

Barriers of colorectal cancer screening

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Colorectal cancer has the highest incidence rate among all cancers in Taiwan. The government has implemented the two-tier screening program for people reaching 50 year-old up to 75 year-old biennially. We adopted fecal immunochemical test (FIT) as the screening tool and if positive, a confirmatory screening colonoscopy is suggested. Nevertheless, the compliance to the confirmatory colonoscopy is relatively low, compared to western countries. We therefore design a series of study to investigate the beliefs and behaviors of Taiwanese people regarding to cancer screening. We conducted studies to identify the factors that influence willingness to undergo a FIT and confirmatory colonoscopy after a positive FIT. A semi-structured questionnaire was based on the Health Belief Model (HBM) and a literature review. A stratified, random sampling method was used to recruit participants and those who had a positive FIT from all cities/counties in Taiwan. Cross-sectional, computer-assisted telephone interviews were conducted, and the results were analyzed using a logistic regression model that took into account population demographics, core content of the HBM, and HBM-modifying variables. We found female, older age, higher perceived threat, higher benefit, higher cue of action including physician's recommendation, higher knowledge of colorectal cancer screening (CRC), health behaviors and lower perceived barriers were associated with a greater compliance to participation in CRC screening. The government could improve the screening rate by increasing the accessibility of the FIT kit through home-based mailing method along with an educational sheet and by providing education not only to the general public, but also to the physicians. As for the factors affecting the confirmatory rate, we found higher perceived threat, higher cues for action, lower perceived barriers and higher health behavior scores were associated with a greater willingness to participate in confirmatory colonoscopy. Participants who were older or unmarried were less likely to participate in verification. The government could improve the screening rate by training case managers to assist in following patients until they complete colonoscopy,

subsidizing sedated colonoscopies, and providing health education not only to the public but also to physicians. In the future, in order to increase the overall screening rate, new tests with superior sensitivity and specificity are warranted.