

Older Adults' Views on Cancer Screening Guidelines



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www.healthyagingpoll.org



Recent guidelines suggest that whether or not someone should get a cancer screening test (e.g., a colonoscopy or mammogram) should depend on how much longer they are likely to live. This is because for many healthy older adults, the harms of testing may be greater than the benefits of finding a new cancer.

Q1. How much do you agree or disagree with the following statement: "Guidelines should determine whether someone should CONTINUE cancer screening based on how much longer they have to live."

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

Q2. How much do you agree or disagree with the following statement: "Guidelines should determine whether someone should STOP cancer screening based on how much longer they have to live."

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree

Some guidelines have recently used a 10-year life expectancy threshold to determine screening recommendations for older adults. In other words, if someone is likely to live longer than 10 years, it is recommended that they continue getting cancer screening tests. If not, it is recommended that they stop getting cancer screening test.

Q3. Does a 10-year threshold seem too long, too short, or about right for deciding whether or not to recommend someone continue or stop getting screening tests?

1. Too long
2. About right
3. Too short

Q4. Do you believe it is a significant problem that some older adults receive cancer screening tests when guideline recommendations say that they should not?

1. Yes
2. No



Sometimes medical action is clearly necessary, and sometimes it is clearly **not** necessary. Other times, reasonable people differ in their beliefs about whether medical action is need.

Q5. In situations where it's not clear, do you tend to lean towards taking action or do you lean towards waiting and seeing if action is needed? Importantly, there is no "right" way to be.

1. I strongly lean towards waiting and seeing.
2. I lean towards waiting and seeing.
3. I somewhat lean towards waiting and seeing.
4. I somewhat lean towards taking action.
5. I lean towards taking action.
6. I strongly lean towards taking action.

Q6. When making decisions about medical care, do you tend to lean towards doing only what is necessary or do you lean towards doing everything possible?

1. I strongly lean towards doing only what is necessary.
2. I lean towards doing only what is necessary.
3. I somewhat lean towards doing only what is necessary.
4. I somewhat lean towards doing everything possible.
5. I lean towards doing everything possible.
6. I strongly lean towards doing everything possible.

Data Source and Methods

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by NORC at the University of Chicago for the University of Michigan's Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted using NORC's AmeriSpeak probability-based panel. This survey module was administered online and via phone in January 2023 to a randomly selected, stratified group of U.S. adults age 50–80 (n=2,563). The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau. The completion rate was 61% among panel members contacted to participate. The margin of error is ±1 to 3 percentage points for questions asked of the full sample and higher among subgroups.

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