

Barriers to colorectal cancer screening among poor identified

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(HealthDay)—Improving colorectal cancer screening rates among lower-

income populations requires addressing structural, personal, and health care system barriers, according to research published in the April issue of *Diseases of the Colon & Rectum*.

Isabel M. Leal, Ph.D., from the University of Texas Health Science Center in Houston, and colleagues interviewed 30 lower-income, primarily minority, patients diagnosed with stage III and IV [colorectal cancer](#) without prior colorectal cancer screening to understand barriers to diagnosis and treatment.

The researchers identified four themes consistently influencing participants' decisions to seek diagnosis and treatment: (1) limited resources for accessing care (structural barriers, such as economic, [health care](#), and health educational resources); (2) (mis)understanding of symptoms by patients and misdiagnosis of symptoms by physicians; (3) beliefs about illness and health, such as relying on faith or self-care when symptoms developed; and (4) reactions to illness, including maintenance of masculinity, confusing interactions with physicians, embarrassment, and fear.

"A comprehensive approach that incorporates all four gaps in screening for colorectal cancer identified by this study will decrease barriers to screening and save lives," writes the author of an accompanying editorial. "The ultimate goal is to decrease both [cancer diagnosis](#) and death. To achieve this, we need to better understand our patients and to help [patients](#) merge our recommendations into their frame of reference."

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