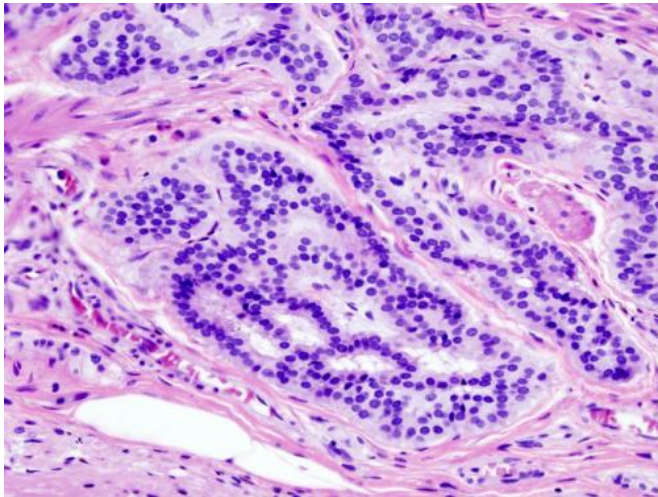


Reducing colorectal cancer disparities among African American men

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

Out of any other racial group, African American men have the lowest five-year survival rate for colorectal cancer (CRC). A major factor contributing to this dire situation is low adherence to recommended early detection screening, like colonoscopy and home-based stool testing kits. Yet, published research on effective strategies to increase screening for this group specifically are minimal. These findings were published today in a special health inequities and disparities issue of the journal *PLOS ONE*.

For this study, the researchers set out to understand the state of research on interventions to increase CRC [screening](#) uptake in African American men. The researchers conducted a systematic review and meta-analysis. They reviewed 41 studies published between 1998 and 2020 that examined adherence to CRC early detection methods and screening recommendations. Of these, only two studies focused exclusively on African American men.

While many of the studies provide valuable insights, the researchers found the existing body of work lacks the detail needed to inform effective screening recommendations for reducing CRC incidence and deaths in African American men.

Charles R. Rogers, Ph.D., MPH, MS, MCHES, led the study. Rogers is a cancer investigator at Huntsman Cancer Institute and assistant professor of public health at the University of Utah, where he leads the Men's Health Inequities research lab. This group brings together researchers, advocacy organizations, clinicians, and health professionals from a variety of disciplines. They work together to improve the health and well-being of medically underserved populations through community engagement, research, and education.

The research group is currently assessing the influence of numerous factors on CRC screening uptake—for example, poor patient-provider communication, masculinity barriers to [medical care](#), health problem minimization, and medical mistrust. Rogers' team also evaluates social determinants of health in men, including lack of insurance, racism, and limited social support. His group has a longstanding interest in CRC prevention and awareness among African American men, including a 5-year study called #CuttingCRC, which aims to develop a barbershop-based intervention on masculinity barriers to medical care, psychosocial factors, and CRC screening uptake among African American men in Utah, Ohio, and Minnesota.

Rogers and his team view their *PLOS ONE* study as a call to action for researchers to advance understanding of factors that could improve screening completion among African American men. Limitations of existing interventional research on this issue identified by the team included lack of race and gender segmentation. More geographic representation is needed in these studies as the majority of research available is concentrated on

people living in the northeast and southern parts of the United States. Also, many of the studies employed interventions among participants with regular access to health care at a major medical center—thus excluding significant representation of the African American male health care experience.

The researchers recommend more studies that focus exclusively on African American men. "To reach the goal of reducing CRC-related injustices among African American men, future health promotion and prevention interventions must explicitly focus on recruiting men belonging to this population," says Rogers. The group also advises that researchers prioritize conducting interventions in nontraditional [health](#) care settings, like churches or community centers. "It's key to meet people where they live, work, play, and worship," says Rogers.

In light of the unexpected death of *Black Panther* star Chadwick Boseman from CRC at age 43, Rogers and his team also emphasize the critical need for more research in African Americans younger than age 45, due to more young adults both getting the preventable disease and dying from it. Of a predicted growth of 90-124% among Americans aged 20-34 and 28-46% among those aged 35-49 by 2030, the highest growth of early-onset CRC incidence and death is predicted to occur in African American men, according to a study published in *JAMA Surgery*. "African American men continue to suffer the most from CRC incidence and mortality across all racial groups and genders. Advancing CRC prevention and early detection-focused research among African American men will provide critical insights—perhaps including why we need to adjust current screening recommendations—and will undoubtedly save lives," Rogers added.

More information: Charles R. Rogers et al, Interventions for increasing colorectal cancer screening uptake among African-American men: A systematic review and meta-analysis, *PLOS ONE* (2020). [DOI: 10.1371/journal.pone.0238354](https://doi.org/10.1371/journal.pone.0238354)

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