

Program may boost colorectal cancer screening among Hispanic adults and reduce related gender disparities

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In a recent study, investigators showed that a culturally tailored patient navigation program can improve the rate of colorectal cancer screening among Hispanic adults and potentially help eliminate historical gender disparities in such screening. The findings are published by Wiley online in *Cancer*.

Colorectal [cancer](#) is the second-leading cause of cancer-related death in Hispanic adults. Although [screening](#) colonoscopies can reduce the incidence and mortality of colorectal cancer, [screening rates](#) are low in Hispanic individuals and other underserved populations.

To address this, a team led by Abdul Saied Calvino, MD, MPH, of the Roger Williams Medical Center, in Rhode Island, developed a program in which patients first received an introductory letter in their native language, followed by a [phone call](#) from a culturally competent, Spanish-speaking patient navigator—a health care liaison who helps patients to successfully "navigate" the health care system.

The patient navigator educated patients regarding the importance of colorectal cancer screening, while simultaneously identifying any challenges for individual patients and intervening to address them. For example, some patients were helped with difficulties with scheduling, transportation, interpretation services, time off work, or completing bowel preparation before a colonoscopy. The day prior to the patient's

scheduled colonoscopy, the patient navigator would again contact the patient by phone to confirm their appointment and transportation, address any new questions or concerns, and reiterate the importance of adhering to the bowel preparation regimen.

Over a 28-month period, 698 adults in Rhode Island who were primarily Spanish speakers were enrolled in the program. The colonoscopy completion rate was 85%, with no difference between males and females. This compares with a nationwide rate of 40% to 55% among Hispanic adults and a lower rate of screening among Hispanic men compared with women.

The colonoscopy cancelation rate was 9%, and the colonoscopy no-show rate was 6%. The most common reasons for cancelation or no-show were cost and inability to contact the patient after referral.

Ninety percent of patients who completed a colonoscopy reported that they would not have done so without the patient navigation program.

"Culturally tailored patient navigation is a useful intervention to improve underserved populations' health literacy, cancer screening utilization, and trust in our health care system," said Dr. Saied Calvino. "Educating and supporting underserved populations to increase the utilization of cancer screening services can save lives and, in the long term, decrease health costs.

Dr. Saied Calvino noted that additional attention needs to be paid to patients such as those in the study who canceled colonoscopies or didn't show up for the procedures and couldn't be reached by phone or mail. "I wonder and worry about how many of these will eventually have the procedure done or not and later will be found to have advanced cancer," he said. "We need to find ways to improve our communication with patients of underserved populations and in some cases use other

screening methods such as stool-based screening, which is less invasive and less time-consuming for the patient."

The American Cancer Society recommends that adults aged 45 years and older with an average risk of [colorectal cancer](#) undergo regular screening with either a high-sensitivity stool-based test or a structural (visual) examination, depending on patient preference and test availability.

More information: Carl S. Winkler et al, Decreasing colorectal cancer screening disparities: A culturally tailored patient navigation program for Hispanic patients, *Cancer* (2022). [DOI: 10.1002/cncr.34112](https://doi.org/10.1002/cncr.34112)

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