

# How cost effective are US cancer prevention services?

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Prevention is better than cure; however, when it comes to screening for cancer new research shows that U.S. health services are not as cost-effective as international, and publically run, counterparts. The research, published in *The Milbank Quarterly*, compares U.S. screening services to screening in the Netherlands and found that while three to four times more screening took place in the United States, the rates of mortality were similar.

The research was conducted by Dr. Martin L. Brown from the [National Cancer Institute](#) in the United States, alongside colleagues from the Erasmus MC University Medical Center in Rotterdam.

"Since 2010 new laws in the U.S. require [private health insurance](#) plans and Medicare to cover preventive services with no deductibles or copayments," said Brown. "Preventive medicine is seen as being cost-effective compared to the costs sustained through illness. However, practical cost saving depends on how the preventive services are implemented."

The team focused on cervical cancer screening, which accounts for a small fraction of overall [health care spending](#), but represents broader preventive health services. For comparison the authors carried out a cross-national study of cervical cancer screening intensity and mortality trends in the United States and the Netherlands.

The team used national [cancer incidence](#) and [mortality data](#) from both

the United States and the Netherlands to estimate the number of [Pap smears](#) and the cervical cancer mortality rate since 1950. Their results revealed that even though three to four times more Pap smears per woman were conducted in the United States than in the Netherlands over a period of three decades, the two countries' mortality trends were similar.

Five-year coverage rates for women aged thirty to sixty-four were comparable between the countries at 80 to 90 percent. However, because screening in the Netherlands was limited to ages thirty to sixty, screening rates for women under thirty and over sixty were much higher in the United States.

"The components of the screening service, such as evidence review, monitoring of screening practices and reimbursement policies, were more systematically linked and implemented nationwide in the Netherlands than in the United States, making the service more cost-effective," said Brown. "To a large extent this was due to the Dutch model of having a public health service, rather than the U.S. medical services model."

Provided by Wiley

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