



Emerging Strategies in Early Detection Webinar

Expanding the Colorectal Cancer
Screening Toolbox with Blood-
based Screening

July 28, 2026

Welcome

Molly Black
Director, Early Detection
American Cancer Society



Agenda

1 **What Primary Care Clinicians Need to Know About New Blood-based Colorectal Cancer Screening Tests** | Andrew M. D. Wolf, MD, MACP

2 **Research | Blood-based Testing in VA & FQHC Populations**
Peter Liang, MD, MPH | Samir Gupta, MD, MSCS, AGAF

3 **Scenarios | Blood-based Testing in Practice**
Andrew M. D. Wolf, MD, MACP | Peter Liang, MD, MPH | Samir Gupta, MD, MSCS, AGAF

4 **Q & A**
Andrew M. D. Wolf, MD, MACP | Peter Liang, MD, MPH | Samir Gupta, MD, MSCS, AGAF

Welcome To



Andrew Wolf, MD, MACP

Professor Emeritus of Medicine | **UVA School of Medicine**

Chair, Guideline Development Group | **American Cancer Society**



Peter S. Liang, MD, MPH

Associate Professor of Medicine and Population Health | **NYU Grossman School of Medicine**

Section Chief of Gastroenterology and Hepatology | **VA New York Harbor Health Care System** Margaret Cochran Corbin campus



Samir Gupta, MD, MSCS

Professor of Medicine, Division of Gastroenterology | **UC San Diego**
Staff Physician | **VA San Diego Healthcare System**



Andrew Wolf, MD, MACP

**Professor Emeritus of Medicine |
UVA School of Medicine**

**Chair, Guideline Development
Group | American Cancer Society**

What PCPs Need to Know About New Blood-based CRC Screening Tests

No disclosures

Objectives

1. To appreciate the test performance of the new blood-based screening tests for colorectal cancer.
2. To understand the potential value and limitations of blood-based tests.
3. To determine who would be appropriate candidates for blood-based tests.
4. To be able to discuss the pros and cons of blood-based CRC screening with your patients.

The NEW ENGLAND JOURNAL *of* MEDICINE

ESTABLISHED IN 1812

MARCH 14, 2024

VOL. 390 NO. 11

A Cell-free DNA Blood-Based Test for Colorectal Cancer Screening

Daniel C. Chung, M.D., Darrell M. Gray II, M.D., M.P.H., Harminder Singh, M.D., Rachel B. Issaka, M.D., M.A.S., Victoria M. Raymond, M.S., Craig Eagle, M.D., Sylvia Hu, Ph.D., Darya I. Chudova, Ph.D., AmirAli Talasaz, Ph.D., Joel K. Greenson, M.D., Frank A. Sinicrope, M.D., Samir Gupta, M.D., M.S.C.S., and William M. Grady, M.D.

Original Investigation

FREE

[Cite](#) [Permissions](#) [Metrics](#)

Clinical Validation of a Circulating Tumor DNA-Based Blood Test to Screen for Colorectal Cancer

JAMA

Published Online: June 2, 2025

2025;334;(1):56-63. doi:10.1001/jama.2025.7515

Aasma Shaukat, MD, MPH^{1,2}; Carol A. Burke, MD³; Andrew T. Chan, MD, MPH⁴; [et al](#)

Blood-based testing

	Shield ¹	SimpleScreen ²
Primary evidence:	ECLIPSE study (ClinicalTrials.gov identifier NCT04136002)	PREEMPT CRC study (ClinicalTrials.gov identifier NCT04369053)
Colorectal cancer	83.1% sensitivity	79.2% sensitivity
Advanced precancerous lesions	13.2% sensitivity	12.5% sensitivity
Colorectal cancer stage 1	64.7% sensitivity	57.1% sensitivity
Accurately identifying persons without any advanced colorectal neoplasia	89.6% specificity <i>Declines with increasing age</i>	91.5% specificity <i>Declines with increasing age</i>

80% of long-term CRC mortality benefit comes from detecting and removing precancerous lesions.³

[Wolf et al. \(2026\)](#) | ¹ [Chung et al. \(2024\)](#). ² [Shaukat et al. \(2025\)](#). ³ [Heisser et al. \(2024\)](#).

Clinical Considerations: Strategy Comparisons

Strategy	Sensitivity			Specificity	Coverage & Cost ¹⁰
	APLs	CRC	Stage I CRC		
Colonoscopy	95%¹	95%¹	~95%¹	86-94%¹	widespread ~\$1,250-\$4,800 self-pay
FIT	29%³	78%³	71%³	95%³	widespread ~\$20 self-pay
Multitarget stool DNA (Cologuard)	42%⁵	92%⁵	NR	87%⁵	widespread ~\$599 self-pay
Multitarget stool DNA - <i>next gen</i> (Cologuard Plus)	43%⁷	94%⁷	NR	91%⁷	Medicare Part B and expanding ~\$599 self-pay
Multitarget stool RNA (ColoSense)	46%³	94%³	100%³	86%³	CMS and expanding ~\$509 self-pay
Blood-based cfDNA (Shield)	13%⁸	83%⁸	65%⁸	90%⁸	Medicare Part B and VA CCN only ~ \$1,500 self-pay
Blood-based cfDNA (SimpleScreen)	13%⁹	79%⁹	57%⁹	92%⁹	Not yet available direct-to-consumer

Table adapted from [Ebner et al., 2025 \(JNCI\)](#); additional data from multiple sources cited below.

¹ [Knudsen et al. \(2021\)](#), ² [Brenner et al. \(2026\)](#), ³ [Barnell et al. \(2023\)](#), ⁴ [Cusumano et al. \(2020\)](#), ⁵ [Imperiale et al. \(2014\)](#), ⁶ [Greene et al. \(2025\)](#), ⁷ [Imperiale et al. \(2024\)](#), ⁸ [Chung et al. \(2024\)](#), ⁹ [Shaukat et al. \(2025\)](#), ¹⁰ Google search on 5/27/2026

American Cancer Society guideline for colorectal cancer screening, 2026 update | <https://doi.org/10.3322/caac.70083>



Received: 27 March 2026 | Accepted: 30 March 2026

DOI: [10.3322/caac.70083](https://doi.org/10.3322/caac.70083)

ARTICLE

Colorectal cancer screening: An update to the American Cancer Society guideline, 2026

Andrew M. D. Wolf MD¹ | Richard M. Hoffman MD, MPH² |
Louise C. Walter MD³ | Charnita Zeigler-Johnson PhD, MPH⁴ |
Timothy R. Church PhD⁵ | Carmen E. Guerra MD, MSCE⁶ |
Elena B. Elkin PhD, MPA⁷ | Ruth Etzioni PhD⁸ | Abbe Herzig PhD⁹ |
Kevin C. Oeffinger MD¹⁰ | Rebecca B. Perkins MD, MSc¹¹ |
Sana Raoof MD, PhD¹² | Ya-Chen Tina Shih PhD¹³ | Steven J. Skates PhD¹⁴ |
Tyler B. Kratzer MPH¹⁵ | Deana Manassaram-Baptiste PhD, MPH¹⁶ |
Robert A. Smith PhD¹⁶



Table 1 American Cancer Society guideline for colorectal cancer screening, 2026 update. | Recommendations^a



The American Cancer Society (ACS) recommends that adults **aged 45 years and older** with an **average risk^b** of developing colorectal cancer undergo regular screening with either a **high-sensitivity stool-based test or a structural (visual) examination**, depending on patient preference and test availability.

Patients should be informed that a positive result on a noncolonoscopy screening test requires timely follow-up with a colonoscopy to complete the screening process, *preferably within 6 months*.

The recommendation to begin screening at age 45 years is a ***qualified recommendation***.

The recommendation for regular screening in adults aged 50 years and older is a ***strong recommendation***.

The ACS recommends that average-risk adults in good health with a life expectancy of greater than 10 years continue colorectal cancer screening through the age of 75 years (***qualified recommendation***).

The ACS recommends that clinicians individualize colorectal cancer screening decisions for individuals aged 76 through 85 years, based on patient preferences, life expectancy, health status, and prior screening history (***qualified recommendation***).

The ACS recommends that clinicians discourage individuals older than 85 years from continuing colorectal cancer screening (***qualified recommendation***).

^a A strong recommendation conveys the consensus that the benefits of adherence to that intervention outweigh the undesirable effects that may result from screening. Qualified recommendations indicate there is clear evidence of benefit (or harm) of screening but less certainty about the balance of benefits and harms or about patients' values and preferences that could lead to different decisions about screening. ^b These recommendations represent guidance from the ACS for persons without a history of adenomatous polyps or colorectal cancer and those who are not at increased risk for colorectal cancer because of a strong family history of colorectal cancer, a confirmed or suspected hereditary colorectal cancer syndrome (such as familial adenomatous polyposis or Lynch syndrome), or a personal history of inflammatory bowel disease or of receiving radiation to the abdomen (belly) or pelvic area to treat a prior cancer.

Preferred screening options

- Stool-based tests:
 - High-sensitivity fecal immunochemical test | *every year*
 - High-sensitivity guaiac-based fecal occult blood test | *every year*
 - Multitarget stool DNA test (original or next-generation) | *every 3 years*
 - Multitarget stool RNA test | *every 3 years*
- Direct visual examinations:
 - Colonoscopy | *every 10 years*
 - Computed tomography colonography | *every 5 years*
 - Flexible sigmoidoscopy | *every 5 years*

^a A strong recommendation conveys the consensus that the benefits of adherence to that intervention outweigh the undesirable effects that may result from screening. Qualified recommendations indicate there is clear evidence of benefit (or harm) of screening but less certainty about the balance of benefits and harms or about patients' values and preferences that could lead to different decisions about screening. ^b These recommendations represent guidance from the ACS for persons without a history of adenomatous polyps or colorectal cancer and those who are not at increased risk for colorectal cancer because of a strong family history of colorectal cancer, a confirmed or suspected hereditary colorectal cancer syndrome (such as familial adenomatous polyposis or Lynch syndrome), or a personal history of inflammatory bowel disease or of receiving radiation to the abdomen (belly) or pelvic area to treat a prior cancer.

Recommendation for blood-based colorectal cancer screening

- Blood-based screening tests are not preferred screening options at this time; they should be recommended only to individuals who decline or have not completed one of the preferred colorectal cancer screening tests.
 - Blood-based tests should not be ordered without prior discussion with the patient.
 - Patients who choose a blood-based test should be informed that:
 - Blood-based tests have lower sensitivity than high-sensitivity stool-based tests and direct visual examinations in detecting advanced precancerous lesions and stage I colorectal cancers, limiting their effectiveness for reducing colorectal cancer incidence and mortality relative to the preferred options (see Table 2).
 - If their blood-based test is positive, patients will need to undergo a follow-up colonoscopy to complete the screening process.
 - Manufacturers have not specified a recommended testing interval; however, the Centers for Medicare and Medicaid Services specifies a 3-year interval for Medicare beneficiaries.

a A strong recommendation conveys the consensus that the benefits of adherence to that intervention outweigh the undesirable effects that may result from screening. Qualified recommendations indicate there is clear evidence of benefit (or harm) of screening but less certainty about the balance of benefits and harms or about patients' values and preferences that could lead to different decisions about screening. **b** These recommendations represent guidance from the ACS for persons without a history of adenomatous polyps or colorectal cancer and those who are not at increased risk for colorectal cancer because of a strong family history of colorectal cancer, a confirmed or suspected hereditary colorectal cancer syndrome (such as familial adenomatous polyposis or Lynch syndrome), or a personal history of inflammatory bowel disease or of receiving radiation to the abdomen (belly) or pelvic area to treat a prior cancer.

Blood-based testing

Limitations:

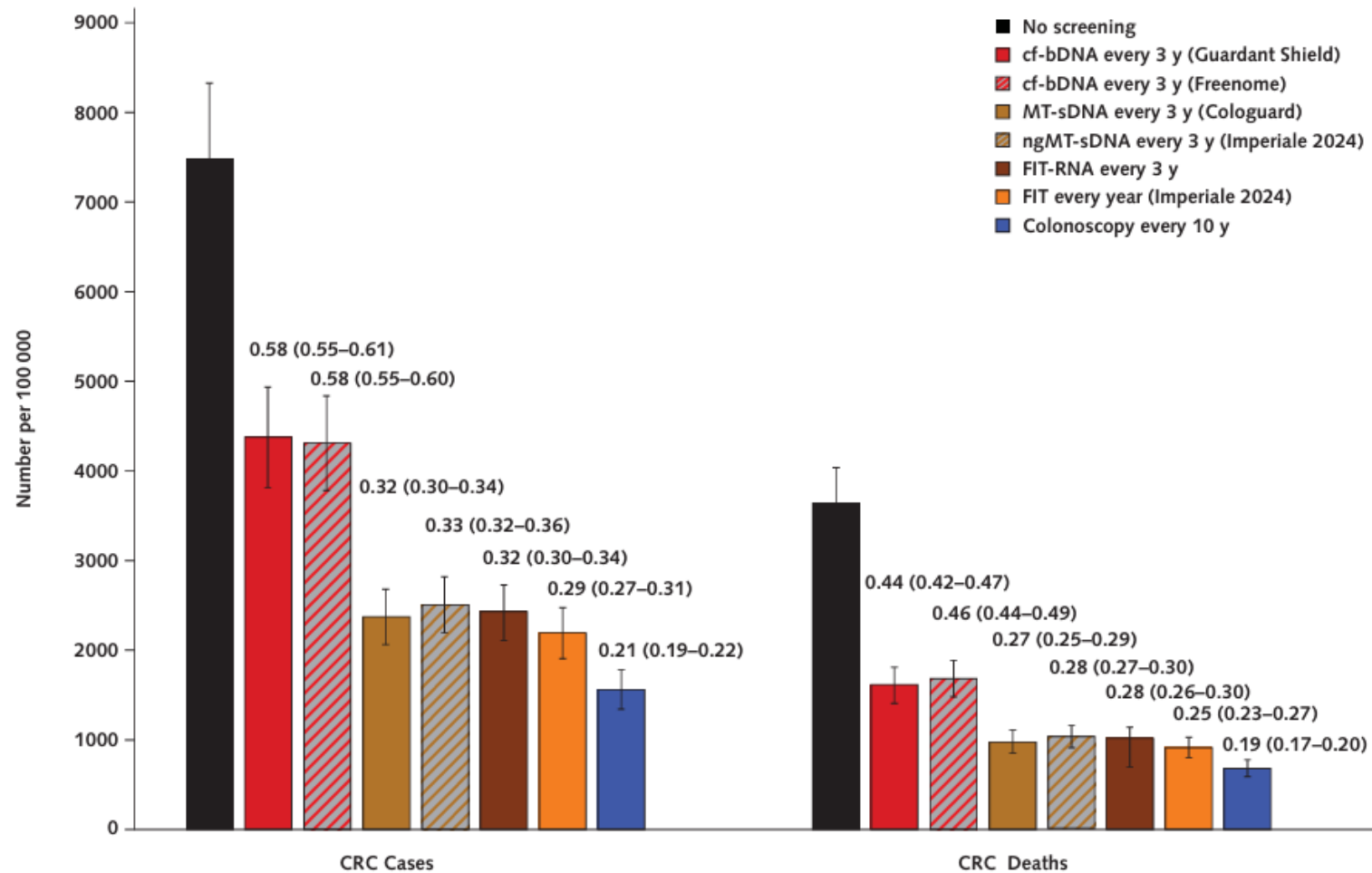
1. Low sensitivity of blood-based tests for APL and their reduced sensitivity for stage I CRC versus sensitivity for stage II–IV CRC predict less effectiveness in reducing CRC incidence and mortality compared with currently recommended CRC screening tests.
2. Declining specificity of blood-based tests with advancing age would increase the rate of false positives at older ages, when colonoscopy associated risks are the greatest.
 - from >90% among participants younger than 55 years to about 80% in those 70 years and older
3. In modeling analyses, 3-year screening interval (approved for coverage by CMS) was consistently less effective in reducing CRC burdens for an equal or greater number of lifetime colonoscopies than strategies based on colonoscopy, FIT, and mt-sDNA (and, in some analyses, mt-sRNA).

Shield's FDA Approval

- FDA requires this statement to appear on Shield's labeling and advertising:

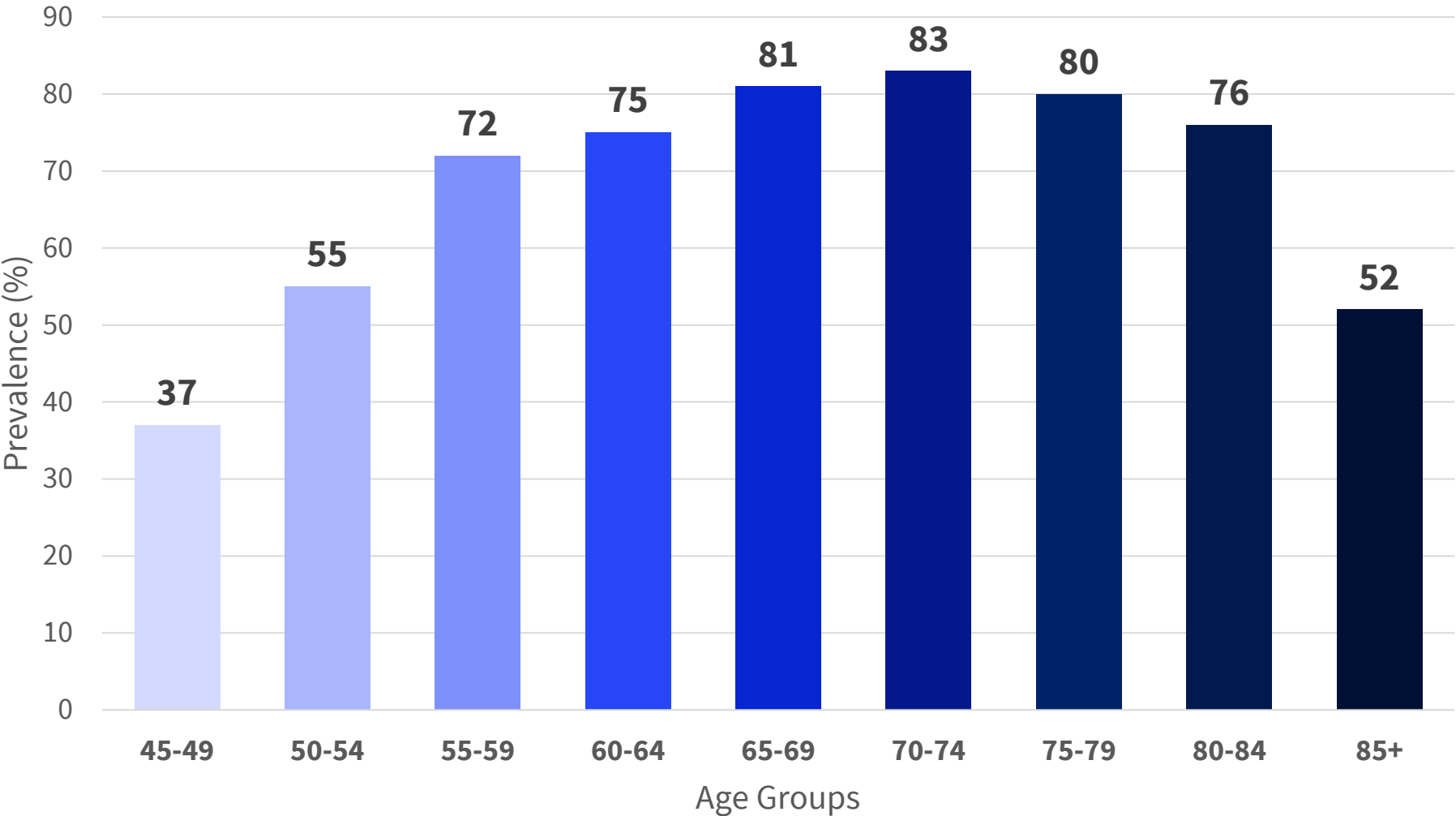
“Precaution: Based on data from clinical studies, Shield has limited detection (55%-65%) of Stage I colorectal cancer and does not detect 87% of precancerous lesions. One out of 10 patients with a negative Shield result may have a precancer that would have been detected by a screening colonoscopy. Shield demonstrated high detection of Stages II, III, and IV colorectal cancer.”

Figure 1. Clinical outcomes with emerging and established CRC screening strategies.



The estimated numbers of CRC cases and CRC deaths in a cohort of 100 000 45-year-old persons are shown as means with 95% uncertainty intervals (95% UIs). The number labels above each bar represent the relative rates and 95% UIs for each screening strategy compared with no screening. cf-bDNA = circulating cell-free blood-based DNA test; CRC = colorectal cancer; FIT = fecal immunochemical test; FIT-RNA = FIT/stool RNA test; MT-sDNA = multitarget stool DNA test; ngMT-sDNA = next-generation multitarget stool DNA test.

FIGURE 1 Colorectal Cancer Screening (%)



Adults 45 years and older, by age, United States, 2023 estimates stratified by age are presented crude. Up-to-date colorectal cancer screening is defined as a fecal occult blood test/fecal immunochemical test, sigmoidoscopy, colonoscopy, computed tomography colonography, or mt-sDNA test in the past 1, 5, 10, 5, and 3 years, respectively.

So who should be offered blood-based CRC screening?

- Anyone who declines all of the preferred options:
 - They don't want to take the prep and/or the time to complete a colonoscopy
 - They don't want anything to do with their stool
- Anyone who has been non-adherent with preferred options:
 - First, probe what is behind the non-adherence
 - Unanswered question: how non-adherent do they have to be to prompt offering blood-based screening?
- *AND:* they *would* be willing to complete a colonoscopy if the blood test is positive

Key counseling points prior to blood-based testing

- **Limitations of blood-based test**
 - Poor at detecting pre-cancerous growths that can be removed, thus poor at preventing cancer
 - Miss more early stage cancers
- **Stress the advantages of the preferred tests**
 - Better at preventing cancer and detecting early stage cancer, which is more easily treated
- **Emphasize that a positive test requires a follow-up colonoscopy to complete the screening process**



THANK YOU!



ACS Emerging Strategies in
Early Detection Webinar

7/28/26

Blood-based Colorectal Cancer Screening: Evidence from 2 US Randomized Controlled Trials

Peter S. Liang, MD MPH

**Departments of Medicine and Population Health, NYU Grossman School of
Medicine**

VA New York Harbor Health Care System

peter.liang@nyulangone.org

Disclosures

Research support: Epigenomics, Freenome

Advisory board: Guardant Health, Natera

2026 ACS guideline: blood tests are added as a new screening option, but are not preferred



This talk will address 2 questions:

- 1) Do blood tests increase CRC screening?
- 2) Do blood tests decrease use of preferred screening tests (colonoscopy, FIT)?

Data source: 2 US randomized controlled trials of blood-based screening tests, in which participants had declined preferred tests

1) VA study (N=359): **Epi proColon** (Epigenomics), septin 9 DNA methylation

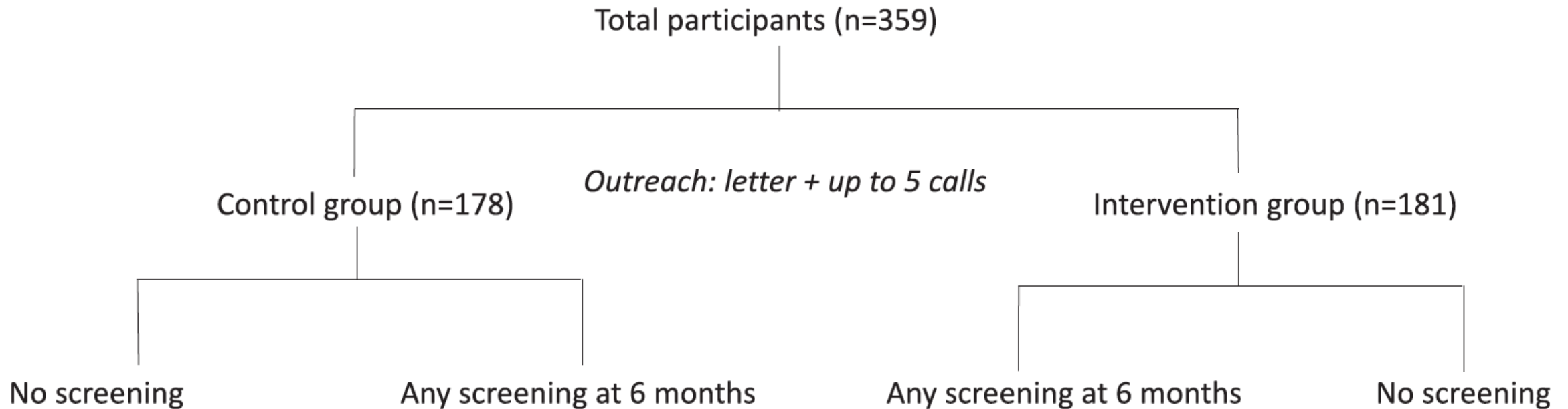
2) Kaiser Permanente study (N=2004): **Shield** (Guardant Health), cell-free DNA genomic/epigenomic/fragmentomic changes

VA Study

Blood Test Increases Colorectal Cancer Screening in Persons Who Declined Colonoscopy and Fecal Immunochemical Test: A Randomized Controlled Trial

Peter S. Liang,^{1,2} Anika Zaman,^{1,2} Anne Kaminsky,¹ Yongyan Cui,²
Gabriel Castillo,² Craig T. Tenner,^{1,2} Scott E. Sherman,^{1,2} and Jason A. Dominitz^{3,4}

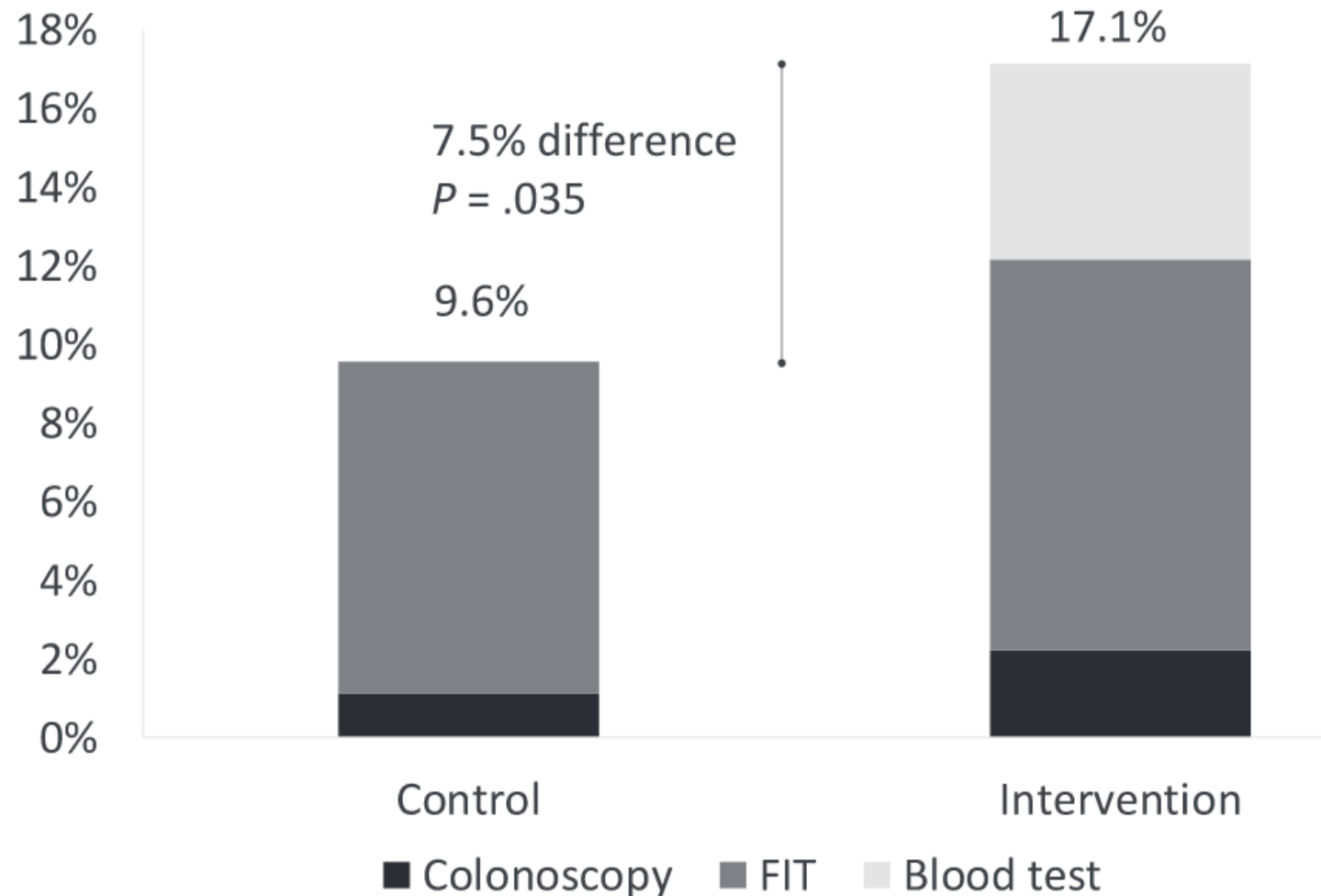
Does a blood test increase CRC screening in individuals who declined colonoscopy & FIT?



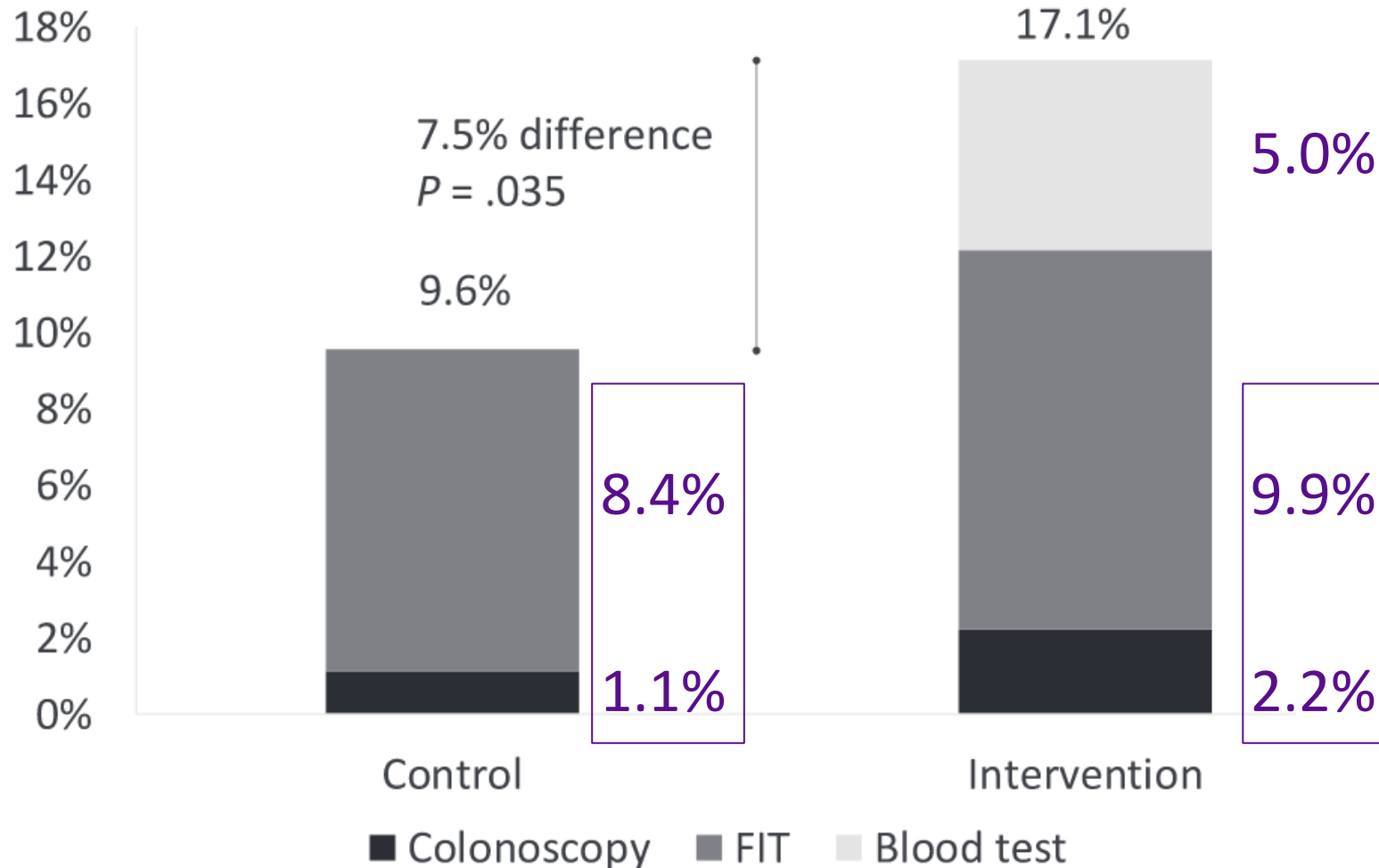
Participant demographics

Variable, n (%)	Overall (n = 359)	Control subjects (n = 178)	Intervention (n = 181)
Age, y			
50–59	87 (24.2)	38 (21.3)	49 (27.1)
60–69	148 (41.2)	78 (43.8)	70 (38.7)
70–75	124 (34.5)	62 (34.8)	62 (34.3)
Male sex	343 (95.5)	171 (96.1)	172 (95.0)
Race/ethnicity			
Non-Hispanic White	130 (36.2)	68 (38.2)	62 (34.3)
Non-Hispanic Black	147 (40.9)	70 (39.3)	77 (42.5)
Hispanic	55 (15.3)	26 (14.6)	29 (16.0)
Asian	5 (1.4)	3 (1.7)	2 (1.1)
Native Hawaiian/ Pacific Islander	3 (0.8)	1 (0.6)	2 (1.1)
Other/unknown	19 (5.3)	10 (5.6)	9 (5.0)

Offering blood test increased screening by 7.5% in individuals who declined colonoscopy & FIT



Use of colonoscopy & FIT did not decrease



Kaiser Permanente Study

Blood-based colorectal cancer screening in an integrated health system: a randomised trial of patient adherence

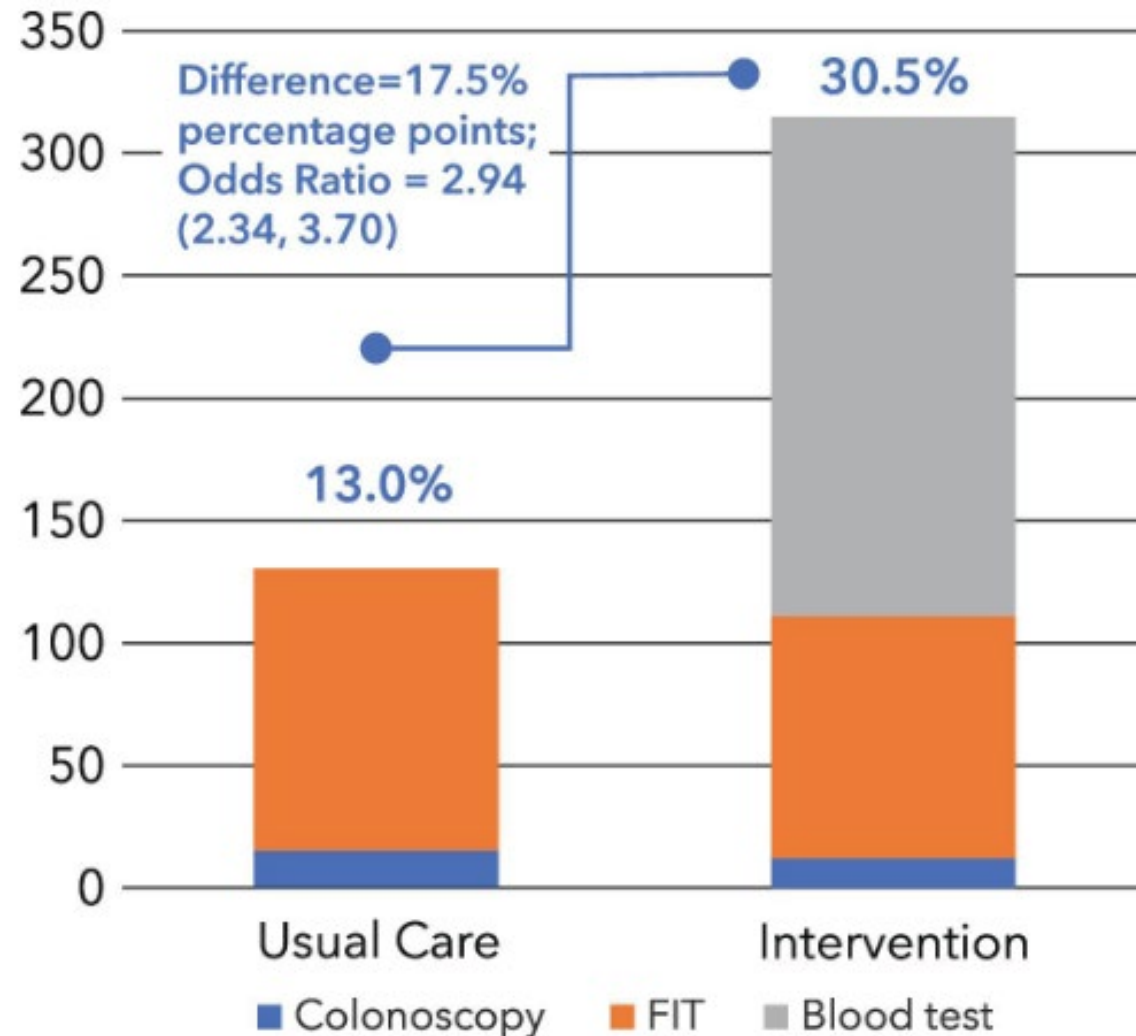
Gloria D Coronado ,^{1,2} Charisma L Jenkins,¹ Elizabeth Shuster,¹ Cheryl Johnson,¹ David Amy,¹ Jennifer Cook,¹ Samantha Sahnou,¹ Jamilyn M Zepp,¹ Rajasekhara Mummadi¹

Does a blood test increase CRC screening in individuals who declined FIT?

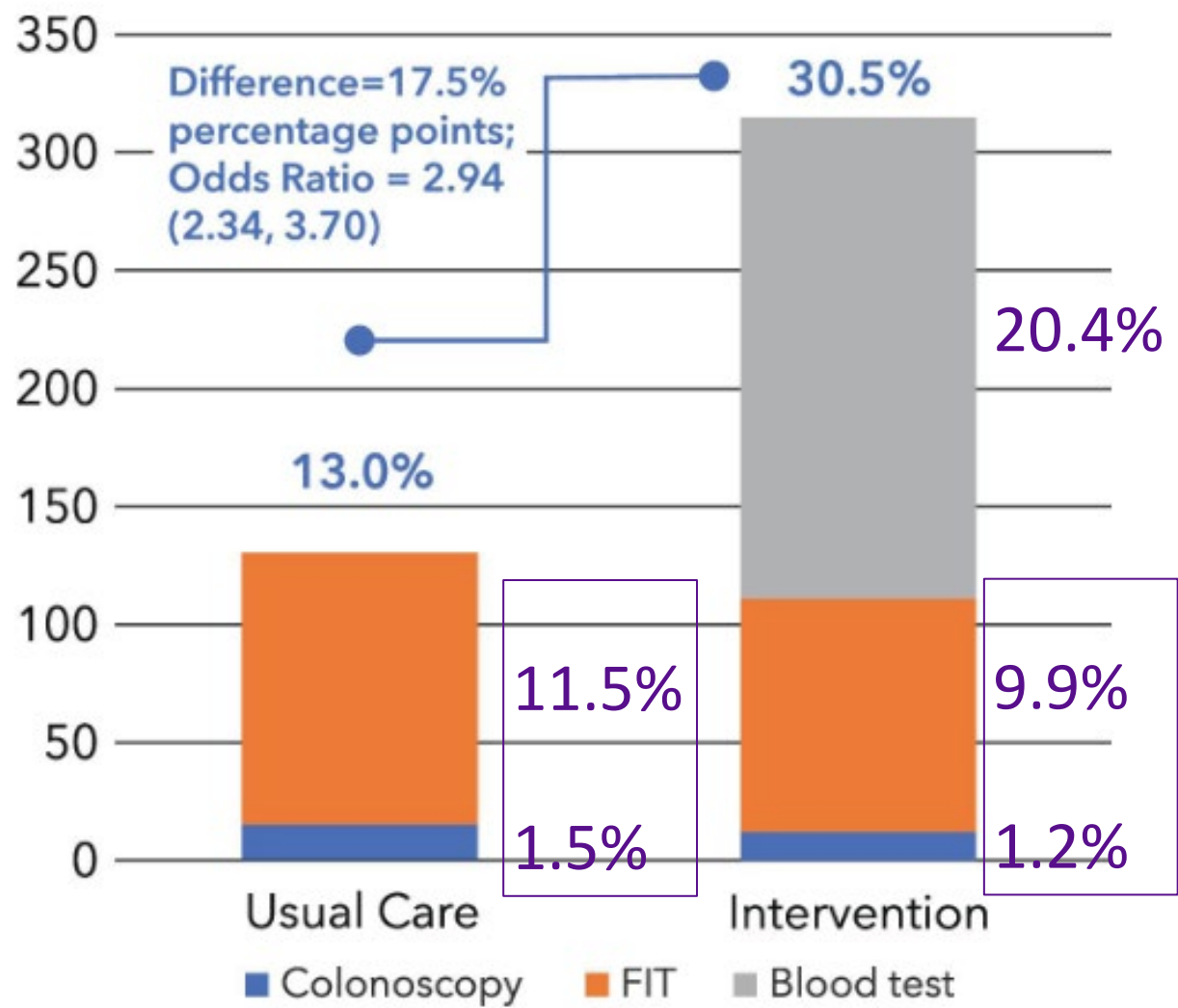
Table 1 Demographic characteristics of randomised participants

	Usual care (n=1003)	Intervention (n=1001)	Total (n=2004)
	N (%)	N (%)	N (%)
Age (mean, range)	59.7 (45–75)	59.6 (45–75)	59.7 (45–75)
45–49	28 (2.8)	29 (2.9)	57 (2.8)
50–64	722 (72.0)	718 (71.7)	1440 (71.9)
65–75	253 (25.2)	254 (25.4)	507 (25.3)
Sex			
Female	598 (59.6)	642 (64.1)	1240 (61.9)
Male	405 (40.4)	359 (35.9)	764 (38.1)
Race/ethnicity			
Non-Hispanic Asian	31 (3.1)	45 (4.5)	76 (3.8)
Non-Hispanic black	55 (5.5)	60 (6.0)	115 (5.7)
Hispanic (any race)	35 (3.5)	31 (3.1)	66 (3.3)
Other/multiple/ unknown	73 (7.3)	73 (7.3)	146 (7.3)
Non-Hispanic white	809 (80.7)	792 (79.1)	1601 (79.9)
Prior CRC screening			
Yes	520 (51.8)	521 (52.1)	1041 (52.0)
No	483 (48.2)	480 (48.0)	963 (48.1)

Offering blood test increased screening by 17.5% in individuals who declined FIT



Use of colonoscopy & FIT was not statistically different in the 2 groups



Colonoscopy completion after abnormal blood test was low in both studies

	VA study	Kaiser study
Blood test positive, n (%)	2 (18.2%)	22 (10.8%)
Colonoscopy within 3-6 months after positive blood test, n (%)	1 (50%) 6 months	11 (50%) 3 months

Colonoscopy completion after abnormal blood test and FIT are similarly low

	VA study	Kaiser study
Colonoscopy within 3-6 months after positive blood test, n (%)	1 (50%) <i>6 months</i>	11 (50%) <i>3 months</i>

Retrospective cohort of 32,769 individuals with abnormal stool tests: 51% colonoscopy completion within 6 months (44% for FIT, 62% for mt-sDNA)

Summary

- In 2 US RCTs of blood-based CRC screening tests for individuals who had declined preferred tests, those offered the blood tests had 7.5-17.5% higher screening uptake than control groups
- In both RCTs, use of colonoscopy & FIT did not decrease in the groups offered the blood tests
- Colonoscopy completion after abnormal blood tests was 50% (similar to FIT in other studies), which is a crucial area for improvement

Acknowledgements

Liang Lab

Anika Zaman

Anne Kaminsky

Yongyan Cui

Gabriel Castillo

VA New York Harbor

Scott Sherman

Craig Tenner

VA National Gastroenterology and Hepatology Program

Jason Dominitz

Research Support:

Epigenomics

NCI K08 CA230162



Emerging Strategies: Expanding the Colorectal Cancer Screening Toolbox with Blood-based Screening: Blood-Based Screening in a Federally Qualified Health Center

American Cancer Society Webinar, July 28, 2026

Samir Gupta, MD, MSCS

Professor of Medicine, Division of Gastroenterology, UC San Diego

Staff Physician, VA San Diego Healthcare System

s1gupta@health.ucsd.edu

UC San Diego
HEALTH SCIENCES

Disclosures

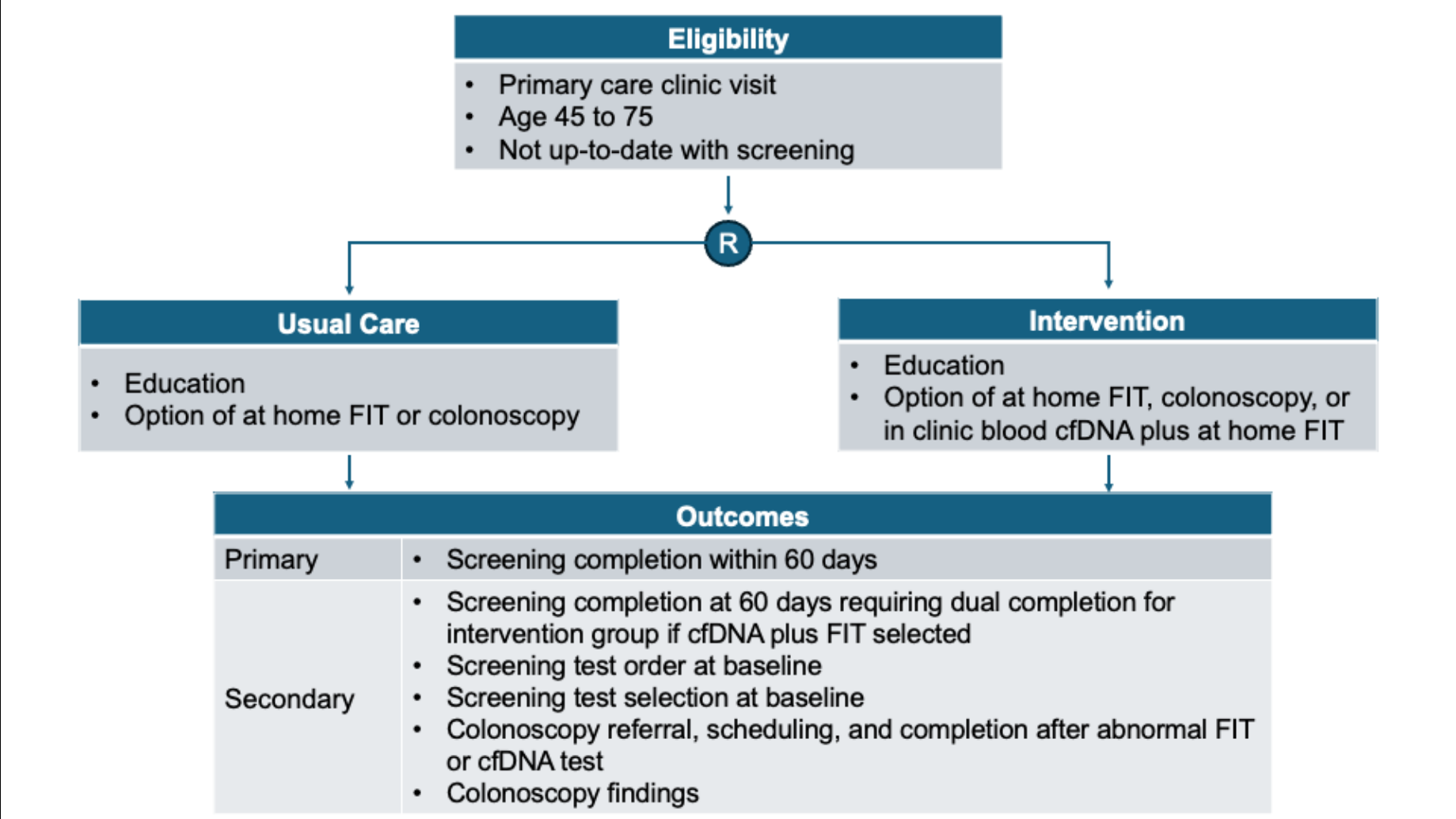
- Consultant for Guardant Health
- Guardant Health donated the cell-free DNA tests that were utilized for this study
- Data are in preparation for manuscript submission
 - Please do not take screenshots or post slides

Screening participation is suboptimal

Blood-based screening with cfDNA is a potential solution, but concerns exist

- High convenient
- Significant sensitivity for colorectal cancer (CRC)
- Tradeoffs
 - Lower sensitivity for CRC than colonoscopy, FIT-DNA, or FIT-RNA
 - Lower sensitivity for advanced polyps compared to colonoscopy, FIT-DNA, FIT-RNA, FIT
 - Higher acceptability might lead to substitution
 - To reduce CRC mortality, 2 individuals declining established tests must complete cfDNA for every 3 that substitute

2-Arm RCT at Family Health Centers of San Diego



Acknowledgements

Collaborators

- Nicole Mirabadi
- Ernesto Macias Martinez
- Jane Samaniego
- Yi Le
- Lin Liu
- Job Godino

Funding and Registration

- Curebound Health Equity Grant #30337997
- ClinicalTrials.gov NCT06929481
- Guardant Health
 - Test kits
 - Victoria Raymond and Sankalpi Carey

Scenarios | Blood-based Testing in Practice



Andrew Wolf, MD, MACP

Professor Emeritus of Medicine | **UVA School of Medicine**

Chair, Guideline Development Group | **American Cancer Society**



Peter S. Liang, MD, MPH

Associate Professor of Medicine and Population Health | **NYU Grossman School of Medicine**

Section Chief of Gastroenterology and Hepatology | **VA New York Harbor Health Care System** Margaret Cochran Corbin campus



Samir Gupta, MD, MSCS

Professor of Medicine, Division of Gastroenterology | **UC San Diego**
Staff Physician | **VA San Diego Healthcare System**

A close-up photograph of two hands, one with dark skin and one with light skin, clasped together in a supportive grip. The hands are resting on a dark, textured wooden surface. The image is partially obscured by a white diagonal shape on the right side of the slide.

Resources

Colorectal Cancer Screening

Practice and Patient Resources

Practice Resources

- ACS Colorectal Cancer Screening Guideline Update (2026) | [LINK](#)
- ACS Colorectal Cancer Screening Guideline (2018) | [LINK](#)
- ACS NCCRT's Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Primary Care Practices | [LINK](#)
- ACS NCCRT's Clinician's Reference: Stool-Based Tests for Colorectal Cancer Screening (2025) | [LINK](#)
- ACS NCCRT's The Dos and Don'ts of Colorectal Cancer Screening | [LINK](#)
- ACS NCCRT's Lead Time Messaging Guidebook | [LINK](#)
- Colorectal Cancer Fact Sheet for Health Care Professionals | [LINK](#)
- Colorectal Cancer Screening Conversation Cards | [LINK](#)
- ACS National Colorectal Cancer Roundtable | [LINK](#)

Patient Education & Activation Resources

- ACS Colorectal Cancer Screening Guidelines | [LINK](#)
- 7 Things to Know About Getting a Colonoscopy *flyer*
 - [English](#) | [Arabic](#) | [French](#) | [Haitian Creole](#) | [Hindi](#) | [Korean](#) | [Polish](#) | [Portuguese](#) | [Russian](#) | [Simplified Chinese](#) | [Somali](#) | [Spanish](#) | [Tagalog](#) | [Ukrainian](#) | [Vietnamese](#)
- Colorectal cancer: Catch it Early *flyer* | [LINK](#)
- You Can Prevent Colorectal Cancer *flyer*:
 - [English](#) | [Arabic](#) | [French](#) | [Haitian Creole](#) | [Hindi](#) | [Korean](#) | [Polish](#) | [Portuguese](#) | [Russian](#) | [Simplified Chinese](#) | [Spanish](#) | [Tagalog](#) | [Ukrainian](#) | [Vietnamese](#) - **Ask Your ACS Staff** for Hebrew, Yiddish
- Getting Screened for Colorectal Cancer *booklet*: [English](#) | [Navajo](#)
- Cancer Screening Reminder *cards & flyers* (English & Spanish) | **Ask Your ACS Staff**
- Colorectal Cancer Fact Sheet for Patients | [LINK](#)



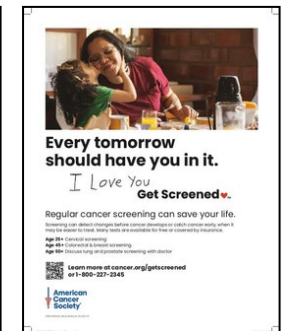
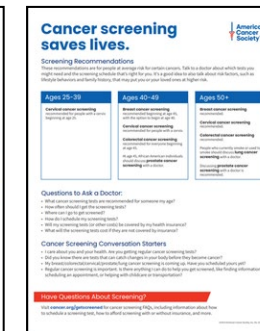
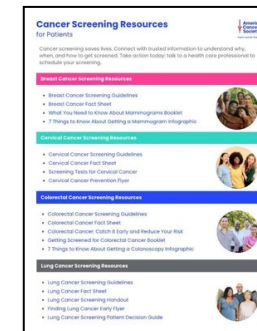
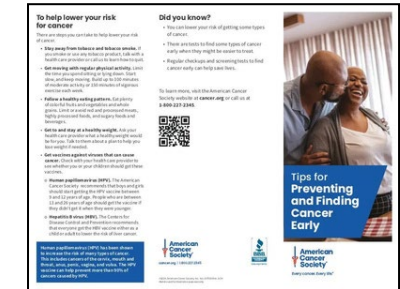
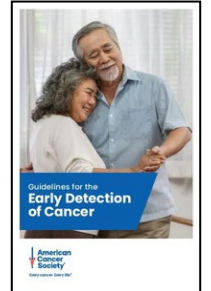
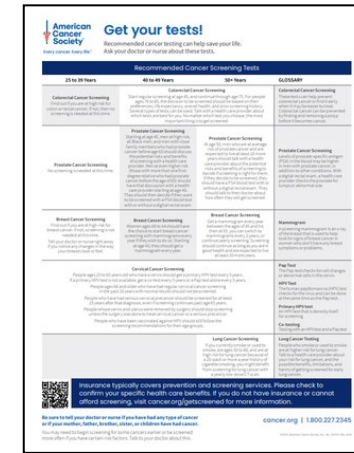
All Screening Sites | Practice and Patient Resources

Practice Resources

- ACS Cancer Facts & Figures 2026 | [LINK](#)
- ACS Cancer Prevention & Early Detection Facts & Figures 2025-2026 | [LINK](#)
- cancer.org/hcp for healthcare professionals *website* | [LINK](#)
- cancer.org resources for healthcare professionals *flyer* | [LINK](#)
- ACS Medical Journals | [LINK](#)
- ACS Project ECHO | [LINK](#) 
- ACS Community Health Center Cancer Screening Resources for Health Care Professionals | [LINK](#)
- ACS Cancer Screening Disparity Atlas | [LINK](#)
- Implementation Tools
 - ACS Quality Improvement Implementation Manual | [LINK](#)
 - ACS Evidence Based Interventions Reference Guide | [LINK](#)
 - ACS Implementing a Patient Reminder Intervention | [LINK](#)
 - ACS Gap Analysis Worksheet | [LINK](#)

Patient Education & Activation Resources

- ACS Education Materials for Your Patients | [LINK](#)
- Online ACS Material Ordering | [LINK](#)
- ACS Cancer Information in Other Languages | [LINK](#)
- ACS Cancer Screening Resources for Patients | [LINK](#)
- ACS CancerRisk360™ Learn More | [LINK](#)
- ACS CancerRisk360™ Take Assessment | [LINK](#)
- ACS CancerRisk360™ Promotional Materials | **Ask Your ACS Staff**
- ACS Get Your Tests *flyer/poster*: [English](#) | [Arabic](#) | [Chinese](#) | [French](#) | [Haitian Creole](#) | [Hindi](#) | [Korean](#) | [Polish](#) | [Portuguese](#) | [Russian](#) | [Spanish](#) | [Tagalog](#) | [Ukrainian](#) | [Vietnamese](#)
- ACS Get Screened Guidelines flyer | [LINK](#)
- ACS I Love You. Get Screened. *flyer* | [LINK](#)
- ACS Guidelines for Early Detection *brochure* | [English](#) | [Spanish](#)
- ACS Co-branded *cards, flyers and posters* | **Ask Your ACS Staff**
- ACS Tips for Preventing and Finding Cancer Early *tri-fold brochure* | [LINK](#)
- For Cancer Patients & Caregivers: Quick Guide to ACS Resources | [LINK](#)



ACS ARC Network: Knowledge Translation



Knowledge Translation team, provides educational opportunities and resources for healthcare professionals to support high quality care delivery across the cancer continuum.

Check out our webpage!



Community Health Center Capacity Building

The Knowledge Translation team delivers dynamic learning experiences and practical tools that elevate UDS cancer prevention and screening efforts. This program helps clinics strengthen their skills and build effective, evidence-based systems to provide timely cancer prevention and screening —driving better outcomes for the patients and communities served.

- [Webinar Series: Cancer Prevention and Early Detection for Community Health Systems](#) 
- [Cancer Screening Resources for Health Care Professionals](#) 
- [Cancer Screening Resources for Patients](#) 
- [Webinar Series: Emerging Strategies in Early Detection](#) 

Knowledge Translation Distribution List



Join Us

Please join the Knowledge Translation distribution list below to learn about new resources and learning opportunities.

Sign Up to Join Us

New Cancer Screening Resources



Community Health Center Cancer Screening Resources for Health Care Professionals

The American Cancer Society (ACS) is committed to supporting primary care professionals and their patients with trusted, evidence-based resources around cancer prevention, screening, and early detection. With people at the heart of our mission, we've applied input from health center leaders across the country to curate this list of key cancer risk and prevention resources for primary care professionals and practices. We invite you to access the practical tools, guidelines, and strategies below to enhance your cancer screening efforts and improve patient outcomes.

Breast Cancer Screening Resources

- Breast Cancer Screening Guidelines
- Breast Cancer Facts & Figures 2024-2025
- Breast Cancer Facts and Figures 2024-2025: At a Glance Summary
- Breast Cancer Fact Sheet for Health Care Professionals

Cervical Cancer Screening Resources

- Cervical Cancer Screening Guidelines
- Cervical Cancer Fact Sheet for Health Care Professionals
- FAQs for Transitioning to Primary HPV Testing for Cervical Cancer Screening
- Preparing for Self-Collection: Clinician Communication Guide

Colorectal Cancer Screening Resources

- Colorectal Cancer Screening Guidelines
- Colorectal Cancer Fact Sheet for Health Care Professionals
- Clinician's Reference Brief Stool-based Tests for Colorectal Cancer Screening
- Lead Time Messaging Guidebook: A Tool to Encourage On-Time CRC Screening
- Steps for Increasing CRC Screening Rates: A Manual for Primary Care Practices

Lung Cancer Screening Resources

- Lung Cancer Screening Guidelines
- Lung Cancer Fact Sheet for Health Care Professionals
- Lung Cancer Screening Shared Decision Making: A Guide for Health Care Professionals
- Steps for Increasing Lung Cancer Screening: A Guide for Primary Care Practices

Community Health Center Cancer Screening Resources for Health Care Professionals

Prostate Cancer Screening Resources

- Prostate Screening Guidelines
- Prostate Cancer Fact Sheet for Health Care Professionals
- Prostate Cancer Statistics, 2025

General Cancer Resources

- Cancer Facts and Figures 2025
- Cancer Statistics Center
- The Cancer Atlas
- Cancer Screening Disparities Atlas
- Health Care Professionals Information
- ACS CancerRisk360™
- American Cancer Society Roundtables
- Cancer Screening Evidence-Based Intervention Guide

Cancer Screening Resources for Patients

Cancer screening saves lives. Connect with trusted information to understand why, when, and how to get screened. Take action today: talk to a health care professional to schedule your screening.

Breast Cancer Screening Resources

- Breast Cancer Screening Guidelines
- Breast Cancer Fact Sheet
- What You Need to Know About Mammograms Booklet
- 7 Things to Know About Getting a Mammogram Infographic

Cervical Cancer Screening Resources

- Cervical Cancer Screening Guidelines
- Cervical Cancer Fact Sheet
- Screening Tests for Cervical Cancer
- Cervical Cancer Prevention Flyer

Colorectal Cancer Screening Resources

- Colorectal Cancer Screening Guidelines
- Colorectal Cancer Fact Sheet
- Colorectal Cancer: Catch It Early and Reduce Your Risk
- Getting Screened for Colorectal Cancer Booklet
- 7 Things to Know About Getting a Colonoscopy Infographic

Lung Cancer Screening Resources

- Lung Cancer Screening Guidelines
- Lung Cancer Fact Sheet
- Lung Cancer Screening Handout
- Finding Lung Cancer Early Flyer
- Lung Cancer Screening Patient Decision Guide

Cancer Screening Resources for Patients

Prostate Cancer Screening Resources

- Prostate Cancer Screening Guidelines
- Prostate Cancer Fact Sheet
- Prostate Cancer Screening Patient Decision Aid
- Testing for Prostate Cancer Booklet

Learn How to Lower Your Cancer Risk

Take 10 minutes to complete our ACS CancerRisk360™ tool to learn more about what factors might affect your health and actions you can take to help lower your cancer risk.

General Cancer Prevention and Screening Resources

- Get Your Test Flyer
- Get Screened Info Page
- Healthy Eating and Being Active Can Lower Your Cancer Risk Flyer
- What Is Cancer? Flyer
- You Can Help Reduce Your Cancer Risk Flyer

Get Help and Support from the American Cancer Society

Call 1-800-227-2345 to speak with a cancer information specialist who can answer questions and provide guidance and a compassionate ear.
Visit cancer.org or live chat with a cancer information specialist who can answer questions and provide guidance and a compassionate ear.
1 Help - Search for and connect to support for cancer-related needs.
Screening Locator - Find cancer screening locations near you.

Cancer Screening Resources For Healthcare Professionals



Cancer Screening Resources for Patients





Be a Primary Care Clinical Champion Corps Volunteer

The American Cancer Society has launched volunteer recruitment designed for **Primary Care Clinicians** (MDs/DOs/NPs/PAs). Join our Corps of nationally recognized cancer early detection ambassadors.

Sign-up by August 25th, 2026.



THANK YOU!