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Boosting Colorectal Cancer Re-Screening: The Role of Spanish Language Navigation

Ryan Quigley:

Welcome to *Clinician's Roundtable* on ReachMD. I'm Ryan Quigley, and joining me to discuss re-screening adherence for colorectal cancer using the multi-target stool DNA test with Spanish language navigation is Dr. Mallik Greene. Dr. Greene coauthored a recent study on this topic, and his educational background includes a Bachelor's degree in Pharmacy, a PhD and a Postdoctoral Fellowship in Health Economics and Outcomes Research, and a Doctorate in Business Administration.

Dr. Greene, thanks for being here today.

Dr. Greene:

Oh, thank you so much, Ryan. I'm really happy to be here. This was an important study for our team. Spanish-speaking patient populations often face significant challenges accessing preventive care. We wanted to explore whether something as simple as offering language-specific support could make a real difference. Glad to be here.

Ryan Quigley:

Absolutely, and I'm happy to dive in a little bit deeper with you. So let's start off by talking about the motivation behind your study. So what gaps in colorectal cancer screening among Spanish-speaking patients were you hoping to address?

Dr. Greene:

Sure. So colon cancer is one of the leading causes of cancer-related deaths in the US, and Hispanic Americans, especially those who speak Spanish, are more likely to be diagnosed late or face complications, such as emergency surgeries. We already knew from published literature that Spanish-speaking individuals are much less likely to be screened than English speakers, so our team wanted to see if offering mt-sDNA test along with the navigation support entirely in Spanish could help improve not just initial screening but re-screening, which is just as important and much less studied in this patient population.

Ryan Quigley:

And when it comes to the study's design, what were the criteria for selecting patients, and how was adherence measured?

Dr. Greene:

That's a very good question. We used real-world data from over 8,600 patients across the country who already completed a prior mt-sDNA test and had a negative test result and who had indicated that Spanish was their preferred language. That was the criteria we chose. Then we looked at whether they returned their next test kit within a year of being shipped—the mt-sDNA—what we call a risk adherence. We give them one year to return the kit. And we also examined things like their age, gender, insurance type, and how patients were contacted, whether it was by phone, email, SMS, or a combination of all those different methods.

Ryan Quigley:

Now, looking at the results, Dr. Greene, one standout finding was the 80.4 percent re-screening adherence. What does this number tell us about the impact of Spanish language navigation on colorectal cancer screening?

Dr. Greene:

Well, that number, 80.4 percent, was really encouraging. For second-time repeat screeners, the adherence rate even went up higher to 85.60. It shows that when you meet patients where they are in their preferred language, they are much more likely to follow through. To give some perspective, other studies using FIT or FOBT test in similar populations have shown re-screening rates closer to 40 percent to 69 percent, so being over 80 percent suggests that combination of noninvasive tests like mt-sDNA, along with language-concurrent support really helps patients stay engaged in their preventive care.

Ryan Quigley:

For those just tuning in, you're listening to *Clinician's Roundtable* on ReachMD. I'm Ryan Quigley, and I'm speaking with Dr. Mallik Greene about colorectal cancer screening adherence in Spanish-speaking patients.

Now, Dr. Greene, let's dig a little bit deeper into the results. So what differences did you notice among Medicare, commercial, and managed care groups, and what might explain those differences?

Dr. Greene:

Yeah. We saw that patients with Medicare advantage, managed care, and commercial payer plans had higher adherence rates even after adjusting for other confounding factors. That could be due to better care coordination or stronger connections to routine preventive services in those plans. On the other hand, patients with Medicare had a slightly lower adherence rate, around 76.4 percent, which could reflect deeper issues, things like unstable housing, transportation challenges—daily barriers that go beyond just language. So while language navigation clearly helps, it's not the only factor. We need a multi-layer approach to support our groups.

Ryan Quigley:

And now, the study also looked at the role of digital outreach, so what did you find about how SMS and email contact impacted patient follow-through?

Dr. Greene:

Yeah. Digital outreach made a big difference. Patients who got both SMS and email messages in Spanish had the highest rescreen rates. In fact, they were 59 percent more likely to complete the test compared to those who didn't get any digital reminders. Even just SMS alone improved adherence by 26 percent. It really shows how valuable it is to use simple, scalable tools, such as text messaging or email, to stay in touch with patients in the language they're most comfortable with. It helps cut through barriers and keep preventive care on their radar.

Ryan Quigley:

Now, Dr. Greene, before we wrap up our program, how can we apply these findings to help design and implement more inclusive preventative care programs?

Dr. Greene:

I think the big takeaway is outreach that tailors to the patient language and culture isn't optional. It's essential if we want equitable outcomes. Health systems should be tackling language preferences and using that information to guide how they communicate. Digital tools, such as bilingual texts and emails are easy to implement and can be added to existing work flows. And when you combine with the patient-friendly screening test, such as mt-sDNA, it creates a better path forward in closing the gap in preventive care, especially for populations that have historically been underserved.

Ryan Quigley:

And that's a great comment for us to think on as we come to the end of today's program. And I want to thank my guest, Dr. Mallik Greene, for joining me to discuss his research on re-screening adherence for colorectal cancer in Spanish-speaking populations. Dr. Greene, it was great having you on the program today.

Dr. Greene:

Oh, thanks again, Ryan. It was a pleasure to talk you through the study. I really hope these insights help inform more inclusive effective strategies for reaching patients, especially those who face language barriers, and ultimately improve their early detection or outcomes in colorectal cancer screening. Thank you for the invite.

Ryan Quigley:

These are hugely valuable insights. Thank you very much, Dr. Greene. For ReachMD, I'm Ryan Quigley. To access this and other

episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.