American women have a higher mortality rate from the disease. Furthermore, for women younger than age 40, the incidence of breast cancer actually is higher among African Americans than Caucasians (American Cancer Society, 2007b). The same trend is evident in other cancers; the incidence and mortality rates for colorectal cancer for African Americans far exceed those documented in the medical record. Over- or underestimation of screening can be even more significant for African Americans, who bear a disproportionate cancer burden.

Statistics used to determine rates of participation in cancer screening typically are based on patients’ self-reported screening or medical records. Medical records are viewed by some as the gold standard and are the legal standard by which care is documented and evaluated. Although self-reports are a key component of patients’ health histories, their reliability and accuracy often are debated. Even so, population-based studies (e.g., Behavioral Risk Factor Surveillance Survey, National Health and Nutritional Examination Survey) have influenced policy and reported on national trends based on self-reported screening, which may be over- or underestimated by patients when compared to medical records. Over- or underestimation of screening can be even more significant for African Americans, who bear a disproportionate cancer burden.

Key Points . . .

- Low-income African American women had low rates of breast and colorectal cancer screening.
- Self-reported cancer screening rates were incongruent with those documented in the medical record.
- Incongruence between the self-report and medical record documentation may lead to missed cancer screening opportunities.