

Screening vs. diagnostic colonoscopy: First time colon cancer screening in an inner city tertiary care hospital

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The United States Preventive Services Task Force (USPSTF) recommends a screening colonoscopy for all average risk patients aged 50-75. Nonetheless, it remains the second leading cause of death related to cancer in the United States, and the third most common type of cancer overall. These statistics are represented disproportionately, as minority populations maintain a greater degree of incidence and mortality. A retrospective review at a major inner city teaching hospital was performed. Average risk first time screening colonoscopies over a 2-month period were analyzed. 122 charts were identified. Ages of males to females and African Americans (AA's) were compared to Non-AA's. In addition, the percentage of patients that underwent a screening colonoscopy only once experiencing gastrointestinal related symptoms was analyzed. The average first time screening age for average risk AA's (n =70) was 59.34. Non-AA's (n=25) had an average age of 59.76. The average male (n=42) was 59.86 while the average female (n=53) was aged 59.38. The percentage of patients that only underwent a colonoscopy once symptomatic was 22.13% (n = 27). Disparities between the USPSTF screening recommendations and the observed age among patients in an inner city hospital were identified. It illustrates the number of patients that only underwent a screening colonoscopy once they had gastrointestinal complaints. It questions the presence of cancer prevention conversations between physicians and patients in an inner city community, and emphasizes the staggering number of patients that are brought into the fold of screening behaviors either late altogether or because of incidental symptoms.

Biography

Joshua Jackson received his MD from St. Georges University School of Medicine. He has also completed a Master's in Science. He is currently a resident of Internal Medicine at Brookdale University Medical Center in Brooklyn, NY. He has presented his work at major national conferences across the United States. His main academic focus is on health disparities and patient advocacy in medicine.

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