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Title

Adherence to cancer screening guidelines in a rural based family medicine practice setting.

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context: Limited data exists regarding compliance to cancer screening guidelines in rural patient population. Objective: We aim to utilize a high-volume rural based family medicine outpatient practice to study the compliance statistics for different cancer types and elucidate reasons for non-adherence. Study Design: We surveyed 500 patients by distributing surveys focusing on 4 most common cancers including breast, cervical, colorectal, and prostate. The questionnaire included demographics, clinical variables, visit status, insurance status, age at initial screening, adherence to subsequent follow up and reasoning behind the patient's non-compliance with the screening guidelines including assessing the impact of COVID-19 pandemic. Statistical Methods: The survey responses were summarized with the male and female respondents using the median and inter-quartile range for continuous variables; and frequencies and relative frequencies for categorical variables. All analyses were completed in R studio. Results: 305 patients were female. Median age of the cohort was 57 years (31-86 years). 80% of patients had a private insurance and other 20% were Medicare. 28% (n=85) never had a screening colonoscopy and 38 % did not follow up with physician recommended schedule. Similar numbers were reported in the male cohort with 28% and 39% respectively. Reason for non-adherence were multifactorial but the most important factor was patient declining for unknown reasons (42%). Compliance to screening guidelines for breast cancer was 94% including both, age at 1st mammogram and subsequent follow up. Similarly, compliance rates for cervical cancer were 98% but dropped to 90% for subsequent physician recommended follow up. Prostate specific antigen blood test compliance was 96%, however compliance to digital rectal exam was only 50%. COVID -19 pandemic affected 7% of the cohort's ability to comply with screening guidelines. Conclusions: This study, at a high-volume rural based family medicine practice helps us understand the compliance statistics and variations amongst different cancer types. Analyzing the data, colorectal and prostate cancer noncompliance seems to be very high and grouping the nonadherence factors reported, we have attempted to identify the 'at risk' population, which would need to be targeted to increase compliance. Our eventual goal is to create cancer specific action plan, to increase compliance to cancer screening guidelines, in this practice and ot