

Finding Answers

Disparities Research for Change

Journal of General Internal Medicine
July 2012

Interventions to Improve Care Related to Colorectal Cancer Among Racial and Ethnic Minorities: A Systematic Review

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Background:

Colorectal cancer, although a preventable disease, causes death for more than 50,000 Americans per year. Advances in screening and treatment have led to a decline in incidence of and mortality from colorectal cancer over the past 25 years. However, this decline has not been shared equally by all groups. Racial and ethnic minority patients, as well as those with lower incomes and inadequate insurance, are less likely to receive adequate screening, less likely to be treated when they screen positive, and less likely to have guideline-recommended follow-up. This has resulted in a growing racial and ethnic survival gap over that same 25-year period.

Highlights of Findings:

A review of 33 studies, from 1950 to 2010, of interventions in U.S. populations eligible for colorectal cancer screening, and composed of greater than 50 percent racial or ethnic minorities, showed that:

- Patient education involving phone or in-person contact combined with patient navigation services can lead to modest improvements (a 15 percentage-point improvement) in colorectal cancer screening rates in minority populations.
- Studies targeting providers or clinic systems suggest that provider-directed educational interventions are effective in increasing colorectal cancer screening rates, especially those that involved the training of physicians to communicate with patients of low health literacy.
- There were no relevant interventions that focused on post-screening follow-up, treatment adherence or survivorship.

Conclusions:

Tailored patient education combined with patient navigation services and physician training in communicating with patients of low health literacy can modestly improve adherence to colorectal cancer screening among racial and ethnic minority patients. The onus is now on the researchers to continue to evaluate and refine these interventions and begin to expand them to the entire colon cancer care continuum. Specifically, interventions to improve post-screening follow-up and receipt of life-saving therapy for those diagnosed with colorectal cancer are imperative if we expect the racial and ethnic survival gap to close.

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