

# Too many cancer screening options confuse patients, lead them to avoid screenings altogether

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(PhysOrg.com) -- Adhering to cancer screening recommendations is one of the best things people can do to reduce their risk of dying from cancer. But research at Virginia Commonwealth University Massey Cancer Center suggests that when patients are presented more than one colorectal cancer screening option, there is a greater chance of confusion and, therefore, a greater chance of neglecting screening recommendations.

The study, published in the journal *Cancer Epidemiology, Biomarkers & Prevention*, included data from more than 3,350 patients and provides the first empirical evidence linking multiple screening options with patient confusion, and patient confusion with screening adherence. Of the patients surveyed, the researchers found that 56 percent had discussed two or more colorectal [cancer screening](#) options with their physicians. Those patients presented with multiple options were 1.6 times more likely to be confused than those presented with one screening method. They also were 1.8 times less likely to follow screening recommendations.

The research was led by Resa M. Jones, M.P.H., Ph.D., assistant professor of epidemiology and community health at VCU Massey Cancer Center, whose recent research has been focused on evaluating barriers to colorectal cancer screenings.

“We found that confusion about multiple colorectal cancer screening options may act as a barrier to screening. Recognizing and minimizing confusion about the various options through public health messages, patient-physician communication and interventions could lead to increased screening adherence,” says Jones. “These results also have potential implications for other health-related topics where multiple options or choices are given.”

Currently, there are several different ways to screen for colorectal cancer: fecal occult blood testing, flexible sigmoidoscopy, colonoscopy and barium enema. These methods vary by frequency, accuracy, preparations, discomfort and cost. Additionally, the American Cancer Society and the U.S. Multi-Society Task Force on Colorectal Cancer now recommend more screening options than the U.S. Preventive Services Task Force suggests. All of these factors could add to patient confusion.

The data for this study were obtained using a questionnaire mailed to patients 50 to 75 years old who visited their doctor at least once in the past two years. Most of the patients earned more than \$20,000 per year and were insured. Jones plans to further explore socioeconomic factors contributing to patient [confusion](#) about colorectal cancer screening and hopes to conduct a randomized trial to increase screening adherence in underserved populations by addressing barriers.

“Colorectal cancer is the second leading cause of cancer death. Patients whose cancers are detected early face much better outcomes than those diagnosed in later stages,” says Jones. “It’s important that patients have choices, but we have to be sure those choices are understood so that they don’t overwhelm the patient and become barriers to proper screening and care.”

Provided by Virginia Commonwealth University

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