African Americans With a Family History of Colorectal Cancer: Barriers and Facilitators to Screening

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African Americans have a 20% higher rate of colorectal cancer (CRC) development and a 48% higher incidence of disease-related death compared to Caucasians (American Cancer Society [ACS], 2011), and the burden of this disease is large, with about 143,640 new cases projected to be diagnosed in the United States in 2012 (ACS, 2012). Secondary prevention is key in detecting the disease early, when it is often curable, but screening rates are particularly low in African Americans (ACS, 2011) despite improvements in the early detection of CRC (Breen, Wagener, Brown, Davis, & Ballard-Barbash, 2001). Reasons for low screening rates in African Americans are not well understood, particularly in those with a family history of the disease.

In Caucasians, family history of CRC often is associated with increased rates of screening when compared to those without a family history of the disease (Chao et al., 2004; Lemon, Zapka, Puleo, Luckmann, & Chasan-Taber, 2001; Madlensky, Esplen, Gallinger, McLaughlin, & Goel, 2003; Thrasher et al., 2002). In African Americans, however, lower rates of CRC screening have been found in first-degree family members of patients with CRC compared to those without a family history of the disease (Griffith, McGuire, Royak-Schaler, Plowden, & Steinberger, 2008). Among those with a family history of CRC, African Americans have a significantly lower endoscopy completion rate compared to Caucasians (9% versus 27%; p < 0.03) (Espey et al., 2007). Some work suggests that African Americans at high risk for hereditary nonpolyposis CRC and familial adenomatous polyposis have significantly lower rates of knowledge about their family histories and the increased risk conferred by that fact (Kupfer, McCaffrey, & Kim, 2006).

The purpose of this study was to explore barriers and facilitators of CRC screening among African Americans with first-degree relatives diagnosed with CRC, as well as to gather suggestions for program content designed to improve CRC screening rates within this population.