

Screening Colonoscopy Barriers: A Decade Later – Lessons Learned in a Rural Community

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Introduction

Colorectal cancer (CRC) is a leading cause of cancer-related deaths globally. However, early detection through appropriate screening can significantly reduce the incidence and improve survival. Despite the availability of effective screening methods, such as fecal immunochemical tests (FIT) and colonoscopy, disparities persist, particularly among underserved and rural populations. The Get FIT to Stay FIT program is grant funded by the Cancer Prevention and Research Institute of Texas (CPRIT) and has provided free FIT for the last decade to rural West Texans. This study highlights seven key barriers and strategies implemented to address them.

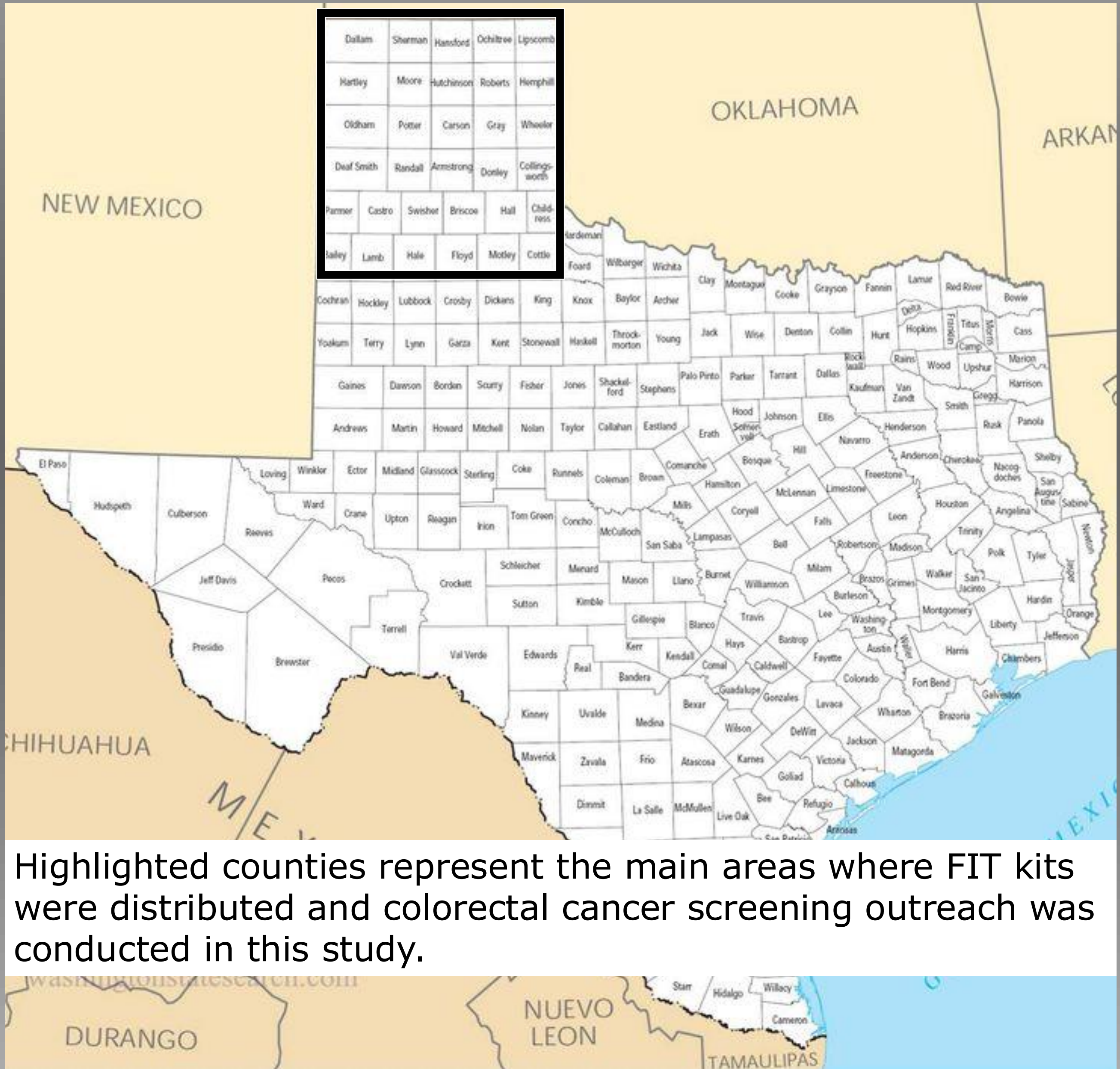
Materials and Methods

- **Barriers to screening were identified through:**
 - ✧ Qualitative feedback from patients
 - ✧ Healthcare providers
 - ✧ Community health workers (CHWs)
 - ✧ Data/samples obtained; measurements
 - ✧ How the data was analyzed

Implementation occurred in iterative cycles, allowing for real-time modifications based on feedback and participation.



Program Catchment Area in Rural West Texas



Highlighted counties represent the main areas where FIT kits were distributed and colorectal cancer screening outreach was conducted in this study.

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Results

- **Barriers to screening found were:**
 1. cultural stigma
 2. language difficulties
 3. logistical challenges
 4. seasonal timing
 5. mistrust and fear of diagnosis
 6. religious beliefs
 7. healthcare access issues
- **Strategies used were:**
 - ✧ Trusted community outreach
 - ✧ Culturally tailored education
 - ✧ Partnerships with local healthcare providersThese strategies have all been part of the solution.

- The program has provided:**
- ✧ 7987 FIT
 - ✧ 657 were positive of those FIT completed
 - ✧ 638 free colonoscopies performed
 - ✧ 495 pre-cancerous polyps removed
 - ✧ 7 colon cancers detected

Conclusion

The Get FIT to Stay FIT program has played a crucial role in expanding access to CRC screening, as well as ensuring that financial and social constraints do not prevent participation. While progress has been made, continued efforts are needed to emphasize the life-saving benefits of early detection of CRC and to implement sustainable, community-driven solutions.