

COLORECTAL CANCER SCREENING - EXPERIENCE AT UNIVERSITY AFFILIATED INNER CITY HOSPITAL

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Purpose: The aim of this study is to first determine the knowledge base of primary care physicians and residents related to colorectal cancer. Second what percent of patients are non-complaint screening and why?

Method: Primary care physicians and residents completed questionnaires regarding colorectal cancer—incidence, morbidity, mortality, common causes of delay in diagnosis and sensitivity of screening method. A score of < 50 (poor), 51-70 (good). 71-100 (excellent). The respondents are further classified based on their screening practices: A) refer all eligible patients-*aggressive*. B) Do FOBT and sigmoidoscopy in office- *average*. C) Home based guiac test- *conservative*. D) Do not have time to discuss with every patients- *unacceptable*. Questions were also asked- what percentage of patients are noncompliant to screening recommendation and why?

Results: Total number of respondents 74. 26% (19 of 74) scored excellent, 53% (39 of 74) were good, and 21% (16 of 74) scored poor on knowledge based questions regarding colorectal cancer. Based on approach to screening methods, respondents were equally divided into aggressive, average, and conservative. Only 1 responded chose not enough time to discuss with every patient. A mean score of 35 was calculated for noncompliance. The most common reason for noncompliance was fear of the test followed by painful test, and “*ignorance about colorectal cancer.*”

Conclusion: Majority (80%) of primary care physicians and residents have good to excellent knowledge regarding colorectal cancer. Their approach to screening methods are reasonably good. Noncompliance rate of 35% is found to be better than reported in literature (60-70%). The most common cause of noncompliance is the inherent invasiveness of current screening methods.