

Study finds disparities in colorectal cancer screenings

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Patients with one or more health conditions are more likely to be screened for colorectal cancer than those without comorbidities, according to new research in the *Journal of Osteopathic Medicine*. However, patients with five or more health conditions are also less likely to be screened than patients with two to four health conditions.

Colorectal cancer is the second leading cause of cancer death in the U.S. resulting in more than 53,000 deaths each year. Regular colorectal screenings, whether colonoscopy or at-home stool test, are the most effective tool to identify and treat the disease at an early stage.

"No prior study, to my knowledge, has assessed the impact of multiple comorbidities on colorectal screenings. It was a real surprise to see how a patient's other health conditions impact their likelihood of being tested," said Ben Greiner, DO, an internist at the University of Texas Medical Branch Hospitals in Galveston, Texas. "Our findings reveal a lack of or myriad health conditions may prevent patients from receiving the preventive care they need."

The study found patients with diabetes, hypertension, [skin cancer](#), [chronic obstructive pulmonary disease](#) (COPD), arthritis, depression, and [chronic kidney disease](#) were significantly more likely to be screened than those without these health conditions.

Barriers to care

"It may be that the treating physician or a patient suffering from five or more additional disease states is fatigued by more pressing treatment needs and therefore not prioritizing important screenings," said Dr. Greiner. "I also worry about the person who has no other [health conditions](#) and is either not seeing their doctor on a regular basis or, because of their otherwise clean bill of health, not following the screening recommendation."

A large U.S. study found that an increase in screening adherence of roughly 40% corresponded with a 52% reduction in cancer mortality. According to the American Cancer Society (ACS), the [lifetime risk](#) of developing [colorectal cancer](#) is about 1 in 23 (4.3%) for men and 1 in 25 (4.0%) for women. The ACS guidelines recommend that all patients aged 45 or older be screened.

More information: Benjamin Greiner et al, National disparities in colorectal cancer screening in patients with comorbid conditions: an analysis of the Behavioral Risk Factor Surveillance System, *Journal of Osteopathic Medicine* (2021). [DOI: 10.1515/jom-2021-0066](https://doi.org/10.1515/jom-2021-0066)

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