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Minority patients have a significantly decreased survival from [colon cancer](#) compared to white patients, most often as a result of a late diagnosis. To help address this problem, a team of healthcare professionals at Memorial Sloan Kettering Cancer Center has identified an efficient way to increase minority access to lifesaving colorectal cancer screening (CRCS) in communities where multiple barriers to preventive care exist. In the November 8 issue of the journal *Cancer*, the group reports how women living in Harlem were introduced to CRCS during their routine mammography screening.

We rode the coattails of an already successful, preexisting screening program model and showed that by introducing colon cancer screening at this time, we were able to facilitate the process and expand access.

Moshe Shike, MD, the study's lead author and an attending physician at

“We hypothesized that mammography centers, similar to the one where this study took place, offer a unique opportunity to introduce the concept of colon cancer screening, because the women being tested are most likely already familiar with the concept of cancer screening,” explained [Moshe Shike, MD](#), an attending physician at Memorial Sloan Kettering Cancer Center and the study’s lead author. “Unfortunately, minorities in this community often have a late diagnosis and subsequent poor outcome from colon cancer because they are not able to — for one reason or another — access the routine preventive care they need. However, minority women, including many living in Harlem, are taking advantage of mammography screening as a result of ongoing outreach and education efforts.”

In Harlem, Manhattan’s northernmost community, the survival rate for colorectal cancer — the nation’s second leading cause of cancer mortality — is low. Research has identified several contributing factors to the late diagnosis and lack of screening in this community, including little or no medical insurance, language barriers, distrust of the medical community at large, and under-representation in the healthcare system. But as health reform moves forward, and a stronger emphasis is placed on preventive care, communities around the country will need to find ways to facilitate the screening process, as well as find ways to fund it, notes Dr. Shike.

The teams’ study took place at the Breast Examination Center of Harlem (BECH) — a community outreach program of Memorial Sloan Kettering that offers free, high-quality care, including cervical and [breast cancer](#) screening to primarily African-American and Hispanic women. Women aged 50 years or older who had not undergone colon cancer screening in the past ten years were eligible to participate. (Eligibility was also based on patients not having serious illnesses such as heart or lung disease or uncontrolled diabetes.) Following the patients’ mammography, eligible women met with bilingual staff to learn about the screening process and ascertain whether they were eligible to undergo colonoscopy. This process, Dr. Shike pointed out, can be effective and reduce costs because women can be referred, medically screened, and prepared without having to obtain a referral from another physician.

“We rode the coattails of an already successful, preexisting screening program model and showed that by introducing colon cancer screening at this time, we were able to facilitate the process and expand access,” explained Dr. Shike. “This is important because many women coming to facilities like BECH have little or no health insurance, and many do not see a primary care physician regularly. We were able to remove the burden of having to obtain a referral, which in many cases leads to patients not getting the screening they need.”

Of 2,616 eligible women, 611 patients initially gave their consent. Although fewer than 25 percent of those eligible joined the study, the researchers point out that the lack of involvement was not for lack of interest. “Only a small percentage cited a lack of interest for declining screening,” noted Dr. Shike. “Once the eligible patients were sitting face-to-face with a healthcare provider, the majority of women were engaged in the discussion.”

“Our colonoscopy findings in this study are similar to those in the general population, so offering colon cancer screening to underserved, minority women at the time of mammography, without a doctor’s referral, is an effective way to expand screening,” said Dr. Shike, who notes that alternatives to traditional medical insurance continue to be a barrier to access for the uninsured.

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