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The Primary Care Physician May Have a More Critical Role in Colorectal Cancer Screening in African Americans When Compared to Non-African Americans

To the Editor: We read with interest the manuscript written by Christie et al entitled, "A Randomized Controlled Trial Using Patient Navigation to Increase Colonoscopy Screening among Low-Income Minorities," which emphasized that colonoscopy screening remains low in minority populations despite early detection measures and colorectal cancer (CRC) screening guidelines.¹ This article is of particular importance because African Americans have lower CRC screening rates, higher CRC incidence, and greater mortality than whites.² It has been well established that individuals obtain medical information regarding CRC from multiple sources. It is critical that physicians have an understanding of the sources of information that are relied upon by their patients as they relate to CRC screening to develop efforts that will enhance adherence to screening recommendations. We evaluated patients' primary source of information about CRC and screening recommendations.

Sixty consecutive patients referred for screening colonoscopy at an urban university gastroenterology practice were interviewed about their primary source of information about CRC and screening. There were 32 whites, 23 African Ameri-

cans, and 5 patients of other races/ethnicities. The most common sources of information included the primary care physician (43%), news media (25%), and patient relatives (5%). Among the African American patients, 12 of 22 (55%) identified the primary care physician, and 2 of 20 (10%) identified the news media as the initial source of information about CRC and screening. In white patients, 10 of 32 (31%) identified the primary care physician, and 10 of 32 (31%) identified the news media as the initial source of information about CRC and screening. There was a statistically significant difference ($p = .029$) in the rate at which white patients identified the news media as an initial source of information about CRC and screening than African American patients.

This study revealed that patients obtain information about CRC screening from multiple potential sources. Similar to Christie et al, physicians were identified as a primary reference for gathering information regarding colon cancer screening. However, our study also revealed that African Americans more frequently identified their physician as the initial source of information about colorectal and screening when compared to whites. White patients were as likely to identify the news media as their initial source of information as they were likely to gain confirmation of the information by their physician.

While this study is limited based upon size and utilization of a single institution survey, it potentially offers important information. It is

clear that the resources where patients gain medical information may be different. Increased appreciation of the importance of CRC screening and a greater likelihood of adherence to screening recommendations may occur when an individual receives information from more than 1 place. Increased efforts to disseminate information about CRC to individuals from multiple sources, rather than only the physician, may enhance screening rates. Reliance upon the physician as the initial or sole educator about CRC screening may be inadequate. Identification of the important sources of medical information for patients and the development of strategies that will disseminate information to African Americans about CRC and screening are critical components of any comprehensive public health effort and can potentially aid in decreasing associated morbidity and mortality.

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2. Taylor V, Lessler D, Mertens K, et al. Colorectal Cancer Screening Among African Americans: The Importance of Physician Recommendation. *J Natl Med Assoc.* 2003;95(9):806-812.