



CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:
PP110176

Project Title:
Enhanced Colorectal Cancer Screening in a Family Medicine Residency
Program Serving Low-Income & Underserved: Translating Research Into
Practice

Award Mechanism:
Evidence-Based Prevention Programs and Services

Principal Investigator:
McClellan, David

Entity:
Texas A&M University System Health Science Center

Lay Summary:

Colon cancer is the second-leading cause of cancer death, and the third-most common type of cancer in Texas. Colon cancer is preventable if pre-cancerous growths, or polyps, can be detected and removed early enough. If colon cancer is detected early, then it can be overcome in more than 90 percent of cases. Unfortunately, only one-third of those who should be screened for polyps or early colon cancer are checked. This is particularly true for poor people who live in rural areas and do not have health insurance or are on Medicaid, (like much of the Brazos Valley), either because they are unaware of screening guidelines or because they have difficulty finding someone who will provide screening at an affordable price. Even after a diagnosis of likely colon cancer, poorer people are more likely not to be treated since they may not be able to afford follow-up treatment such as surgery or chemotherapy. A colonoscopy allows the doctor to see the entire colon and allows a physician to remove abnormal pre-cancerous polyps, often preventing the development of colon cancer. Colonoscopy is considered to be the most reliable and trustworthy screening tool for colorectal cancer, especially for those who have a family history of colon cancer or are over age 50. A colonoscopy will allow your doctor to see your entire colon, and if a polyp is present, it can be removed and sent for laboratory testing to see if it is cancerous. Therefore colonoscopy screening is considered better than a sigmoidoscopy because it sees the entire colon, not just the lower-third of the colon. However, a colonoscopy is often not affordable even after a positive screening for blood in the stool or when there is a family history of colon cancer or other condition associated with colon cancer. This grant will help the poor and underserved of Brazos Valley to access colon cancer screening much earlier because the Texas A&M Family Medicine Residency training program will be assisted with costs to help pay for new equipment and help pay the cost of the procedures, at the same time training more family medicine residents to perform colonoscopies. This grant will substantially increase the number of family medicine physicians trained to provide colonoscopies, not only within the Brazos Valley but throughout the State of Texas. In fact, the cost of a colonoscopy performed by family medicine physicians is approximately half the price normally charged by a traditional gastroenterologist and there is no evidence of increased error rates or complications when family medicine doctors perform this procedure. (Wilkins et al 2009). Because family medicine physicians traditionally serve poorer and more rural populations, this grant will play a direct role in providing more

opportunities to provide colon cancer screening while training the next generation of family medicine physicians.