

# Panel calls for reducing colorectal cancer deaths by striking down barriers to screening

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Colorectal cancer is the second leading cause of cancer-related deaths in the United States. Despite evidence and guidelines supporting the value of screening for this disease, rates of screening for colorectal cancer are consistently lower than those for other types of cancer, particularly breast and cervical. Although the screening rates in the target population of adults over age 50, have increased from 20-30 percent in 1997 to nearly 55 percent in 2008 — the rates are still too low. An NIH state-of-the-science panel was convened this week to identify ways to further increase the use and quality of colorectal cancer screening in the United States.

"We recognize that some may find [colorectal cancer](#) screening tests to be unpleasant and time-consuming. However, we also know that recommended screening strategies reduce colorectal cancer deaths," said Dr. Donald Steinwachs, panel chair, and professor and director of the Health Services Research and Development Center at the Johns Hopkins University. "We need to find ways to encourage more people to get these important tests."

The panel found that the most important factors associated with being screened are having [insurance coverage](#) and access to a regular health care provider. Their recommendations highlighted the need to remove out-of-pocket costs for screening tests.

Given the variety of tests available, the panel emphasized that informed decisions incorporating personal preferences may help reluctant

individuals determine which test's combined attributes — invasiveness, frequency, and required preparation — are preferable to them, helping them identify and obtain the most palatable test. For example, an individual may choose a more invasive test requiring less frequent follow-up or a less invasive test requiring more frequent follow-up.

Noting differences in screening rates across racial and ethnic groups, [socioeconomic status](#), and geographic location, the panel emphasized the need for targeted strategies for specific subgroups. Compared with non-Hispanic whites, Hispanics are less likely to be screened.

The panel also noted that if efforts to increase utilization are successful, there will be a greater demand for colorectal cancer screening services. Available capacity involves not only facilities and appropriately trained providers, but also support for informed decision making, resources to coordinate screening services and communicate results effectively, and enhanced monitoring practices to ensure that positive results are followed up with colonoscopy. Depending on the scale of increases in screening rates, there may be a need to increase local and national capacity.

In addition to increasing first-time [screening rates](#), the panel also identified the need to ensure that individuals return for subsequent testing at the recommended intervals. A variety of colorectal [cancer screening](#) tests are available and different guidelines recommend them at different intervals. A summary of these is available in the panel's draft statement at <http://consensus.nih.gov/2010/colorectalmedia.htm>.

An updated version of the panel's draft state-of-the-science statement, which incorporates comments received during this morning's public session, will be posted later today at <http://consensus.nih.gov>.

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