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# Confusion in Cancer Screening Recommendations: USPSTF vs Citi Screen

**Boris Petrikovsky***

*Citi Screen, NYU School of Medicine, USA*

***Corresponding author:** Boris Petrikovsky MD, PhD, Citi Screen, NYU School of Medicine, USA

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## Introduction

Cancer today is the second most common cause of overall mortality in developed countries. The cancer screening grading system developed by the United States Preventive Services Task Force (USPSTF) is the following: every recommendation is graded from "A" to "D," plus "I" for insufficient evidence. Grade A means there is strong evidence that screening is beneficial and outweighs harms (eg. colonoscopy at 50). Grade B indicates high certainty of moderate benefit, where benefits slightly outweigh risks. Grade C is selective—the net benefit is small, so it is only for people who really desire it. Grade D means harm beats benefits. However, USPSTF recommendations are not universally accepted. Most professional medical societies have their own guidelines which often contradict each other.

Below, please finds a list of major medical societies who produce cancer screening recommendations in their fields:

- AAFP: American Academy of Family Practitioners
- ACS: American Cancer Society
- ACOG: American College of Obstetricians and Gynecologists
- ACP: American College of Physicians
- AGA: American Gastroenterological Association
- ASCCP: American Society of Colposcopy and Cervical Pathology
- AUA: American Urologic Association
- NCCN: National Comprehensive Cancer Network
- USPSTF: United States Preventative Services Task Force

### Breast Cancer Screening

Starting with breast cancer screening, American Cancer Society (ACS) recommends that women begin annual mammography at age 45 and continue until 54, then switch to every two years. American College of Physicians (ACP) matches that but stresses discussing risks first, while USPSTF keeps it simple: start at 50, every 2 years, and, only if you're up for it, between 40 and 50. American College of Obstetricians and Gynecologists (ACOG) tweaks it—screen from 21 with clinical breast examinations but start mammograms from 40, yearly. They are concerned about false positives, radiation, and over-treatment.

### Prostate Cancer Screening

American Urological Association (AUA) recommends initiating prostate-specific antigen (PSA) screening at age 55 on. High risk patients, including African American race and strong family history, may benefit from earlier screening. USPSTF, on the other hand, doesn't recommend routine screening for prostate cancer. ACP follows USPSTF recommendations to avoid routine screening, citing too many biopsies and incontinence and impotence because of treatment. A majority of prostate cancers diagnosed today are slow-growing and unlikely to spread. While a small percentage of prostate cancers can be aggressive and require treatment, that does not mean every cancer needs intervention. Nearly 50% of men diagnosed with prostate cancer each year are eligible for active surveillance, where the disease is monitored rather than treated. The challenge is balancing the risk of overdiagnosis—identifying indolent cancers that would never cause harm—with underdetection of the few that are aggressive. A diagnosis in someone in their 80s, such as President Biden, according

to ACS, should not be seen as a reason to expand screening age, as life expectancy and other health risks must be considered. Furthermore, screening isn't perfect; aggressive cancers can sometimes be missed, which may have been the case here.

### Colon Cancer Screening

The USPSTF recommends initiating colorectal cancer screening at age 45. Colorectal cancer is now the leading cause of cancer death among people aged under 50 years. There is a question of whether PCPs should start thinking about screening younger adults for colorectal cancer. At present, PCPs face uncertainty due to marked discrepancies among professional society recommendations. Colorectal cancer is on the rise from ages 20 to 49 years, so it's becoming more important to start screening earlier. The American College of Physicians is still adhering to 50 for routine screening, saying the evidence for 45 to 49 is still uncertain because the benefits might not outweigh risks. Therefore, despite there being a clear trend of younger age at diagnoses, not everyone is fully aligned—ACS and USPSTF lead the "start earlier" push, while ACP holds back.

### Bladder Cancer Screening

For bladder cancer screening, neither the USPSTF nor the ACS recommends routine screening. USPSTF gives it an "I" grade – insufficient evidence – because urine cytology doesn't always detect it.

### Skin Cancer Screening

Approach to skin cancer screening is similar—USPSTF has an "I" for visual skin examinations by clinicians in asymptomatic adults. The American Academy of Dermatology doesn't have formal guidelines for the general population but strongly encourages self-checks (knowing your skin) and seeing a dermatologist for suspicious lesions. For oral and oropharyngeal cancer, the USPSTF assigns an "I" grade, indicating insufficient evidence to recommend routine screening.

### Moonshot Cancer Project

Cancer Moonshot project was initiated in 2016 by then-Vice president J. Biden, with the goal to accelerate cancer research, diagnosis, and treatment, and to reduce cancer mortality by at least 50% over 25 years. The initiative, often referred to as a "movement" rather than just a project, has spurred significant public and private partnerships, including with IBM and Amazon. It has also led to the creation of the Advanced Research Projects Agency with initial funding of 1.8 billion dollars. The project was re-launched in 2022 by the Biden-Harris administration to "end cancer as we know it." Unfortunately, the project does not appear successful as judged by cancer prevalence and mortality in 2026.

### Upper Age Limits for Cancer Screening

Cancer screening is often discontinued between ages 65 and 75, depending on cancer type and guideline recommendations. For colorectal cancer, USPSTF stops at 75. For prostate cancer, AUA stops at 70. Those are the guidelines even though the life expectancy in the USA is 77.4 years for men and 82.2 for women.

### Lower Age Limits for Cancer Screening

Adults 65 and younger comprise nearly half (45%) of all new colorectal cancer cases – a significant increase from 27% in 1995. Among adults 50 and under, 75% of colorectal cancers are diagnosed at an advanced stage. Half of the diagnoses in that age range are made between the ages of 45 and 49. The disease is rising fastest among adults 20 to 49 years old at a rate of 3% per year, with rectal cancer cases increasing to one-third of all diagnoses likely due to HPV infection. None of these changes in disease demographics are reflected in existing screening protocols. CitiScreen is a clear alternative to the confusing and controversial screening protocols suggested by government agencies and professional societies [1-6].

### How Does CitiScreen Work?

The goal of CitiScreen is to eliminate fragmented screening protocols and produce computer screening algorithms for the following cancers: lung, ovarian, breast, prostate, cervix, thyroid, colorectal, pancreas, and skin among others.

Once in the doctor's office, patients fill out a computer questionnaire (2-3 pages). This information is loaded into the computer along with the following:

- Screening for risk factors (family history, medical history, lifestyle (smoking, tanning, tattoos, etc.)).
- Genetic screening (testing for genetic predisposition).
- Screening for cancer precursors.
- Blood screening for early-stage cancers (tumor markers).
- Diagnostic smears if indicated (Pap, urinary, mouth smears etc.).

Recommendations are then ready in minutes eq. frequency of colonoscopy, need for MRI, other tests. Citi Screen algorithms are constantly updated based on circumstances (age, new cases in the family, changes in living habits, etc.) and new advancements in the science of cancer screening. Citi Screen subscribers receive yearly screening recommendations on the frequency and type of screening modalities.

### Screening Criteria

Citi Screen utilizes World Health Organization criteria in modified form:

- There should be treatment for patients with recognized disease.
- There should be a recognizable latent or early stage.

- There should be a suitable test to confirm the diagnosis.
- The natural history of the condition, including development from latent to declared disease, should be at least partially understood.

Please note that Citi Screen, in the present form, disregards all economic barriers for cancer screening because life is priceless, and the program is designed for people who are highly motivated.

### Cancer Screening and Insurance Coverage

Medicare covers most cancer preventative screenings – like mammograms yearly up to 75, and colonoscopies until 70-75 years old. Private insurances usually mirror Affordable Care Act mandates—free preventative services per USPSTF, but age caps aren't ironclad; they might cover beyond the limit.

## Conclusion

In summary, cancer screening is the most confusing topic in preventative medicine; general practitioners who are responsible for cancer screening are receiving contradictory recommendations from various authoritative sources. Many patients express dissatisfaction when coverage for screening ends before their projected life expectancy. Citi screen is a viable alternative to the government's bureaucratic screening systems. It is not for everyone and in current form cannot be recommended for public use. Clients of Citi screen are highly motivated individuals who understand the details of screening. Genetic/cancer screening counseling is a must. Once results of screening become available, they should be discussed in detail to avoid or minimize unnecessary procedures (biopsies, MRI, etc.).

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