

Follow-up times for colorectal cancer screening abnormalities lag behind others

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Follow-up times of abnormal screening exams were shorter for breast cancer than they were for colorectal and cervical cancers, according to a recent study involving more than one million individuals who underwent these screenings. Recently published in the *Journal of General Internal Medicine*, the study reported the percentages of individuals with abnormal screening exams receiving timely follow-up were: 93.2% to 96.7% of women across breast centers, 46.8% to 68.7% of individuals across colorectal centers, and 46.6% of women at the cervical center.

Led by Dr. Anna Tosteson, the James J. Carroll Professor of Oncology at the Geisel School of Medicine and a faculty member at The Dartmouth Institute for Health Policy & Clinical Practice, the study characterized [cancer screening](#) practice variation across seven centers participating in the National Cancer Institute sponsored PROSPR (Population-based Research Optimizing Screening through Personalized Regimens) consortium. Cancer screening abnormality rates and their timely follow-up were examined across the centers and among primary care practices within centers.

The study's authors called the variation in timely screening abnormality follow-up 'concerning' and cited a number of factors which could contribute to the variation in timely follow up, including the underlying complexity of coordinating the next steps in clinical care, differences in the severity of abnormalities detected and the type of follow-up required. They stated, for example, that the "lower follow-up rates for colorectal cancer screening abnormalities may be due to the perceived

inconvenience and invasive nature of the procedures involved," adding that patients undergoing colonoscopy "typically need to take time off work, which may pose a barrier especially for lower-income [individuals](#)."

The study's authors also noted that federal policies and regulations that encourage timely cancer screening may affect screening follow-up even more than individual patient and health system factors. Such policies exist for breast and cervical cancer screening, but are non-existent for colorectal cancer screening.

"The documented variation in follow-up of abnormal cancer screening tests across centers and primary care practices highlights opportunities for improving cancer screening," Dr. Tosteson said, noting that this is the first PROSPR study to make cross-organ comparisons in screening outcomes.

More information: Anna N. A. Tosteson et al. Variation in Screening Abnormality Rates and Follow-Up of Breast, Cervical and Colorectal Cancer Screening within the PROSPR Consortium, *Journal of General Internal Medicine* (2015). [DOI: 10.1007/s11606-015-3552-7](https://doi.org/10.1007/s11606-015-3552-7)

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