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Predictors of colorectal cancer screening participation in the United States.

Ioannou GN, Chapko MK, Dominitz JA.

Health Services Research and Development and Northwest Hepatitis C Resource Centers, Veterans Affairs Puget Sound Health Care System, Seattle, Washington, USA

Our aim was to identify predictors of colorectal cancer screening in the United States and subgroups with particularly low rates of screening. The responses to a telephone-administered questionnaire of a nationally representative sample of 61,068 persons aged ≥ 50 yr were analyzed. Current screening was defined as either sigmoidoscopy/colonoscopy in the preceding 5 years or fecal occult blood testing (FOBT) in the preceding year, or both. Overall, current colorectal cancer screening was reported by 43.4% (sigmoidoscopy/colonoscopy by 22.8%, FOBT by 9.9%, and both by 10.7%). The lowest rates of screening were reported by the following subgroups: those aged 50-54 yr (31.2%), Hispanics (31.2%), Asian/Pacific Islanders (34.8%), those with education less than the ninth grade (34.4%), no health care coverage (20.4%), or coverage by Medicaid (29.2%), those who had no routine doctor's visit in the last year (20.3%), and every-day smokers (32.1%). The most important modifiable predictors of current colorectal cancer screening were health care coverage (OR = 1.7, 95% CI = 1.5-1.9) and a routine doctor's visit in the last year (OR = 3.5, 95% CI = 3.2-3.8). FOBT was more common in women than in men (OR = 1.8, 95% CI = 1.6-2.0); sigmoidoscopy/colonoscopy was more common in Hispanics (OR = 1.4, 95% CI = 1.1-1.7) and Asian/Pacific Islanders (OR = 2.4, 95% CI = 1.5-3.9) relative to whites, in persons without routine doctor's visits in the preceding year (OR = 3.3, 95% CI = 2.8-4), and in persons with poor self-reported health (OR = 1.3, 95% CI = 1.2-1.5). Interventions should be developed to improve screening for the subgroups who reported the lowest screening rates. Such interventions may incorporate individual screening strategy preferences.

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