Defensive beliefs likely keep people from taking at-home stool tests that screen for colorectal cancer

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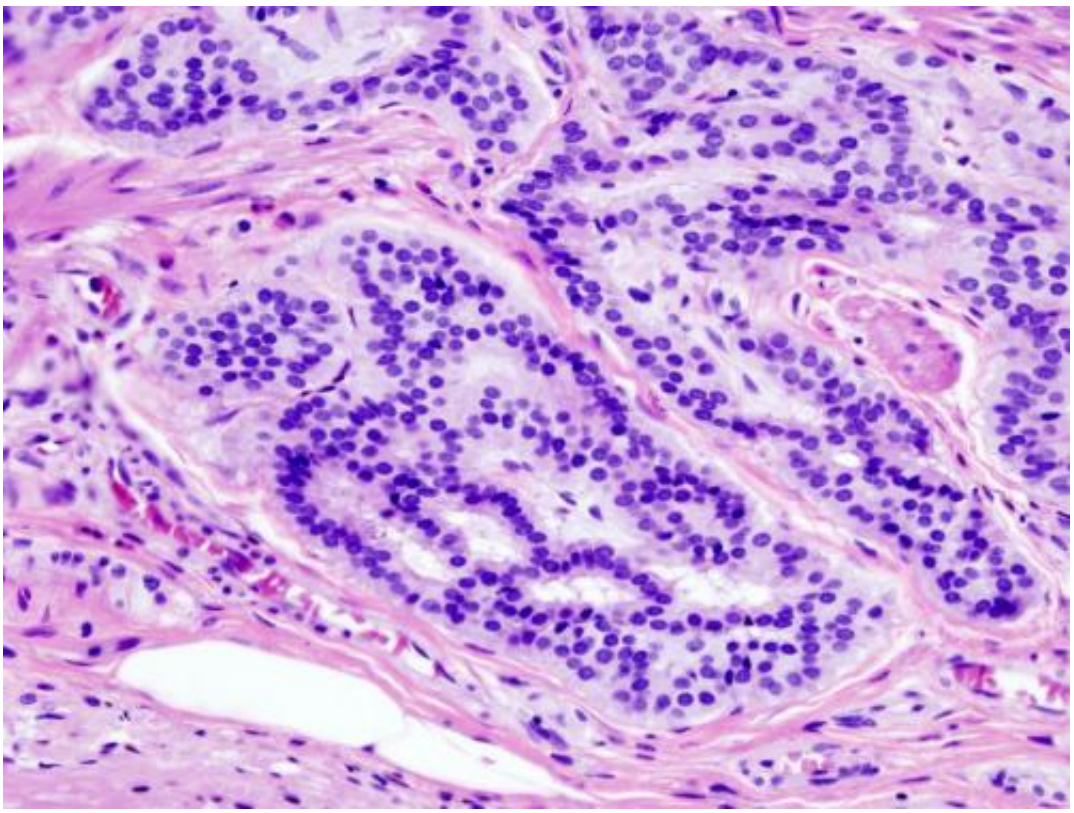

Cancer—Histopathologic image of colonic carcinoid. Credit: Wikipedia/CC BY-SA 3.0

Colorectal cancer is one of the most treatable cancers, especially if it is detected early; however, many people do not undergo recommended

screening, even despite the availability of at-home stool fecal immunochemical test (FIT) kits. New research published by Wiley online in *Cancer*, a peer-reviewed journal of the American Cancer Society, reveals that people who react defensively to the invitation to get screened are less likely to take part.

For the study, Nicholas Clarke, Ph.D., of Dublin City University in Ireland, surveyed individuals in Dublin who had been invited to participate in a FIT screening program in 2008–2012. Questionnaires were mailed in September 2015 to all individuals who were invited to participate (over two screening rounds) but had declined and a random sample of individuals who had participated. Following two reminders, questionnaires were completed by 1,988 people who participated in screening and 311 who did not.

Individuals who did not participate in FIT-based screening were more likely to provide responses indicating greater defensiveness. This was apparent for all questions related to the different domains of what is called defensive information processing (DIP). The four domains of DIP include:

- attention avoidance (reducing risk awareness by avoidance),
- blunting (active mental disengagement through avoidance and accepted denial),
- suppression (acknowledging others' risk but avoiding personal inferences through self-exemption beliefs), and
- counter-argumentation (arguing against the evidence).

"People who react defensively to the invitation to colorectal cancer screening are less likely to take part, and this seems to be due to such misconceptions that having a healthy lifestyle or having regular bowel movements means that they do not need to be screened. Similarly, some people believe testing can be delayed while they wait for a 'better' test

(even though the current test works very well) or wait until their other health concerns are under control," explained Dr. Clarke. "Some people also react defensively because they believe cancer is always fatal, which is not true. All of these factors can result in people making a decision not to take the home-based screening test."

Dr. Clarke noted that the study's findings indicate that even well-designed health communication campaigns and proactive screening programs may be hindered by individuals' defensive beliefs. "The measures used in this study could be used to help identify people who may need extra support to take part in colorectal cancer screening programs worldwide," he said. "The results suggest that screening programs need strategies to decrease procrastination and address misconceptions about colorectal cancer and screening."

He also stressed the importance of trying to make colorectal cancer screening something that everyone routinely does when they reach middle age.

An accompanying editorial by Beverly Beth Green MD, MPH of Kaiser Permanente Washington and Kaiser Permanente Washington Health Research Institute advocates for additional research to test different strategies, such as financial incentives, for decreasing DIP.

More information: The role of Defensive Information Processing in population-based colorectal cancer screening uptake, *Cancer* (2023). DOI: 10.1002/cncr.34603

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