Increasing Colorectal Cancer Screening Among Latinos

A new patient navigation program boosted the rate of colonoscopies among Latinos.

February 18, 2022 By Laura Schmidt

Although colorectal cancer is the second leading cause of cancer-related death among Latinos, for various reasons, colonoscopy rates in this and other underserved populations remain low.

To try to boost the rate of preventive colonoscopies, which can reduce the incidence and mortality of colorectal cancer, a team led by Abdul Saied Calvino, MD, MPH, of the Roger Williams Medical Center in Providence, created a program specifically to help Latinos schedule colonoscopy appointments, ensure patient follow-through and answer any questions or concerns about the procedure in their native language.

The program improved the rate of colonoscopies among Latinos and seemed to have eliminated gender disparities in such screenings, according to the study published in Cancer, a journal of the American Cancer Society.

Through the program, patients received a letter in their native language, which was followed by a phone call from a Spanish-speaking patient navigator who identified any challenges patients may face regarding a colonoscopy appointment, including transportation, interpretation services, time off work and completing bowel preparation.

A day prior to the scheduled colonoscopy, patients received a call confirming their appointment and transportation and reinforcing the importance of adhering to the proper bowel preparation regimen.

The program was tested over a 28-month period and included 698 primarily Spanish-speaking adults in Rhode Island. The colonoscopy completion rate was 85%, with no difference between males and females, according to the study findings. These are promising results when compared with a nationwide colonoscopy completion rate of 40% to 55% among Latinos and a lower rate of screening among Latino men compared with women.

Colonoscopy cancellations and no-shows were low at 9% and 6%, respectively, and 90% of patients who completed a colonoscopy said they would not have done so without the patient navigation program.

The most common reasons for cancellations or no-shows were the cost and the inability of the navigator to contact the patient after referral, according to the study.

“Culturally tailored patient navigation is a useful intervention to improve underserved populations’ health literacy, cancer screening utilization and trust in our health care system,” said Saied Calvino in a news release. “Educating and supporting underserved populations to increase the utilization of cancer screening services can save lives and, in the long term, decrease health costs.”

Saied Calvino pointed out that greater attention must be paid to patients who missed their colonoscopies or couldn’t be reached.

“I wonder and worry about how many of these will eventually have the procedure done or not and later will be found to have advanced cancer,” he said. “We need to find ways to improve our communication with patients of underserved populations and in some cases use other screening methods such as stool-based screening, which is less invasive and less time-consuming for the patient.”

Click here to read the study abstract.
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