

**COLORECTAL CANCER
SCREENING IN A POOR,
UNDERSERVED, MINORITY
POPULATION**

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**Distance: 1.5
miles**



**Colon Cancer Survival
Difference : 30%**

COMMUNITY AND SURVIVAL OF COLORETAL CANCER PATIENTS

- **5 year survival :**

HARLEM NY : 20%*

US NATIONAL AVERAGE : 47-62%**

* cancer 2002;94;2327

**www.seer.gov/publications

COLORECTAL CANCER IN THE AFRICAN AMERICAN COMMUNITY

- Low screening rate.
- Presentation with more advanced disease.
- Higher incidence than in the white population (reversal of the pattern in 1980) .

2009

LANCET 2009; 393,

Worse tumor genetics (Pro 72 allele of p53).

BARRIERS TO CRCS

- **Socioeconomic deprivation**
- **Lack of adequate knowledge**
- **Lack of medical infrastructure**
- **Lack of medical insurance**
- **Competing medical problems**
- **Language barriers**
- **Legal concerns**

MAMMOGRAPHY IN HARLEM

1992-94 survey :

**80% of women 50 to 65 y. had
a mammogram**

MMWR 1999;48(SS-6):1

STUDY OBJECTIVES

- **Determine the feasibility of using a community screening mammography center to recruit minority women from a low income community to undergo CRCS.**
- **Identify individual level barriers (demographic, financial, psychosocial, awareness, and lack of ability to navigate the medical system) to CRCS among minority women .**
- **Determine the stage and pathology of neoplastic lesions found during screening colonoscopy among minority women .**

STUDY PROCEDURES

Explanation of rationale for CRCS
(bilingual college graduate)



Further explanation; consent signing; filling
questionnaires
(nurse practitioner)



Appointment for pre-colonoscopy medical evaluation
(secretary)



Pre-colonoscopy medical evaluation
(nurse practitioner)



Colonoscopy
(gastroenterologist)

STUDY PARTICIPATION

2616 Eligible Women

611 (23%) consented to participate in the study

2005 declined the study

397 completed pre-colonoscopy medical examination

337 (55%) completed colonoscopy

REASONS FOR REFUSING THE STUDY (N=2005)

Reasons for Refusal*	No. of Women (%)
Wants to discuss with primary physician	576 (29)
Wants CRCS but not part of a study (22)	437
Lack of insurance	469 (23)
Needs time to think about it	197 (10)
Already has CRCS appointment	158 (8)
Fear of CRCS (7)	150
No interest in CRCS (5)	107
No time for CRCS	100 (5)
Lack of adequate knowledge	21 (1)
Miscellaneous	262 (13)

* Women could indicate multiple reasons for refusal

INSURANCE AND PAYMENTS FOR STUDY COLONOSCOPY (N=337)

colonoscopy cost : \$300

INSURED	157 (47%)	
Commercial insurance	68	(20)
Medicaid/Medicaid HMO	55	(16)
Medicare/Medicare HMO	19	(6)
Union insurance	15	(4)
UNINSURED	180 (53%)	
Philanthropic grants	151	(45)
Self-pay	29	(9)

POLYP PATHOLOGY AS DETERMINED BY GI AND GENERAL PATHOLOGISTS (101 PATIENTS)

<u>Polyps</u> <u>Pathologist No.</u>	<u>GI Pathologist No.</u>	<u>General</u>
Total	149	149
<u>Adenoma</u>	66	57
Advanced	18	
28		
Size ≥ 1.0 cm		14
14		
Tubular	53	29
Tubular-villous	12	27
Tubular-villous and high grade dysplasia	1	1
<u>Non Adenoma</u>	79	88

SATISFACTION WITH CRCS

Full Satisfaction

88%

Colonoscopy a good test

95%

Would recommend to family/friend

95%

CONCLUSIONS

1. **Community programs without physicians' referral can effectively increase CRCs among poor minority women.**
2. **Simple and non-costly informative measure can be effective in creating interest in CRCs among poor minority women, helping them through "navigation" procedures may be essential.**
3. **The major barrier to CRCs in this population was financial.**
4. **"Creative" financing may be needed to increase CRCs among the poor and uninsured.**
5. **Polyp characteristics in Black and Hispanic women in the U.S. are similar to those in the general female population.**