

How to increase colonoscopy attendance?

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In view of low attendance rate for colonoscopy screening for colorectal cancer (CRC), it is necessary to establish effective intervention methods to increase colonoscopy compliance. Many studies have reported that subjective or objective barriers prevent high-risk subjects from undergoing colonoscopy examination, which indicates that barrier-focused intervention might be effective. However, such barrier-focused intervention has not been reported in China.

A research article to be published on August 21, 2009 in the *World Journal of Gastroenterology* addresses this question. The research team led by Prof. Zhang from Cancer Institute of Zhejiang University (Key Laboratory of Cancer Prevention and Intervention, China National Ministry of Education, Key Laboratory of Molecular Biology in Medical Sciences, Zhejiang Province, China) identified the main barriers to colonoscopy examination, and then established a multifaceted barrier-focused intervention program that targeted objective and subjective barriers.

The attendance rate for colonoscopy screening significantly increased during the intervention compared with the first 12 mo without intervention (23.04% vs 37.69%, P

Logistic regression showed that the intervention was more effective for subjects with only objective barriers compared to those with subjective barriers. The intervention was also positively associated with first-degree relatives being diagnosed with CRC, personal history of intestinal polyps or positive results for immunochemical fecal occult blood testing.

This is believed to be the first study to establish a barrier-focused intervention program and evaluate its effects on colonoscopy attendance in nonadherent high-risk populations. This barrier-focused intervention might be a feasible way to improve colonoscopy compliance in CRC screening, and can be applied to other CRC screening regions in China.

More information: Meng W, Bi XW, Bai XY, Pan HF, Cai SR, Zhao Q, ZhangSZ. Barrier-focused intervention to increase colonoscopy attendance among nonadherent high-risk populations. *World J Gastroenterol* 2009; 15(31): 3920-3925;
www.wjgnet.com/1007-9327/15/3920.asp

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