BACKGROUND

• Antiretroviral therapy has increased longevity and decreased mortality in persons living with human immunodeficiency virus (PLWH)
• Colorectal cancer (CRC) is the third leading cause of cancer-related death in North America and disproportionately affects African Americans, reflecting recent changes to screening guidelines
• Our project will assess if we are screening our majority African American PLWH population for CRC at our Infectious Disease clinic

METHODS

• This study was approved by the Rutgers University Institutional Review Board
• A database of patients who had visited the clinic for HIV management between the ages of 45 and 75 from the last four years was generated
• Of the 1242 patient charts, 1199 were analyzed. Patient charts were excluded if they did not meet screening criteria
• Retrospective chart review was conducted through Epic.
• Patient charts were assessed for adequate CRC screening based on the 2017 recommendations from the U.S. Multi-Society Task Force of Colorectal Cancer, which are detailed in Table 1 and 2

RESULTS

• The average age of our PLWH population was 58.7 years old and 79% was African American
• For our general patient population, 74% were referred for CRC screening and 43% underwent screening
• For our African American patients, 73% were referred for CRC screening and 41% underwent screening
• When applying the new ACG and ASGE guidelines for African Americans between the ages of 45 and 50, we found that 56% had been referred for screening and 31% underwent screening.
• The results are shown in Table 3 and 4.

CONCLUSIONS

• In comparison to other Medicaid populations, our screening rates are comparable
• The pandemic caused by the novel coronavirus (COVID-19) may have contributed to lower screening rates during this period as well
• Provider and community-based education of new screening guidelines may help increase screening rates in this population