

New study addresses colorectal cancer disparities in Black communities

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A new University of Kentucky Markey Cancer Center study highlights the need for increased outreach and education to reduce colorectal cancer screening disparities in Black communities.

According to the [qualitative study](#) published in the *Journal of Cancer Education*, people in Kentucky's Black communities may not be aware about all of the colorectal [cancer](#) screening options available to them, particularly stool-based tests.

Black communities are disproportionately affected by colorectal cancer. In Kentucky, Black people who have colorectal cancer are more likely to die from the disease than whites.

Since about half of the Black-white colorectal cancer mortality gap can be explained by disparities in [screening rates](#), educating Black communities about screening options can save lives, says UK Markey Cancer Center researcher Aaron Kruse-Diehr, Ph.D., the study's principal investigator.

"In the colorectal cancer screening world, we like to say 'the best test is the one a patient completes'—and giving people multiple options has been shown in previous studies to increase their likelihood of completing screening," said Kruse-Diehr, who is an associate professor in the College of Medicine. "To reduce the Black-white colorectal cancer mortality rate, we need to make sure Black people of screening age are being provided all available options."

Regular screening beginning at age 45 is the key to preventing colorectal cancer and finding it early. There are two types of tests recommended by the U.S. Preventive Services Task Force: visual exams (primarily colonoscopies) and stool-based tests that check the stool for signs of cancer. Stool-based tests are less invasive, and for many, more accessible since they can be done at home.

"Home tests can reduce a number of both individual-level and structural barriers that often exist for many people with respect to completing colonoscopy, such as needing to take time off work, finding an individual to drive the person to/from the procedure, and travel distance to a provider who can perform colonoscopy," said Kruse-Diehr.

The research team partnered with five Black churches in Louisville, a region of Kentucky with high Black-white screening disparities, to conduct focus groups exploring screening barriers and facilitators for cancer education and outreach.

While the focus group participants overwhelmingly recognized the importance of being up to date with screening, nearly all of them reported that they had never heard about stool-based tests or had [health care providers](#) offer them as an option for colorectal cancer screening.

To address this knowledge gap, participants stressed community-based outreach and communication from trusted individuals, such as local Black medical providers and colorectal cancer survivors.

Kruse-Diehr led the study with Elizabeth Holtsclaw, cancer support strategic partnerships manager at the American Cancer Society. Two of the study's co-authors, College of Public Health undergraduates Carlee Combs and Rose Wood, helped analyze the data and write the results as part of their mentored undergraduate research independent study course.

The research team is now planning to pilot a church-based screening program with one of the partner churches, with hopes of eventually expanding the program across Kentucky.

"These study results are informing [outreach efforts](#) that we hope will make a huge dent in the death rates from [colorectal cancer](#) among Black

Kentuckians," said Kruse-Diehr.

More information: Aaron J. Kruse-Diehr et al, Barriers and Facilitators to Stool-Based Screening for Colorectal Cancer Among Black Louisville Residents, *Journal of Cancer Education* (2022). [DOI: 10.1007/s13187-022-02231-2](https://doi.org/10.1007/s13187-022-02231-2)

Provided by University of Kentucky

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