

Colorectal Cancer Screening in Vietnamese Americans

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Outline

- Background
- Significance for Vietnamese Americans
- Aims
- Intervention
- Evaluation
- Measurements
- Baseline survey preliminary data

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Colorectal cancer

- Second leading cause of cancer deaths
- Fourth most common cancer
- Each year ~ 150,000 have the disease
- Each year ~60,000 die from it

*(American Cancer Society, 2005).

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Colorectal cancer screening

•Can reduce incidence and mortality by removing premalignant polyps and detecting early cancers

(Newcomb, 1992; Selby, 1992; Selby, 1993; Mandel, 1993; Mandel, 2000; Hardcastle, 1996).

•If detected early, 90% can be cured

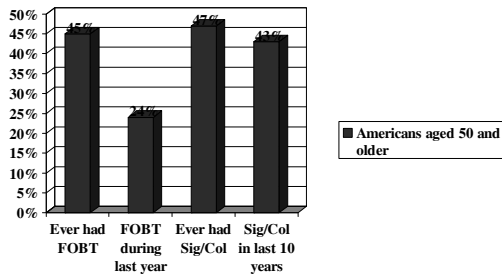
•Recommendations by major professional organizations (Ransohoff, 2001).

•Screening rates are low (CDC, 2003).

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Colorectal screening rates in U.S.

(CDC, 2003)



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Recommended ages

•Major professional organizations including

- U.S. Preventive Services Task Force
- American Cancer Society
- Gastrointestinal Consortium
- American College of Gastroenterology

all recommend beginning colorectal cancer screening at the age of 50 for average-risk patients (Ransohoff, 2001).

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Recommended tests

- Fecal Occult Blood Test (FOBT)
- Sigmoidoscopy (Sig)
- Colonoscopy (Col)
- Double-Contrast barium enema

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Effectiveness of FOBT

- One U.S. clinical trial reported a 33% reduction in colorectal cancer deaths (Mandel, 1993) and a 20% reduction in colorectal cancer incidence among people offered an annual fecal occult blood test (Mandel, 2000).

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Effectiveness of sigmoidoscopy

- Case control studies found that sigmoidoscopy reduced the risk of death by 59% to 75% (Selby, 1992; Newcomb, 1992).

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Effectiveness of colonoscopy

- A case control study found that patients diagnosed with colorectal cancer were less likely have had previous colonoscopy (Muller, 1995; Kewenter, 1996).

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Effectiveness of barium enema

- Barium enema has been previously recommended as a colorectal cancer screening test (Winawer, 1997; Rex, 2000; Smith, 2001) but the low sensitivity for the detection of large polyps has led to a decreased interest in it as a screening tool. (Winawer, 2000; Ransohoff, 2001).

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Significance for Vietnamese Americans

- In California, colorectal cancer is the
 - second most common cancer among Vietnamese women
 - fourth most common cancer among Vietnamese men (American Cancer Society, 2004).

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Colorectal screening of Vietnamese Americans

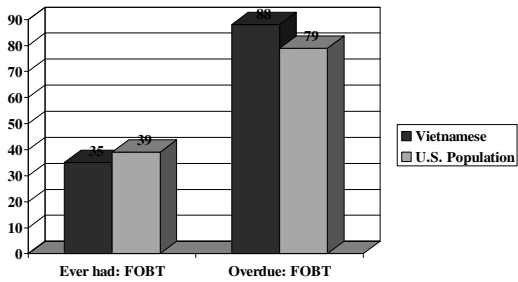
- Colorectal screening rates are lower in Vietnamese Americans than in the general population and non-Hispanic whites

(Jenkins, 1999; Wong, 2004 submitted).

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Ever had & Overdue: FOBT

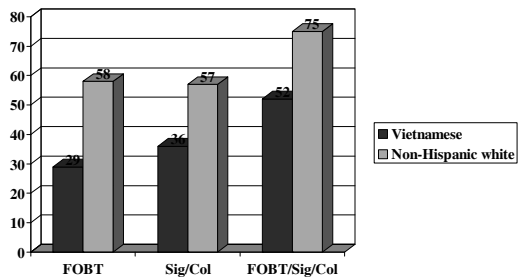
Patients aged 40 years and older (Jenkins, 1990)



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Ever screened: FOBT, Sig/Col, Any

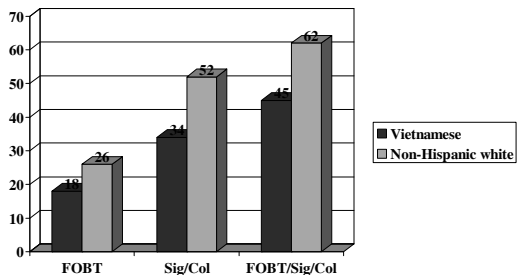
Patients age 50 and older (Wong, 2004 submitted)



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Up-to-date: FOBT, Sig/Col, Any

(Wong, 2004 submitted)



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Study Aims

To increase colorectal cancer screening rates among Vietnamese Americans aged 50 to 74

- To evaluate the effectiveness of an intervention focused on both the Vietnamese American public and their providers.
- To identify factors associated with colorectal cancer screening among Vietnamese Americans

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Public intervention

- Production and distribution of a booklet at
 - CBOs
 - Hospitals
 - Clinics
 - Health fairs
- Vietnamese-language media campaign
 - Newspapers
 - Radio
 - Television

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Provider intervention

- Continuing Medical Education seminars
- Distribution of
 - provider newsletters
 - provider videos
 - patient counseling booklet

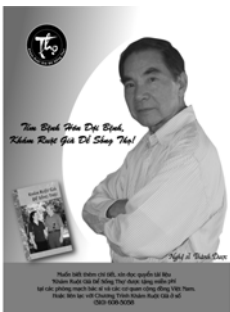
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For Long Life, Test The Colon!



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Logo: Longevity



**Screening for a cancer
is better than waiting for
it to develop
For long life, Test the
colon!**

For more information, please read
booklet "For Long Life, Test the
Colon" that was distributed free at
Vietnamese doctor's offices and
community-based organizations or
contact the Colon Screening Project
at : (510) 608-5058

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Colon cancer is the second most common cause of cancer deaths in the United States. Anyone can get colon cancer, though people over the age of 50 are more likely to get it!

Screening for a cancer is better than waiting for it to develop.
For long life, Test the colon!

Logo: "THO" (Longevity)
Colon Screening Project
Northern California Cancer Center
For more information, please contact:
(510) 608-5058

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If you are age 50 or over, you need to get tested even if you feel healthy.

Screening for a cancer is better than waiting for it to develop.
For long life, Test the colon!

Logo: "THO" (Longevity)
Colon Screening Project
Northern California Cancer Center
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Screening can help find and prevent colon cancer effectively.

Screening for a cancer is better than waiting for it to develop.
For long life, Test the colon!

Logo: "THO": Longevity
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Evaluation

- **Quasi-experimental design**
- **Intervention area:**
Alameda and Santa Clara Counties,
California
- **Control area:**
Harris County, Texas

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Survey questions

- 1) have ever heard of
- 2) have ever had
- 3) if had, date of the most recent test
- 4) If Dr. recommends a test, will have one
- 5) If Dr. will not mention a test, would ask for one

For fecal occult blood test, sigmoidoscopy, or colonoscopy

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Measurements

- 1) Recognition
- 2) Receipt
- 3) Currency
- 4) Intention and,
- 5) intention to screen in recommended intervals

defined as

- 1) Having heard of
- 2) Having ever had,
- 3) Being up-to-date for
- 4) Willing to accept doctors' recommendation or would ask for test if doctor does not mention it
- 5) Willing to have test in recommended intervals

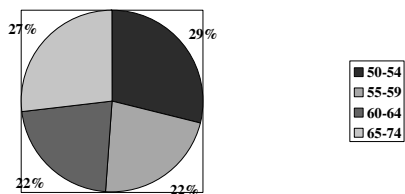
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Preliminary Results

- Demographics
- Healthcare characteristics
- Knowledge of and attitudes toward colon cancer and screening
- Colorectal cancer screening rates

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Demographics: Age (years)



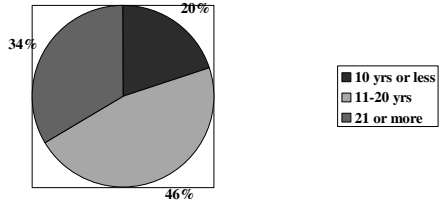
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Demographics: Gender



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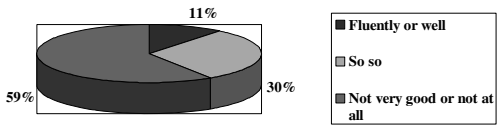
Demographics: Years in U.S.



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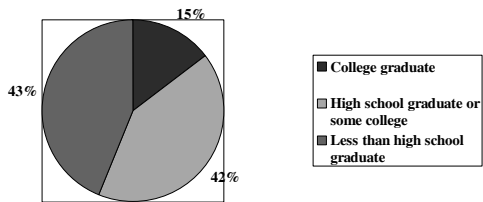
Demographics: English Language Proficiency

Speaks English



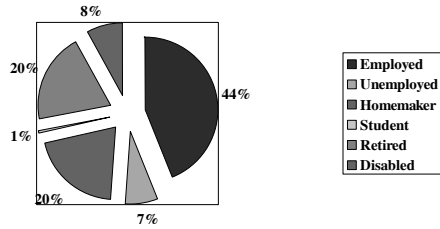
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Demographics: Education



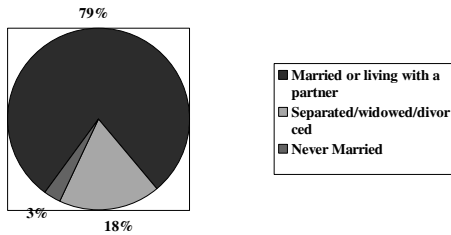
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Demographics: Employment status



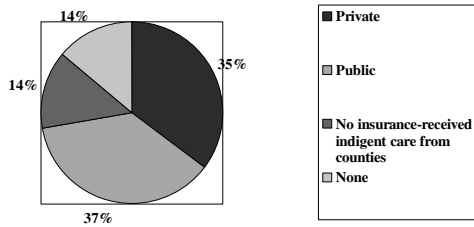
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Demographics: Marital Status



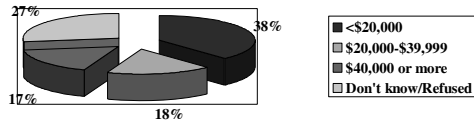
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Demographics: Health Insurance



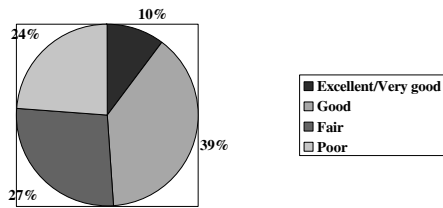
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Demographics: Annual Household Income



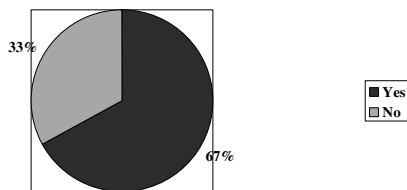
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Healthcare characteristics: Health status



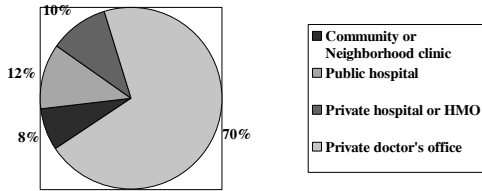
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Healthcare characteristics: Had a particular place of care



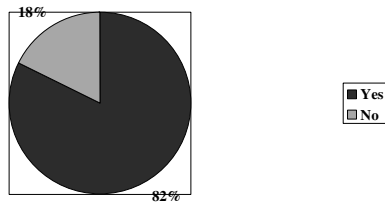
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Healthcare characteristics: A particular place of care is



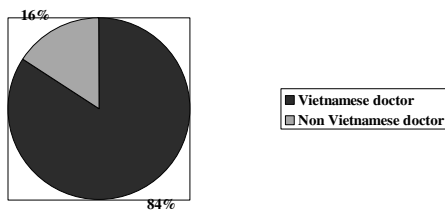
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Healthcare characteristics: Had a personal doctor



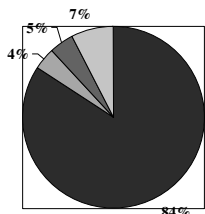
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Provider ethnicity



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Language concordance and access



- Had Vietnamese speaking doctor
- Used an interpreter
- Had no interpreter but spoke English well or were interviewed in English
- Had no interpreter and did not speak English well

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Knowledge of and attitudes toward colorectal cancer and screening

	N	%
Knew of someone with colon cancer	144	23
Had ever heard of colon cancer	638	74
Had heard of colon polyp	434	50
Believed colon cancer can be cured	565	88
Were worry about colon cancer	261	41
Had ever thought might get colon cancer	220	34

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Knowledge and Attitudes (Cont.)

	N	%
Thought need FOBT if feeling healthy	373	43
Were afraid FOBT might find cancer	123	14
Thought need sig or col if feeling healthy	311	36
Were afraid sig or col find cancer	114	13
Thought sig or col painful	330	38
Thought sig or col prep troublesome	325	37

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Colorectal Screening Rates

- among Vietnamese Americans aged 50 to 74 were generally low.

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Colorectal Screening Rates: Recognition: Having ever heard of

	FOBT	Sig	Col
Recognition	55%	40%	36%

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Colorectal Screening Rates: Receipt: Having ever had

	FOBT	Sig	Col	Any test
Receipt	48%	20%	26%	62%

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**Colorectal Screening Rates:
Last test were done because**

	FOBT	Sig	Col
Routine	76%	56%	52%
Symptoms	10%	18%	21%
Follow up	10%	24%	25%

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**Colorectal Screening Rates:
Intention**

	FOBT	Sig	Col
If doctor recommends test, will have one	85%	76%	75%
If doctor not mention test, would ask for one	26%	20%	21%
Intention to screen in recommended intervals	14%	10%	13%

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**Colorectal Screening Rates:
Currency-- Being up-to-date**

	FOBT	Sig	Col	Any test
Currency	25%	16%	23%	46%

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Summary

- Overall colorectal screening rates among Vietnamese Americans were low.
- Public health intervention focusing on the Vietnamese American public and healthcare providers are needed to increase colorectal screening rates in this population.

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For Long Life, Test The Colon!



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