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Problem: People dread colonoscopies. Screening for colon cancer is awkward and uncomfortable. However, colorectal cancer is one of the top four most common cancers among Americans. Due to early detection of benign polyps, the rate of colorectal cancer has declined since the mid-1980s. So, how do we assist physicians in continuing this life-saving trend?

Purpose: Physicians need resources to help facilitate patient-centric conversations and to promote the detection of colorectal cancer. This article aims to accomplish the following:

1. Shine a light on why many patients refuse screening
2. How to encourage colon cancer screening

How to Encourage Your Patients to Get Colon Cancer Screening

People dread colonoscopies. Colon cancer screening is awkward and uncomfortable. Yet, colorectal cancer is one of the top four most common cancers among Americans. Early detection of benign polyps or colon cancer significantly improves outcomes.

So, how can physicians encourage patients to get their colon cancer screenings? Keep reading to learn why many patients refuse screening and how to promote it.

Colon cancer statistics

According to the American Cancer Society, more than 150,000 individuals annually receive a colorectal cancer diagnosis. In the United States, it is the **second leading cause of cancer-related deaths among adults**.

Since the mid-1980s, colorectal cancer death rates have been on the decline. From 2011-2019, the rate of colorectal cancer in people 55 or older decreased by approximately 1% annually.

But why?

Research indicates that improved colorectal screening is the cause. Physicians can detect benign polyps and remove them during a colonoscopy. Additionally, screening promotes early cancer detection, facilitating improved treatment and outcome.

Why your patients avoid colon cancer screening

We all know that people detest having a colonoscopy. But what specific issues must physicians address to ease concerns and promote screening?

Awkwardness and discomfort

With the proven benefits of colon cancer screening, people often avoid screening as it is awkward and uncomfortable.

No one enjoys saving their stool. Even the thought of having a catheter inserted into the rectum makes us cringe. These feelings cause people to postpone screening even when symptoms suggest a problem.

Doubt and uncertainty

In 2010, the Affordable Care Act mandated insurance plans cover colorectal cancer screenings. Recently, legislation required private insurers to pay for follow-up colonoscopies when deemed necessary.

In essence, **colorectal screening has not been a gold standard of care for long.** So, many patients are doubtful. Their parents never had a colonoscopy, so why should they? This uncertainty about the benefits can prevent patients from taking colon cancer seriously.

Skepticism and mistrust

Many people are skeptical of healthcare systems. They resist spending hard-earned money on unnecessary medical bills and wonder if colon cancer screening is essential.

Many feel weary of driving back and forth from doctor's appointments. They do not want to waste time or money on unwarranted tests. People need to **trust that colon cancer is a common, life-threatening condition. Screening is essential.**

How to talk about colon cancer screening

As your patient nears the age of 45, begin talking about colon cancer screening. When doctors take the time to address questions and concerns, patient-physician trust grows. Acknowledge uncomfortable emotions regarding stool tests or a colonoscopy. If people feel medical staff understand, they are more likely to listen. Next, **offer patients a choice** about the type of test.

Types of colorectal screenings

Colorectal screenings are either stool tests or visual exams. Both types provide information for early detection of colorectal cancer. As with most conditions, early detection improves outcomes.

Stool tests

Stool tests check for blood. The stool DNA test also detects altered DNA. These indicators help physicians notice and treat polyps and cancer. Stool tests are **less invasive** than visual exams. Typically, people perform them from the comfort of their homes, reducing apprehension. However, these tests must be completed **more frequently** than visual exams (usually annually).

Visual exams

Using a scope, physicians examine the structure of the colon and rectum. A sigmoidoscopy uses a light-guiding catheter to check for abnormalities in the lower third of the colon. A colonoscopy analyzes the entire colon.

Physicians generally remove polyps and some cancers at the time of the colonoscopy. If the patient has no risk factors, they should **repeat the colonoscopy every ten years**.

Computed tomography (CT) colonography, or virtual colonoscopy, utilizes X-ray imaging to examine the entire colon. Gastroenterologists recommend a repeat of CT colonography every five years. It is important to note that not all insurers cover CT colonography as a screening. Many only pay for it as a diagnostic test.

Which one is right for your patient?

The best colon cancer screening for your patient is the one that they will do. Each test has pros and cons. Unless a specific test is medically necessary or insurance is unwilling to pay, let the patient decide. By allowing individuals to choose, physicians implement patient-first care and promote self-advocacy.

Paving the way for healthier communities

By 2011, medical innovators and legislatures understood the importance of colorectal screening. Colon cancer screening is now the gold standard for early detection of colon cancer. With **improved detection, cancer-related deaths decline**.

Regardless of the proven benefits, many people refuse to have this essential screen performed. When physicians better understand their patient's concerns and aversions, they can improve patient-centered care and self-advocacy.

<Facility Name> understands what keeps patients from committing to colon cancer prevention. We strive to reduce negative emotions with empathetic conversations and evidence-based education.

We aim to support our community with easily accessible colon cancer screening. To get your patient started, click the "Refer" button.

Key Takeaways

- More than 150,000 Americans annually receive a colorectal cancer diagnosis. It is the second leading cause of cancer-related deaths among adults.
- Colorectal cancer screenings have proven to decrease cancer diagnoses and deaths. Yet, many people continue to dismiss physicians' recommendations for screening.
- Feelings of awkwardness, doubt and skepticism often prevent individuals from prioritizing this life-saving test.
- Stool tests are less invasive and can usually be performed from the comfort of home. However, these screenings require more frequent testing.
- Visual exams, like colonoscopy, provide physicians with superior visualization, allowing them to address abnormal findings immediately.
- Many patients wonder which test is best. The best test is the one your patient will commit to having done.

Resources

“Key Statistics for Colorectal Cancer.” American Cancer Society, 2024, Colorectal Cancer Statistics | How Common is Colorectal Cancer | American Cancer Society.

“Colorectal Cancer Screening Tests.” Centers for Disease Control and Prevention, 2023, Colorectal Cancer Screening Tests | CDC.

“Colorectal Cancer Screening Tests.” American Cancer Society, 2020, Colorectal Cancer Screening Tests | Sigmoidoscopy & Colonoscopy | American Cancer Society.