Breast, Cervical and Colorectal Cancer Screening Rates Significantly Lower for Millions of U.S. Adults With Disabilities, Research Shows

The American Cancer Society study stresses the need to address barriers for individuals with disabilities to improve cancer screening rates

ATLANTA, September 10, 2026 — Missing out on routine screening tests for cancer can mean critical delays in diagnosis and treatment. A new study by researchers at the American Cancer Society (ACS) shows that millions of adults in the United States with disabilities, eligible for breast, cervical, and colorectal cancer screening, have lower testing rates compared to people with no disability-related difficulties. However, stool testing for colorectal cancer was 24% higher in individuals with substantial mobility difficulties, suggesting that accessible testing options, including at-home self-collection, may be one way to address disparities. The study is to be published today in *CANCER*, an interdisciplinary international journal of the American Cancer Society.

“We know that individuals with disabilities have lower screening levels generally, but the magnitude of some disparities that showed up consistently gave cause for alarm, particularly for people struggling with self-care disabilities,” said Dr. Priti Bandi, scientific director, cancer risk factors and screening surveillance research at the American Cancer Society and senior author of the study. “The bright spot is at-home stool testing. It completely flipped the script on traditional disparities, clearing a potential path for making life-saving care accessible to everyone.”

For the study, researchers pooled data from the 2021 and 2023 National Health Interview Survey (NHIS). Self-reported breast, cervical, and colorectal cancer screening was estimated according to disability (vision, hearing, mobility, cognition, communication, and self-care) and difficulty levels (“Substantial”, “Some”, and “None”) defined according to the Washington Group Composite Disability Indicator.

Study authors recorded a total of 1,712, 1,147, and 3,106 respondents eligible for breast, cervical, and colorectal screening who had disabilities, translating to 6.02 million, 5.10 million, and 11.17 million people, respectively. The results showed:

- Breast and cervical cancer screening prevalence was relatively lower for individuals with self-care (by 31%-37%), vision (by 11%-17%), mobility (by 11%-12%), and cognition difficulties (by 7%-9%) compared to those with no difficulties. For example, cervical cancer screening prevalence was 78% in those with no self-care disability compared to just 37.2% in those with substantial difficulty.
- Those individuals with self-care disabilities consistently had the largest disparities, finding that those with substantial difficulty had 37%, 31%, and 15% lower cervical, breast, and colorectal cancer screening prevalence, respectively, compared to those with no self-care disabilities.
- Communication disabilities were uniquely associated with cervical cancer screening, and not with other screening types; prevalence was 35% lower for women with substantial difficulty compared to those with no difficulties.
- In contrast to breast and cervical cancer screening, stool testing prevalence for colorectal cancer screening was higher in individuals with higher levels of difficulty across most disability domains.

“We have to break down the barriers stopping individuals with disabilities from getting cancer screening,” added Bandi. “At-home options like stool testing show enormous potential to bridge this gap, and we need to actively explore expanded self-sampling tools.”

“Ensuring that cancer screenings are accessible to everyone, including people with disabilities, is critical to reducing cancer disparities and saving lives,” said Lisa A. Lacasse, president of the American Cancer Society Cancer Action Network (ACS CAN), ACS’ advocacy affiliate. “We must continue to advocate for policies that expand access to cancer screenings, including those that improve coverage for more accessible and innovative testing options, like at-home self-collection, and ensure adequate coverage for follow-up tests and treatment.”

Natalia Mazzitelli, MPH, is the lead author of the study. Other ACS researchers contributing to this research include Jessica Star, MPH, MA, Dr. Kinsey Meggett, and Dr. Xuesong Han.

Additional ACS Resources:

- American Cancer Society Guidelines for the Early Detection of Cancer
- American Cancer Society Updates Colorectal Cancer Screening Guideline: Major Changes Emphasize Blood-Based And At-Home Stool Testing
- New ACS Cancer Disparities Report: Major Differences Persist in Mortality Burden by Urbanicity, Congressional District, Socioeconomic Status, and Race/Ethnicity

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About the American Cancer Society
The American Cancer Society is a leading cancer-fighting organization with a vision to end cancer as we know it, for everyone. For more than 110 years, we have been improving the lives of people with cancer and their families as the only organization combating cancer through advocacy, research, and patient support. We are committed to ensuring everyone has an opportunity to prevent, detect, treat, and survive cancer. To learn more, visit cancer.org or call our 24/7 helpline at 1-800-227-2345. Connect with us on Facebook, X, and Instagram.

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