

Combination of barriers, including access to GI care, put minorities and immigrants at risk of colon cancer

Increasing diversity among patients and providers is essential to reducing the health care costs, incidence and mortality rate of colon cancer, according to Aline Charabaty, MD, associate professor of medicine and director of the IBD Center at MedStar-Georgetown University Hospital, Washington, D.C.

“Access to GI care, in particular colon cancer screening, is limited for minority and immigrant groups and the LGBTQ community,” Dr. Charabaty said. “At the same time, some of those same minority groups have a much higher incidence of colon cancer and increased mortality compared to whites. The very groups with the highest incidence of colon cancer — cancers that are more aggressive and seen at a younger age — are the same groups that are getting less screening. That has to change if we are not going to start going backward and see steady increases in colon cancer across the United States.”

Dr. Charabaty will co-moderate Monday’s AGA symposium *Minorities and Immigrants: Access to Care and Contributions to the Advancement of Gastroenterology*. The 90-minute symposium is sponsored by the AGA Diversity Committee.

Gastroenterologists have moved aggressively and successfully to improve colon cancer



Aline Charabaty, MD

screening in the U.S. and reduce colon cancer incidence and mortality, Dr. Charabaty said. However, colon cancer screening is far more prevalent among Caucasians and middle and upper socioeconomic groups compared with minorities and communities with lower socioeconomic status. The individual and societal benefits of colon cancer screening are similarly skewed.

Access to care tends to be more difficult for African American and Hispanic patients compared with other groups, Dr. Charabaty said. There’s less awareness of the benefits of cancer screening and less knowledge about how to obtain screening in these populations, she said.

There are also cultural barriers to screening. There’s widespread fear of having colon cancer, fear of an invasive procedure and distrust of the medical system because of past failings, Dr. Charabaty said. Patients in some communities fear that they will become a burden on their families if diagnosed.

“Getting to know the barriers is important so we can address them with patients,” she said. “When we only have 15 minutes, at best, to talk with a patient in clinic, we can’t talk about colon cancer screening in the same way with every patient. It’s important to be in tune with the barriers to colon cancer screening and

addressing those barriers proactively. Patients don’t bring up those deep fears on their own.”

Gastroenterologists also can be a barrier, Dr. Charabaty said. Multiple studies have shown that physicians tend to recommend colon cancer screening less aggressively to minority and lower socioeconomic status patients.

“Studies have also found that physicians recommend appropriate follow up in a less vigorous manner and with less resolve to African American patients and patients of lower socioeconomic status,” Dr. Charabaty said. “There’s work to be done on eliminating barriers on our side, as physicians, as well as barriers coming from patients.”

Minority groups now account for about a third of the U.S. population. Not addressing barriers to colon cancer screening in these groups is already wasting lives and resources, Dr. Charabaty said. The toll will mushroom as minority groups become the majority of the U.S. population around 2050.

“If we don’t get minorities screened, we will very soon be seeing an increase in colon cancer, an increase in mortality from colon cancer and an increase in spending because it’s so much more expensive to treat colon cancer than it is to prevent it,” Dr. Charabaty said.

Please refer to the DDW Mobile App or the Program section in Monday’s issue for the time and location of this and other DDW® events. ■

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Monday, June 4, 2018

7:00PM - 9:00PM

(Doors open at 6:30PM for dinner)

The Capital Hilton

Room: Congressional Room

1001 16th St NW, Washington, DC

Register online at: www.hpylori35.info

Pre-registration is for planning purposes only.
Seating will be available on a first-come, first-served basis.

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Troubleshooting problems in the lab can be crucial for endoscopists

The potential for problems is a given anytime an endoscopist performs a procedure. While that potential can be reduced, it can never be eliminated, illustrating the need for endoscopists to troubleshoot problems and ensure a safe working environment for themselves, patients and staff.

“There are a variety of potential issues, some common and some not so common, that we have to be prepared to deal with,” said Vivek Kaul, MD, FASGE, the Segal-Watson professor of medicine and chief of the division of gastroenterology and hepatology at the University of Rochester Medical Center, NY.

“Malfunction of the endoscope or any of the related devices, for example, may occur, especially if you’re working with aging equipment,” he continued. “Depending on the circumstance, the troubleshooting might involve very simple maneuvers or adjustments; or it could be a more serious problem involving the light source, the processor or the endoscope itself; or a serious malfunction of a critical device or accessory. Understanding what exactly is at play and how to fix it is important, not only from the success-or-failure standpoint of the procedure, but also from the standpoint of patient and provider safety.”

Dr. Kaul will co-moderate Monday’s ASGE Clinical Symposium

Troubleshooting in the Endoscopy Lab with Joanna Law, MD, a gastroenterologist and therapeutic endoscopist at the Virginia Mason Medical Center Digestive Disease Institute, Seattle, WA.

Another issue that most clinicians have dealt with is a colonoscopy patient who comes in with inadequate bowel preparation.

“During the symposium, we’ll discuss techniques and tips that might be used to have a successful procedure despite not having an optimal prep to start with,” Dr. Kaul said.

The symposium will also include a discussion on ergonomics in endoscopy, a topic that Dr. Kaul said has become increasingly important with the growing volume of procedures being performed and the increasing physical demands on endoscopists.

“[Endoscopy ergonomics] is a really interesting and evolving field of study looking at the concept of injury prevention for endoscopists,” he said. “It’s an important issue in making sure that endoscopists remain healthy and ensure our longevity as proceduralists in an increasingly demanding specialty.”

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