, fatalism, cost) towards cancer screening and cancer screening outcomes, but these barriers were focused on the experience of the test itself and potentially receiving a cancer diagnosis.</li> <li>• Facilitators for screening – social influence, family history, knowledge of benefits.</li> <li>• Participants were often unaware of potential risks of screening (e.g., perforations, false positives) and how these change as they age.</li> </ul>
<b>Awareness of importance of screening</b>	<ul style="list-style-type: none"> <li>• Older individuals are aware of benefits of screening. However, participants did not seem to realize that benefits of screening diminish with age</li> </ul>

**The study demonstrated that:**

1. Older adults want personalized information, but not information about life expectancy, from their health care provider in order to make a decision about continuing cancer screening.
2. While fear, pain, social influence, and family history of cancer may impact cancer screening decisions, participants believed that the final decision of cancer screening is up to the individual.
3. Messages about screening decisions between the patient and provider are necessary and should be culturally-tailored.

**We are grateful to the CAB and the community for their initial participation in the study. Now, we are coming to the CAB to help decide next steps! How can these findings have an impact upon your community?**