



Strang Cancer Prevention Institute

Dedicated to Promoting Cure by Early Detection and Research to Prevent Cancer since 1933

Prevention

National Cancer Prevention Month February 2026

CANCER PREVENTION AWARENESS MONTH

Note to readers Innovation is essential for cancer prevention. New analytic, diagnostic, and treatment methods, including precision medicine and artificial intelligence, continue to transform early detection and risk reduction. The Strang Cancer Prevention Institute, whose mission since 1933 has been to promote the cure of cancer through early detection and research, will continue to highlight important advances that improve patient outcomes and expand access to life-saving care.

SUMMARY Cancer Prevention Month focuses on strategies that reduce the general burden of all types of cancer rather than a specific cancer type. Long-term evidence shows that most deaths due to cancer in the United States can be avoided by improving prevention and screening methods, though their impact varies by cancer type. Ongoing research continues to improve access to screening, refine risk identification, and test interventions to reduce cancer risk. This newsletter highlights recent developments related to in-home testing that have the potential to shape the future of cancer prevention.

CANCER SCREENING MOVES INTO THE HOME: EXPANDING ACCESS AND EARLY DETECTION

Cancer screening is increasingly moving beyond the clinic and into the home. In 2025, several developments highlighted how at-home screening approaches can reduce barriers, improve participation, and support earlier detection across multiple cancer types.

A major shift occurred with updated U.S. cervical cancer screening guidance endorsing self-collection for HPV testing as an acceptable alternative to clinician-collected samples¹. Studies show that self-collected samples perform similarly to clinician-collected samples for detecting high-risk HPV. By removing the need for a pelvic exam, self-sampling addresses common barriers such as discomfort, limited access to care, time constraints, and cultural concerns². This change is expected to increase screening participation, particularly among women who rarely visit their gynecologists or have never been screened.

Advances in at-home screening are also improving colorectal cancer detection. A next-generation stool-based test, ColoGuard Plus³, was approved and demonstrated improved accuracy compared with earlier non-invasive tests. Higher sensitivity may reduce missed cancers, while improved specificity could lower unnecessary follow-up colonoscopies. As with cervical cancer screening, easier at-home options may increase participation and help detect colorectal cancer earlier.

Several tests have been developed to help estimate prostate cancer risk using genetic markers found in urine.⁴ These tests do not require a digital rectal exam and, in some cases, can use urine samples collected at home and mailed to a laboratory. Examples include PCA3, SelectMDx, MiPS, and the newer MyProstateScore 2.0. Rather than diagnosing cancer directly, these tests help identify men who are more likely to have clinically significant disease and who may benefit from further evaluation, such as a biopsy. By enabling risk assessment outside the clinic, urine-based testing may reduce unnecessary procedures and support more informed screening decisions. These approaches are still emerging and are not yet recommended for population-wide screening.

New blood tests that analyze circulating tumor DNA and other markers show promise for detecting many types of cancer from a single sample collected at home.⁵ These multi-cancer early detection (MCED) tests are in late-stage research and may expand the concept of at-home screening beyond single cancers.

Together, these developments reflect a clear shift toward cancer screening models that are more accessible, patient-centered, and adaptable to real-world needs. By enabling screening at home, these approaches may help reach individuals who face barriers to traditional care, increase participation in recommended screening programs, and support earlier detection across multiple cancer types. As evidence continues to evolve, at-home screening has the potential to play an increasingly important role in cancer prevention and early detection strategies.

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2. U.S. Food and Drug Administration. FDA approves first at-home HPV-based cervical cancer screening test. 2025. Coverage summarized in Reuters.
3. Exact Sciences. Approval and performance of ColoGuard Plus for colorectal cancer screening. 2025. Coverage summarized in Verywell Health.
4. Lin DW, Newcomb LF, Brown MD, et al. Urinary biomarkers for prostate cancer detection and risk stratification: current evidence and future directions. *J Urol*. 2024;212(5):1083-1092. doi:10.1097/JU.0000000000003845.
5. Imai M, Nakamura Y, Yoshino T. Transforming cancer screening: The potential of multi-cancer early detection (MCED) technologies. *Int J Clin Oncol*. 2025;30(2):180-193. (Based on the *American Cancer Society* description of MCED tests.)



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IMPORTANT LINKS FROM THE **STRANG** WEB SITE

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The Strang Cancer Prevention Cookbook

Reduce your Risk for Cancer by Eating a Healthy Diet!

Sautéed Spinach with Garlic

This cooking method can be applied to other leafy greens such as Swiss chard, escarole, broccoli rabe, and beet or turnip greens

- 1 1/4 pounds fresh spinach
- 1 tablespoon extra -virgin olive oil
- 4 garlic cloves, peeled, lightly crushed, and quartered lengthwise
- Pinch of hot red pepper flakes (optional)
- Salt and freshly ground black pepper



Remove the stems from the spinach and tear any large leaves into bite –size pieces.

Rinse thoroughly and drain.

Heat the olive oil in a large skillet. Add the garlic and red pepper flakes if using, and cook over medium heat until the garlic is light gold; don't let the garlic get too brown or it will be bitter.

Remove the garlic and set aside.

Reserve the oil in the skillet and increase the heat to medium high.

Add the spinach and season with salt and pepper to taste. Sauté, turning the spinach with tongs to cook evenly. When the spinach is just wilted and tender, 2 to 3 minutes, remove the skillet from the heat. Using a slotted spoon or tongs, lift the spinach from the skillet leaving behind excess liquid. Transfer to individual plates or a platter. Top with garlic and serve

Spinach is exceptionally high in beta –carotene (110 percent of the DV for Vitamin A per serving of this recipe) as well as other carotenoids, folate (more than 80% of the DV), vitamin C (more than 80% of the DV) and minerals such as calcium, iron, magnesium, and potassium. It is also high in protein when compared to other vegetables. A good source of fiber.

Calories 82, protein 5 g, carbs 7 g, fat 4g, cholesterol 0 mg, dietary fiber 4 g, saturated fat 1 g

MAJOR SOURCES OF POTENTIAL CANCER FIGHTERS.

Phytochemicals: allium compounds, terpenes (carotenoids).

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February is National Cancer Prevention Month

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