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# Colorectal Cancer (CRC) Screening in Indian-American Population: Recognizing Social & Cultural Barriers

**Annie Shergill* and Luis Nasiff**

*Larkin Community Hospital, Palm Springs Campus, Hialeah, FL, USA*

***Corresponding author**
Annie Shergill, Larkin Community Hospital, Palm Springs Campus, Hialeah, FL, USA.

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CRC is the third most common cancer in among men and women in the United States. The lifetime risk of developing CRC is about 4% in women and about 4.3% in men. More disturbing numbers have come to light with the increased risk of colon cancer in the millennials-people born between 1981-1996 are at two-fold increased risk of being diagnosed with CRC as compared to those born in 1950 [1]. And the reason behind this increased risk is not entirely clear. As these statistics emerge, one wonders that are these risks just elevated based on age and sex or are there more variables that contribute to this current situation.

South-East Asians constitute one of the largest migrant communities in the United States. From the 1990 census to the 2000 census, the Indian Asian population grew by almost 105%, an overwhelming number to say the least. And this number continues to grow as the technological sector in the Silicon Valley, healthcare sector country-wide faced work-force shortages thereby opening employment opportunities for Indian Americans. While the incidence of CRC was reported to be low in the urban and rural population in India according to an ecologic study in 2012, not much is known about the exact incidence of CRC in the Indian American community living in the United States [2]. We also don't know much about the compliance rates with CRC screening in this community. With the focus on screening the average risk population in the United States starting at the age of 45, it is equally important to recognize major barriers in the way of achieving this goal. And focused evaluation of these factors in the migrant population may greatly help break these barriers.

An important factor implicated in low adherence to CRC is lack of knowledge about CRC and the importance of CRC screening in this community [3]. Cultural and psychosocial inhibitions play a major role in preventing patients from seeking the care they need. Majority of the participants in one study admitted to feeling shame/embarrassment related to CRC screening [4]. Fatalism was established as an important factor with patients stating that their belief was firm in thinking that when it's time for the to die, they will die regardless of the underlying reason being cancer or something else. So, they saw little to no utility in pursuing any CRC screening. Patients identified their lack of faith in any screening practices as they didn't see similar practices being enforced in their native countries. Some studies have shown that South Asian women are less likely to undergo a screening colonoscopy as compared to men [5]. This is primarily due to feeling of preserving modesty and shyness as majority of GI providers are men. This highlights another important area of shortcoming which must be addressed with due course of time.

All in all, factors discussed above pose an important challenge to the lesser recognized problem of overcoming social and cultural barriers in the migrant communities. More prospective studies will be needed to assess some of these trends and swift action will be indicated from the health care force to counteract these.

## References

1. Rebecca L Siegel, Stacey A Fedewa, William F Anderson, Kimberly D Miller, Jiemin Ma, et al. Colorectal Cancer Incidence Patterns in the United States, 1974–2013, JNCI: Journal of the National Cancer Institute. 2017. 109: djw322.
2. Pathy Sushmita, Lambert René, Sauvaget Catherine, Sankaranarayanan Rengaswamy. The Incidence and Survival Rates of Colorectal Cancer in India Remain Low Compared With Rising Rates in East Asia. Diseases of the Colon & Rectum. 2012. 55: 900-906.
3. Ivey SL, Mukherjea A, Patel A, Kapoor N, Rau S, et al. Colorectal Cancer Screening Among South Asians: Focus Group Findings on Attitudes, Knowledge, Barriers and Facilitators. J Health Care Poor Underserved. 2018. 29: 1416-1437.
4. Patel S, Kranick J, Manne S, Shah K, Raveis V, et al. A Population Health Equity Approach Reveals Persisting Disparities in Colorectal Cancer Screening in New York City South Asian Communities. J Cancer Educ. 2021. 36: 804-810.

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5. Kazi E, Sareshwala S, Ansari Z, Sahota D, Katyal T, et al. Promoting Colorectal Cancer Screening in South Asian Muslims Living in the USA. J Cancer Educ. 2021.36: 865-873.