2026 Early Detection Survey Results

Methodology:

The Prevent Cancer Foundation commissioned Atomik Research to conduct the Foundation's 4th annual pan-cancer Early Detection Survey of U.S. adults. The study consists of an online survey questionnaire, which includes several repeated measures from a previous year's questionnaire and a primary data set gathered from a sample of 7,510 adults located throughout the United States. The sample consists of adults 21 years of age or older, and researchers implemented several demographic-based quotas in order to achieve sample characteristics similar to the overall U.S. population of adults 21 and older.

Researchers controlled for demographic variables such as biological sex, age group classification, race/ethnicity, parental status, geographic region, employment status and community classifications (e.g., urban or rural classification).

The margin of error of the overall sample is +/- 1 percentage point with a confidence level of 95 percent. Fieldwork took place between January 10 and January 30 of 2026. Atomik Research is an independent market research agency.

Percentages may not add up to 100% due to computer rounding, and/or the acceptance of multiple responses.

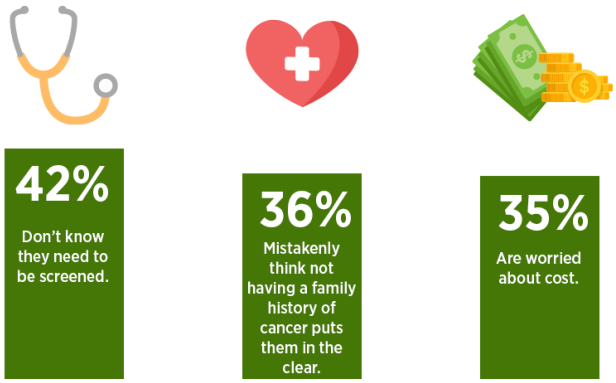
The cancer screenings studied in this survey were for breast cancer, cervical cancer, colorectal cancer, lung cancer, oral cancer, prostate cancer, skin cancer and testicular cancer.

Top survey findings:

73% of U.S. adults reported they are behind on one or more routine cancer screenings.

This is an increase of 4% from 2025.

The top three reasons for being behind:



- They didn't know they needed to be screened (42%)
- They didn't think they needed to be screened because they don't have a family history of cancer (36%)
- Cost (35%)

Let's take a closer look at each of these reasons.

Reason #1: "I didn't know I needed to be screened."

This is the number one reason people cited for not being up to date on their routine cancer screenings.

This has been the number one reason cited by participants every year since this survey began in 2023.

EDUCATION GAP:

Some may assume that people "know what to do" when it comes to routine cancer screening, but just aren't doing it. Our survey shows this isn't true: A shocking percentage of people (42%) name "not knowing" as the top reason they are behind on their routine cancer screening.

The good news is that this is an area where the Prevent Cancer Foundation and our partners can make an impact, by sharing easy-to-understand information on the routine screenings you need at every age—and why it matters—with a whole-person approach to health.

And, we know that this information will inspire action: 71% of survey respondents said they are more likely to schedule their next recommended cancer screening after reading about the benefits of early detection.

Reason #2: "I didn't think I needed to be screened because I don't have a family history of cancer."

EDUCATION GAP:

Just 5-10% of cancers are hereditary, meaning the vast majority of cancer cases are in people with no family history of the disease. But it's a common misconception that if cancer doesn't "run in your family," then you don't have to worry about it.

Routine screenings are for people of AVERAGE risk, which means people need to get these screenings regardless of whether or not they have a family history of cancer.

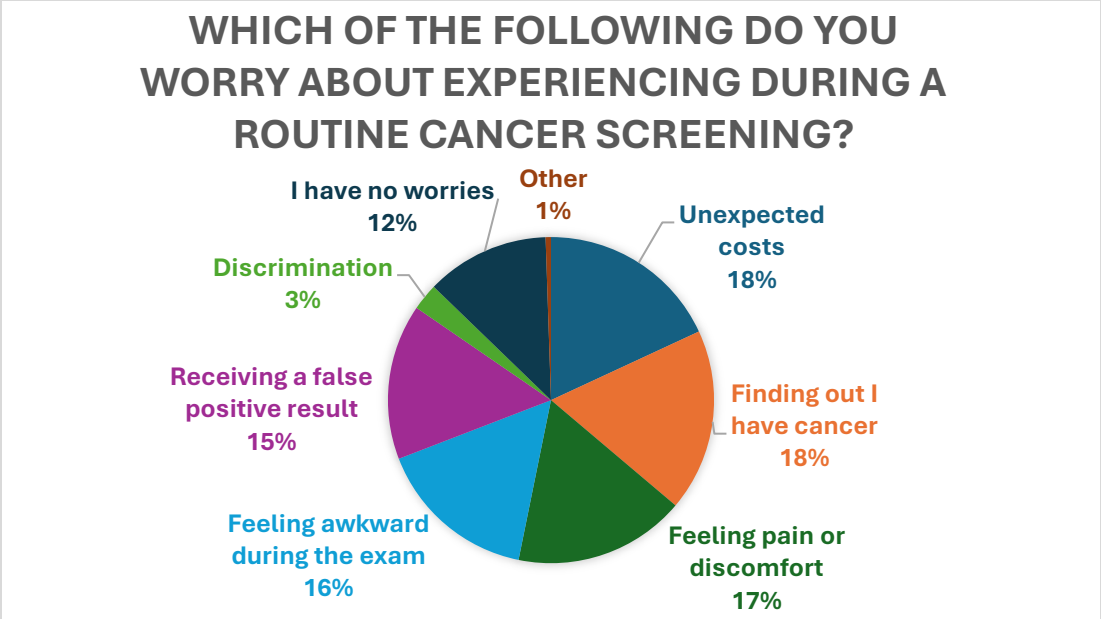
Reason #3: "I can't afford the cost."

This is the first time in several years that this answer has cracked the top three reasons, reflecting growing financial concerns from people among a high period of inflation and economic uncertainty.

More than one in three U.S. adults (34%) who worry when thinking about routine cancer screenings say they are concerned about cost.

This is up from 25% in 2025.

Concern about the unexpected costs of getting routine cancer screenings now rivals the fear of getting diagnosed with cancer. Respondents continuously pointed to this barrier to screening regardless of their employment and insurance status.



EDUCATION GAP:

Concerns about cost may be driven by confusion about the patient's financial responsibility for these cancer screenings.

Of respondents who named cost as the reason for being behind on screening, one in two (50%) said they were worried about the cost of the screening or appointment itself.

Many routine cancer screenings are fully covered by private insurance plans, Medicaid and Medicare, meaning patients often pay nothing out of pocket.

This suggested a lack of clear, consistent information about coverage is fueling unnecessary fear, causing people to delay or skip screenings.

People believe: profits over patients

The survey showed a pervasive mistrust in the health care system, with nearly one in five adults (19%) who were behind on their routine cancer screening citing skepticism about the health care system as the reason. This is a five-percentage point increase from 2025.

Among these respondents, nearly half (49%) said their mistrust stems from their belief that the health care system prioritizes profit over patient care. Others pointed to past negative experiences, such as historical mistreatment of their race/ethnicity, experiencing discrimination or bias from a provider, or having felt dismissed or not listened to by a provider.

Twenty-one percent (21%) of survey respondents said that they have had a negative experience with the health care system that made them hesitant to get a routine cancer screening.

What DOES motivate people to get screened?

Health care providers play a significant role—especially primary care physicians

Despite this general mistrust, many patients do trust their individual health care providers. Primary care providers can and do play a significant role in moving patients to their routine cancer screenings.

The majority of adults surveyed (70%) say they most often receive care from a primary care provider. Smaller shares rely on other types of doctors, including 8% who most often go to urgent care and 6% who most often go to hospital emergency rooms.

Nearly six in 10 U.S. adults surveyed (58%) report discussing cancer screenings with a health care provider in the past 3 years. This continues a gradual upward trend, up two percentage points when compared to the 2025 survey.

Four in 10 respondents said that their health care provider was the one to initiate the conversation, rather than the patient needing to bring up the topic. This also continues a slight upward trend from 2025.

When asked what would make it easier to get their recommend cancer screenings, over half (54%) point to help with their health care provider in answering questions or navigating the health care system.

When asked what would help to increase trust in cancer screening, many responses centered around the health care providers:

- Clear, consistent and transparent communication from providers (51%)
- More time and attention from health care providers (39%)
- More information about the benefits and potential risks of screening (34%)

Additionally, 50% named affordable and predictable costs.

What practical solutions help people prioritize screening?

The strongest motivating factors for scheduling routine cancer screenings were:

- I want to live a long, healthy life (65%)
- Early detection saves lives (45%)
- It's part of my wellness routine (34%)

Emotional and personal drivers also play a role, with significant percentages naming these types of reasons as their motivation to prioritize routine cancer screenings:

- There are loved ones who rely on me (27%)
- I have a personal or family history of cancer (21%)

Motivations for getting screened are largely consistent across racial and ethnic groups.

In addition, 71% said they are more likely to schedule their next recommended cancer screening after reading about the benefits of early detection.

This emphasizes that the Early Detection = Better Outcomes messaging will resonate with many groups of people to get them to their routine cancer screening.

When asked about the best ways to make sure they schedule their recommended cancer screenings, respondents named the following methods:

- Text reminders from my health care provider (49%)
- Email reminders from my health care provider (40%)
- The option to schedule my next appointment before leaving the doctor's office (32%)
- The ability to schedule online (32%)

Patient advocacy organizations can implement some of these tools (e.g. the Prevent Cancer Foundation's reminder tool), but some of these actions would need to be implemented at the provider level.

Screening innovations can play a pivotal role in increasing screening rates

Surveyed adults who reported being behind on their routine cancer screenings responded positively to screening innovations across cancer types. When asked what would make them more likely to prioritize each routine cancer screening, "a different/less invasive test or screening" and "and at-home test option" were the most popular responses.

Interest in multi-cancer detection (MCD) tests remains high, consistent with 2025 findings. After reading information on MCD tests, 76% said they would take an MCD test.

There is high recognition of the role prevention can play in cancer…

Seven in ten surveyed U.S. adults (70%) believe they can prevent or reduce their risk of cancer.

This belief is highest among Asian adults (74%) and white or Caucasian adults (71%). It is the lowest among Black or African American adults (63%), who are more likely to attribute cancer risk to genetics (11%) or uncontrollable factors (26%).

Awareness on the importance of preventive behaviors increases with age. Notably:

- Avoiding tobacco:71% for Gen Z, 89% for Silent Generation
- Getting routine cancer screenings: 63% for Gen Z, 87% for Silent Generation
- Limiting alcohol consumption: 57% for Gen Z, 73% for Silent Generation

…but barriers remain

Maintaining a healthy lifestyle presents some practical challenges. When asked what challenges make it difficult for them to maintain a healthy lifestyle, respondents said:

- Lack of motivation (51%)
- Cost of healthy food or gym memberships (48%)
- Lack of time (35%)
- Health conditions or physical limitations (30%)
- Barriers to healthy living disproportionately affect Black or African American and Hispanic or Latino adults. Cost, motivation, and health-related barriers are cited more frequently among Black or African American and Hispanic or Latino adults, while white or Caucasian adults are more likely to report time constraints as the primary obstacle.

Gen Z and Millennials were more likely to cite lack of motivation, cost and lack of time while Baby Boomers and the Silent Generation are increasingly constrained by health conditions or physical limitations.

Awareness of genetics and cancer risk is high—and many may be under a mistaken impression that most cancers hereditary

Roughly three in four adults surveyed said they are aware of the connection between genetics and cancer risk.

But of those who are behind on their routine cancer screenings, 36% said they are behind because they don't have a family history of cancer. This was the fourth most common reason cited for being behind on their screenings. The survey shines a lot on a significant misunderstanding the public has about who should be getting routine cancer screenings (everyone of average risk) and how many cancer cases are tied to genetics (just 5-10%).

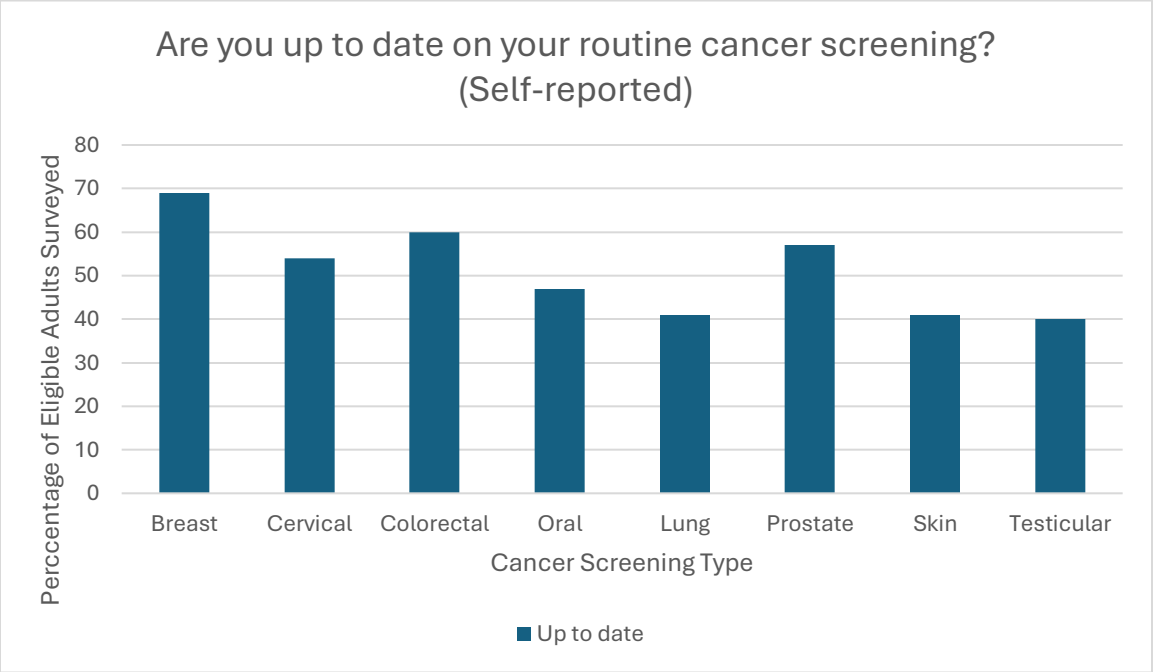
And knowledge of genetic risk doesn't always translate into action. Among surveyed adults who have undergone genetic testing, 46% learned they are at increased risk and 46% learned they are at average risk. Of those who learned through genetic testing they are at increased risk of cancer:

- 24% said they make sure to stay on top of their cancer screenings
- 22% said they still fall behind

Screening behavior varies by cancer type

There are significant differences across cancer types for both awareness and adherence to routine screenings. Breast cancer screening leads the way, with 69% of respondents reporting

they are up to date on their routine screening. Testicular cancer checks have the worst uptake, with just 40% saying they are up to date.



Breast cancer

Though 69% of respondents claimed they were up to date on their routine breast cancer screening, only 56% had their last breast cancer screening within the last 12 months, which can likely be attributed to differing breast cancer screening guidelines.

A sizeable minority—22%—had their last screening between one to three years ago. About one in 10 women (12%) had their routine breast cancer screening three or more years ago and 8% of women have never had a routine breast cancer screening.

Black or African American people are more likely to be up to date on their breast cancer screenings compared to those in all other racial and ethnic groups.

76% of Black or African American people eligible for breast cancer screening say they are up to date, compared to only 69% of Hispanic or Latino people, 68% of White or Caucasian people, 68% of Asian people, and 66% of Indigenous people.

Cervical cancer

Among those surveyed who are eligible for cervical cancer screening, about four in 10 (44%) say they are either behind or are not sure if they are behind on their cervical cancer screening.

This is a notable improvement from last year when over half (54%) of respondents reported they were behind or unsure if they are behind on routine cervical cancer screening.

Of those surveyed, Asian American respondents were more likely to be behind on their routine cervical cancer screening compared to other groups. Fifty-four percent of Asian American women were either behind or unsure if they were, compared to 55% of white/Caucasian and Indigenous women and 52% of Black/African American and Hispanic/Latino.

Although cervical cancer screening is one of the few cancer screenings available to young people, their uptake rates are quite low. More than half (52%) of eligible Gen Z respondents said they were behind on their screening or were unsure if they were. This is compared to 42% of Millennials, 41% of Gen X, and 37% of Baby Boomers.

Upon reviewing the description of a new, FDA-approved self-administered test to screen for cervical cancer, over half (54%) of eligible respondents ages 30-65 said they would be *more* or *much more* likely to complete a cervical cancer/HPV screening if that option were available, suggesting fairly strong interest in this new approach.

Colorectal cancer

Among surveyed adults eligible for colorectal cancer screening, 38% say they are behind or are not sure if they're behind on their routine colorectal cancer screening. This is a notable improvement compared to last year when 47% said they are behind/unsure. Nearly one in five (18%) say they have never been screened for colorectal cancer.

Findings are generally similar across racial and ethnic groups, with roughly four in 10 adults in each group saying they are behind or unsure of their colorectal cancer screening status (ranging from 37% to 42%).

There was high interest in alternative screening approaches for colorectal cancer. When those behind on their colorectal cancer screening were asked what would help them prioritize screening, they say:

- A different/less invasive test or screening (32%)
- An at-home test option (30%)
- A blood test option (29%)

About 75% of all survey respondents say they are aware of at-home options for colorectal cancer screening and about 32% say they are aware of blood test options.

Lung cancer

Of surveyed adults eligible for lung cancer screening (based on age and smoking history), 58% say they are behind or are not sure if they're behind on their routine lung cancer screening. Based on additional survey questions, we estimate that 78% of eligible surveyed adults are actually behind on their routine lung cancer screening.

Caucasian adults and Indigenous adults had the worst self-reported screening rates, with 59% and 62%, respectively, saying they are behind or are not sure if they are behind on their routine lung cancer screening. This compares to 45% of Hispanic or Latino adults and 42% of Black or African American adults.

Oral cancer

Among survey adults, 50% said they were behind or unsure if they were behind on their oral cancer exam (dental visit). This represents an eight-percentage point improvement from last year, when 58% of eligible adults said they were behind or unsure if they were.

Among eligible adults who didn't have a dental/oral cancer exam with in the last 12 months, cost is the most commonly mentioned barrier, with about one in three (31%) saying they can't afford the cost.

Findings are generally consistent across racial and ethnic groups, with roughly half of each group saying they are behind on their routine dental visits or are unsure, ranging from 48% among white or Caucasian adults to 56% among Asian adults.

Asian adults are more likely to say they have never had an oral cancer exam (27%) and Indigenous adults are more likely to say their last exam was three or more years ago (20%).

Prostate cancer

Among survey respondents, 41% said they were behind or were not sure if they were behind on their routine prostate cancer screening.

Findings are generally consistent across racial and ethnic groups, with roughly four in 10 people saying they are behind or unsure if they're behind on their routine prostate cancer screening, including 37% of Hispanic or Latino respondents, 40% of white or Caucasian respondents and 42% of Indigenous respondents. Asian adults (46%) and Black or African American adults (50%) were more likely to report they are behind on their prostate cancer screening or are unsure.

The reasons cited for being behind on routine prostate cancer screening were largely consistent across groups, with the same core reasons appearing at the top: not being able to afford the cost (24%), no family history of prostate cancer (21%) and not experiencing any symptoms of prostate cancer (21%). Black adults were more likely to name being afraid of cancer diagnosis (28%) as a reason for being behind on prostate cancer screening—in fact, this was the number one reason given for this group.

Skin cancer

There was notable improvement in self-reported screening rates for skin cancer as compared to 2025. Fifty-six percent (56%) said they were behind or were not sure if they were behind on their routine skin cancer screening compared to 64% in 2025.

Responses on skin cancer screening show a clear age pattern, with younger adults more likely to be behind on their routine skin cancer screening as compared to older adults. Here's who said they were behind or were unsure if they were behind on their routine skin cancer checks:

- 65% Gen Z
- 58% Millennials
- 59% Gen X
- 46% Baby Boomers
- 33% Silent Generation

Testicular cancer

Testicular cancer checks are trending in the right direction; 57% said they were behind or were not sure if they were behind on their routine testicular cancer check, down from 68% in 2025.

The most commonly cited reasons are not knowing they needed to be screened (26%), not having a family history of testicular cancer (25%), and not being able to afford the cost (23%).

Findings are generally similar across racial and ethnic groups, with just over half saying they are behind or unsure if they're behind on their testicular cancer screening, including 53% of Hispanic or Latino respondents, 55% of Black or African American respondents, 58% of white or Caucasian respondents and 58% of Indigenous respondents. A slightly higher percentage (62%) of Asian respondents said they are behind or are unsure if they're behind on their testicular cancer check. Asian men are also less likely to report being checked within the last 12 months and more likely to report never being screened (33%). Indigenous men are also more likely to report never being screened (36%).

In terms of what would help those who are behind prioritize their testicular cancer checks, answers are consistent across groups, including an-home test option (29%), a faster test (23%) and a different or less invasive test (23%). Asian respondents are especially likely to name at-home testing (33%) and faster testing (29%).

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