

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Age, Self-Rated Health, and Medical Conditions are Associated with Patient-Provider Discussions of Colorectal Cancer Tests

Priority 1 (Research Category)

Population health and epidemiology

Presenters

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Abstract

Context: Colorectal cancer (CRC) is a common cancer in men and women. Since 2021, the U.S. Preventive Services Task Force recommends screening for CRC in adults aged 45 to 49 years (grade B), all adults aged 50 to 75 years (grade A), and selectively offering CRC screening in adults aged 76 to 85 years (grade C).

Objective: To evaluate sociodemographic and existing medical condition correlates of patient-provider CRC screening test discussions.

Study Design and Analysis: Secondary, cross-sectional data analysis of the 2022 Health Information National Trends Survey (HINTS 6), which contained 6252 responses. Of these, there were 3971 respondents with an age between 45 and 85 years and a response for the primary outcome (CRC screening test discussions). We further eliminated respondents if they were missing data on any of the variables in the study. Thus, analyses are based on a sample size of 3316. We explored univariate and multivariate associations between correlates of interest and the primary outcome.

Dataset: The National Cancer Institute's HINTS 6. Data were collected March through November 2022.

Population Studied: US adults aged 18 years and older.

Instrument: Self-administered paper or web survey.

Outcome measure: “Has a doctor or other health professional ever told you there are a few different tests to detect colorectal cancer?” Response options were yes, no, and I have never discussed these tests with a doctor or other health professional. We compared yes responses (n=2207, 63.7% weighted) to no/never discussed responses (n=1109, 36.3% weighted).

Results: In the multivariable model, those aged 45 to 49 years had lower odds of CRC screening test discussions compared to those aged 50 to 75 years. People who were “not sure” if they had a family history of cancer also had lower odds of CRC screening test discussions compared to those who answered yes to a family history of cancer. Participants in excellent/very good health compared to those in fair/poor health, and those with a personal history of diabetes, hypertension, and cancer (compared to no history of these conditions) all had higher odds of having CRC screening test discussions.

Conclusions: Our findings may inform interventions to enhance CRC screening test conversations among 45 to 49 year-olds and their providers. Efforts to encourage people to understand their family history of cancer may also enhance CRC screening test conversations in primary care settings.

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