A study by University of Kentucky researchers showed that in Appalachia, colorectal cancer screening rates were higher in the population with multiple morbidities or diseases compared to those who had no morbidities at all.

Published in the Southern Medical Journal, the study used data based on a survey of 1,153 Appalachian men and women aged 50-76. Respondents were given four sets of questions designed to gather information on demographics; the presence of co-morbidities such as heart disease, diabetes, stroke, and various types of cancer; adherence to colorectal cancer screening guidelines; and barriers to and facilitators of colorectal cancer screening behavior.

Researchers found a dose-response relationship between the number of morbidities and the prevalence of colon cancer screening in the Appalachian population. Of those who reported two to three morbidities, 61.6 percent had received a colonoscopy; 65.7 percent had received a guideline-concordant colorectal screening. For patients with six or more morbidities, the rates rose to 69.6 percent and 79.6 percent, respectively.

In contrast, just 50 percent of those who reported no morbidities had undergone a colonoscopy, and only 56.5 percent had received any guideline-concordant colorectal screening.

The high screening rates in the multimorbid population were surprising, but it's a strong indication that the efforts to raise awareness about the importance of colonoscopies and other screening methods is working, says Nancy Schoenberg, Marion Pearsall Professor of Behavioral Science at the UK College of Medicine and principal investigator of the study.

"Over the past 10 years, there has been increasing coverage of the importance of colorectal cancer screening," Schoenberg said. "We are probably at about the same screening rate for colorectal cancer now that we were for cervical cancer and breast cancer several decades ago. We hope that colorectal cancer screening will eventually become as commonplace and routine as Pap tests and mammograms."

The higher screening rates in those with multiple health problems could also be due to more frequent contact with physicians, while residents who are otherwise healthy may not be visiting their physician as frequently, said Steve Fleming, associate professor of epidemiology at the UK College of Public Health.

"Doctors who see these multimorbid patients on a regular basis are more likely to remind patients about receiving regular screenings," Fleming said. "This shows that perhaps some of our outreach efforts should target the folks who are relatively healthy and see no need to visit their physicians regularly."

The study was funded by the National Cancer Institute. The researchers hope to take the lessons learned from this project and develop a large intervention project that can prevent colon cancer mortality in the U.S.

Colorectal cancer is preventable, but it remains the second-leading cause of cancer death in the United States. Kentucky is ranked in the highest tier for both colorectal cancer incidence and death.

A colonoscopy is the most popular screening test for colorectal cancer, but patients may receive other screening tests including sigmoidoscopy and a fecal occult blood test. When colorectal cancer is
found early and treated, the 5-year relative survival rate is 90 percent. However, only one of every three colon cancers is being detected at an early, treatable stage.

According to the American Cancer Society, colorectal cancer screening should begin at age 50 or earlier if you have a family history of colon or rectal cancer.

Provided by University of Kentucky


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