Capsule Commentary on Nápoles et. al, Physician Counseling on Colorectal Cancer Screening and Receipt of Screening among Latino Patients

Emiley Chang, MD, MPH

Division of General Internal Medicine, University of California, Los Angeles, Los Angeles, CA, USA.

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In this cross-sectional study, Nápoles and colleagues conducted a telephone survey to identify high-yield physician colorectal cancer (CRC) screening counseling behaviors among Latino patients, a population with known CRC disparities and relatively low screening rates. Perceived strength of physicians' recommendations for CRC screening was associated with patients' reported CRC screening completion; explanation of CRC risks and tests was also associated with endoscopy screening. These findings have important practice implications; specific physician communication practices may improve CRC screening completion among Latinos, in addition to strategies addressing barriers such as lack of access to care, knowledge, and language concordance.¹

This study is limited by its focus on the role of physicians rather than the health care team. A recent study noted that the number of times a patient encounters a health message is positively associated with uptake.² Does the message have to come from the physician? As the authors acknowledge, physicians face significant time pressures during primary care visits. The study could have been strengthened by assessing CRC screening counseling behaviors by not only physicians, but also other members of the health care team such as physician assistants, nurses, and medical assistants.

While the strongest association was found between strength of physician recommendation and CRC screening completion, a decision still must be made regarding the type of screening. In a team-based approach, the physician or another health care provider could guide patients using a culturally and linguisti-

cally adapted CRC screening decision aid.^{3,4} A study by Hawley et. al found that both race/ethnicity and test attributes (e.g., accuracy and frequency) were associated with patient preferences for CRC screening tests. This study asked patients whether the physician discussed potential barriers to CRC screening but did not ask whether the physician explained different test options and helped the patient choose one or whether the patient would make the same decision again. Future research could investigate whether shared decision making incorporating patient values, preferences, and priorities as well as provider knowledge of local resource constraints would help increase completion of CRC screening by average-risk Latino patients.

Conflict of interest: The author has no conflicts of interest with any of the material in this manuscript.

Corresponding Author: Emiley Chang, MD, MPH; Division of General Internal Medicine, University of California, Los Angeles, Los Angeles, CA 90024, USA (e-mail: emileychang@mednet.ucla.edu).

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