



Increasing colorectal cancer screening uptake—time to consider a more holistic socio-ecological approach

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In this systematic review, Hartley, Chhachhi, Khader and Farhat employed the Theoretical Domains Framework (TDF) situated within a socio-ecological approach to explore the landscape of barriers to colorectal cancer (CRC) screening within the Eastern Mediterranean (1). Synthesising findings from 116 eligible publications spanning 12 countries, the TDF was used to demonstrate that key domains (such as the lack of knowledge about screening) influencing screening uptake are not one-dimensional, with opportunities to intervene at the individual- (e.g., have not heard of CRC screening), provider- (e.g., low awareness of CRC screening modalities among medical students) and system- (e.g., lack of government awareness campaigns) levels.

Critically, Hartley and colleagues highlighted the importance of considering multifactorial nuances when tackling the problem of getting individuals in the public to uptake CRC screening. While knowledge emerged as the most pertinent factor from the perspective of patients and the public, there were also crucial provider- and system-level gaps such as costs associated with screening and inconvenience of arranging and transporting oneself to a medical appointment. This is consistent with other studies on screening uptake. For example, a recent study from Korea suggested that while behavioural factors

influenced health screening in individuals, other broader social determinants (e.g., social welfare budgets) were also significant predictors to be considered (2).

To quote Helen Keller, “Alone we can do so little, together we can do so much.” Ultimately, this review represents a timely reminder that efforts to reduce the healthcare burden of CRC should take a multi-pronged approach. Our mindsets toward promoting CRC screening uptake must evolve from simply seeking to change individuals’ behaviour, to incorporating cultural and infrastructural nudges, and even to national policy-level initiatives that will make screening the societally “easier” choice.

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References

1. Hartley C, Chhachhi N, Khader Y, et al. Barriers to colorectal cancer screening in the Eastern Mediterranean Region: a scoping review using the theoretical domains framework. *J Gastrointest Oncol* 2023;14:1576-92.
2. Park SY, Shin YJ. A Multi-level Analysis of Factors Affecting Participation in Health Screenings in Korea: A Focus on Household and Regional Factors. *Journal of Preventive Medicine and Public Health* 2022;55:153.

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