Patient Preference Key In Colorectal Screening

By Kate Johnson
Montreal Bureau

Montreal — Primary care physicians referring patients for routine colorectal cancer screening may see better adherence, particularly in men, if they consider patient preference regarding screening modality, reported Maida Sewitch, Ph.D., from McGill University, Montreal. However, the picture is less clear for women.

In a study of 203 primary care patients referred for colorectal cancer screening (40% male and 60% female, mean age 64 years), overall adherence was 52%. Dr. Sewitch reported in a poster at Canadian Digestive Diseases Week.

For both genders combined, the strongest predictor of adherence was a physician’s referral that matched a patient’s preferred screening modality (adjusted odds ratio 3.64), she said. But the results looked quite different when analyzed according to patient gender.

“The people for whom matched modality was important were the men—and men who were matched on modality were 3.5 times more likely to adhere to screening than men who were not matched. But women didn’t care about patient preference increased the odds of screening adherence in men (AOR 3.49), it only had a slight impact in women (AOR 1.24),” she said. Instead, predictors of female adherence to screening were past history of screening (AOR 1.24), she said. The authors said there were no differences with an open-access referral program, in which primary care physicians were able to refer patients directly for the procedure, by passing evaluation by a gastroenterologist.

“This decreases the number of appointments a patient must complete before obtaining a screening colonoscopy and shortens the time to screening colonoscopy. Open access can increase the number of screening colonoscopies and enhance neoplasm detection,” they wrote.

To further increase screening rates, the authors recommended a bilingual (Spanish) female health educator as a patient navigator. She received specialized training on patient navigation and was able to calm their preprocedure fears, and 66% said they would not refer patients directly for the procedure if they were guided along with their primary care physician adequately explained the reason for their screening colonoscopy, but that figure rose to 92% after phone and mail, and even personally meeting with patients who were fearful of the procedure.

The authors presented results from 512 patients who had used the services of a patient navigator. Their mean age was 56 years; 75% were female. Hispanic patients made up 35% of the group, 31% were black, the rest were other ethnic groups.

Overall, 353 (60%) completed their colonoscopy. Reasons for noncompletion among the remaining 179 patients were the desire to speak in detail with their physician before the procedure (14) and refusal to undergo the procedure (52). Forty-seven patients never returned the navigator’s phone calls, 14 requested intervention more than four times, and 52 did not show up for their scheduled colonoscopies twice.

Women were 31% more likely to complete the colonoscopy than men. Of the completers, 60% were Hispanic and 28% were black. Hispanic patients were 67% more likely than were blacks to complete the colonoscopy, while Hispanic women were 106% more likely to complete the colonoscopy than Hispanic men were.

There were no significant gender differences among black patients.

Bowel preparation was available for 330 patients who completed the procedure. Of these, 9% of the bowel preparations were rated as excellent, 34% were very good, 48% were good, 4% were fair, and 5% were poor. The facility’s historical percentage of poor preps was 12%.

Overall, 34% of patients had a poly or mass removed and biopsied. Among the 58 patients with an adenoma, 12% had villous histology, 12% had an adenoma larger than 1 cm, and 5% had an adenoma with high-grade dysplasia or cancer. Two patients underwent surgical resection with an open-access referral program, in which primary care physicians were able to refer patients directly for the procedure, by passing evaluation by a gastroenterologist. A high percentage (87%) said the navigator was able to calm their preprocedural fears, and 66% said they would not have completed the colonoscopy without the navigator’s attention.

Flat Colorectal Neoplasms May Have Role in Predicting Cancer

By Heidi Splete
Senior Writer

Subtle nonpolypoidal colorectal neoplasms were more predictive of colorectal cancer than the more obvious polypoid neoplasms, according to findings from a study of 1,819 adult patients.

Polypoid neoplasms are easy to detect during a colonoscopy, and they are routinely removed to prevent colorectal cancer. By contrast, nonpolypoidal colorectal neoplasms (NP-CRNs) are flat or slightly depressed in shape and are harder to distinguish from the surrounding normal mucosa. Previous studies have suggested that depressed NP-CRNs are more likely to be cancerous, but few studies have examined them as predictors of colorectal cancer.

In this cross-sectional study, Dr. Roy M. Soetikno of the Veterans Affairs Palo Alto (Calif.) Health Care System, and his colleagues reviewed the characteristics of colorectal neoplasms in asymptomatic and symptomatic adults.

The study included 616 asymptomatic patients (the screening patients), 644 symptomatic patients with a personal or family history of colorectal cancer or colorectal polyps (surveillance patients), and 549 symptomatic patients. They had elective outpatient colonoscopies between July 2003 and June 2004 (JAMA 2008;299:1027-35).

Nonpolypoidal lesions accounted for 15% of neoplasms, (but) contributed to 54% of superficial carcinomas.

Nonpolypoid lesions accounted for 15% of neoplasms, (but) contributed to 54% of superficial carcinomas, the authors said. NP-CRNs were almost 10 times as likely to be associated with in situ or submucosal invasive carcinoma, compared with polypoid lesions, regardless of site.

A total of 227 NP-CRNs were found; 209 were flat and 18 were depressed. Although the number of depressed neoplasms was too small to show statistical significance, 6 (3%) were found in the group compared with 9 of the flat neoplasms (4.3%). The depressed NP-CRNs were also the smallest, averaging 9.77 mm in diameter, compared with an average of 19.2 mm for polypoid lesions and 15.9 mm for NP-CRNs overall. None of the researchers disclosed any conflicts of interest.