

## Information aids influence more to get screened for colon cancer

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People who are given information tools to help them decide whether to have a colorectal cancer screening test are more likely to request the procedure, finds a new study in the *American Journal of Preventive Medicine*.

While colorectal cancer remains a leading cause of cancer-related death, the number of deaths has dropped over the past 20 years, according to the [American Cancer Society](#). The decrease is partly attributed to the fact that more people are receiving screening tests that catch [cancerous growths](#) sooner.

Researchers say that while decision-aid tools, such as descriptive videos and pamphlets, can help convince even more people to be tested, they

aren't widely used yet.

"Although decision support tools such as ours have gained popularity, actual implementation into clinical practice has lagged because of perceived barriers related to the disruption of workflow in the clinic, time and potential costs," said lead author Paul C. Schroy, M.D., professor of medicine at Boston University School of Medicine.

The study included 825 primary care patients 50 to 75 years old with no symptoms and an average risk of [colon cancer](#), who were randomly divided into one of two intervention groups and one control group. During a routine visit with their [primary care physicians](#), patients in the two intervention groups viewed a decision-aid video on the benefits and methods of [colorectal cancer screening](#) or the video plus a personalized [risk assessment tool](#) with feedback. Those in the control group were shown a generic healthy lifestyle video.

Patients were then queried 6 and 12 months after their office visit. The number of patients who completed a colorectal cancer screening test was about 8 percent higher for those in the decision aid group compared with the control group (43.1 vs. 34.8 percent, respectively)—which the researchers considered to be a "moderate impact" on [colon cancer screening](#).

"Decision aids are particularly useful when there is not a clear right or wrong treatment choice," explained Jennifer McClure, Ph.D., associate director of research at Group Health Research Institute in Seattle. "They can help patients make decisions that are well aligned with their personal values and health goals in the face of competing options, each of which has pros and cons." Decision aids are designed to complement rather than replace counseling from physicians.

Lead researcher Schroy said the challenge still remains to convince

providers to implement decision aids into their practices outside of the context of a clinical trial.

"Until such time that the barriers can be addressed, we assume that physicians are more likely to utilize the more traditional, albeit less effective, verbal discussion," he said.

**More information:** Schroy PC, Emmons KM, Peters E, et al. Aid-assisted decision-making and colorectal cancer screening: a randomized controlled trial. *American Journal of Preventive Care*. In Press, 2012.

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