TuSalud

# Efforts to Boost Cancer Screening Among Homeless People Yield Mixed Results

Breast cancer screening rates increased, but those for colorectal and cervical cancer did not, a recent study found.

April 30, 2026 By Eva Lorenz

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Breast cancer screening rates increased among people experiencing homelessness following implementation of an intervention that included text messaging and patient navigation, while colorectal and cervical cancer screening rates did not, according to results from a study presented at the American Association for Cancer Research (AACR) Annual Meeting held April 17 to 22.

"There's a high cancer burden within our catchment area, particularly within underserved populations, but we have the evidence-based tools to really change this for many screen-detectable cancers," said senior researcher Narissa Nonzee, PhD, a City of Hope professor.

Breast, cervical and colorectal cancer are common cancers that are easily detected early with regular screening.

Breast cancer is the most diagnosed cancer in women and second leading cause of cancer death, according to the Cancer Research Institute. According to the American Cancer Society (ACS), in 2026 about 321,910 new cases of invasive breast cancer will be diagnosed. Stage I breast cancer has a survival rate of over 99%. Breast self-exams are an effective way to check for abnormalities, but they cannot replace regular screening by a clinician. Mammograms are suggested every two years for women ages 40 to 74 at average risk.

The present study examined changes in cancer screening rates from 2023 to 2025 at Wesley Health Centers, a federally qualified health center, catering to poor and underserved individuals in the Los Angeles area. The study sought to increase cancer screening for colorectal, breast and cervical cancer by connecting people receiving care at Wesley Health to screening services at City of Hope, a national cancer institute in LA. The intervention included peer navigation to address

social determinants of health, point-of-care text messaging, community outreach and a multi-ethnic public health campaign titled “Cancer Screening for Life.” The researchers used electronic health records and administrative data to compare outcomes by housing status, race and ethnicity.

Among patients experiencing homelessness, breast cancer screening increased from 31.2% to 35.6% (4.4% increase), cervical cancer screening remained stable, decreasing by only 0.7%, and colorectal cancer screening dropped by 6.5%.

In the general population, the number of women screened for breast cancer increased from 8,681 to 9,163, but, likely due to guidelines lowering the recommended age for screening from 50 to 40 years, the rate of screening declined (66.8% to 65.4%). Cervical cancer screening increased by 0.7% and colorectal cancer screening decreased by 3.4% in the general population. Guidelines lowering the recommended colorectal cancer screening age likely played a role in the drop in screening among patients regardless of housing status.

Rates of cervical and colorectal cancer screening increased greatest among Latino patients. American Indian/Alaska Native, Native Hawaiian/other Pacific Islander and unreported race groups had the lowest rates across all three cancer types.

“While we did not see a higher increase across all cancer types as we had hoped, [the intervention] laid the important groundwork for advancing forward,” Nonzee said. “A big portion of this project was really establishing the infrastructure, and sometimes seeing the fruits of that labor tends to take more time to observe, so we’re looking forward to continuing to follow this effort more over time.”

Colorectal cancer is the second most common cause of cancer-related deaths among men and women combined, and it is expected to cause about 55,230 deaths this year, according to ACS. The United States Preventive Services Task Force recommends regular colorectal cancer screening through colonoscopy, sigmoidoscopy or stool tests for adults ages 45 to 75.

Cervical cancer is caused by human papillomavirus (HPV), a common sexually transmitted infection. About 13,490 new cases of invasive cervical cancer will be diagnosed in 2026, though cervical precancers are diagnosed far more often, according to ACS. Experts recommend regular cervical cancer screening through Pap tests and testing for high-risk HPV types starting at age 20. A vaccine that protects against nine HPV types is recommended for adolescents at ages 11 or 12 to prevent cervical cancer.

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