

Letters

COMMENT & RESPONSE

Patient Navigation for Comprehensive Cancer Screenings in High-Risk Patients

To the Editor In an Original Investigation in a recent issue of *JAMA Internal Medicine*,¹ Percac-Lima and colleagues assessed the efficacy of patient navigation using health information technology systems, compared with the conventional method, for the purpose of increasing the mean completion rate of cancer screening tests among those at high risk for nonadherence to screening over an 8-month study period. We have 2 overarching concerns about this study.

First, merits gained by this intervention, compared with the control, were quite limited, with an increased completion rate of 3.4% for all cancers combined, 3.7% for breast, 5.4% for cervical, and 3.0% for colorectal cancer. These achievements were much lower than findings observed in previous studies,^{2,3} reporting 11% and 15% increased attendance rates for breast and colorectal cancer screening, respectively, over 9 months by patient navigation. Lack of personnel allocated to the system may have led to inferior results in the study by Percac-Lima and colleagues.¹ Notably, the number of patients per navigator was 4.8 times higher in the study by Percac-Lima and colleagues compared with a previous randomized clinical trial on colorectal cancer screening (2 of 792 vs 5 of 409).³ Additionally taking into account that 3 cancer screening programs were considered in the study by Percac-Lima and colleagues,¹ the time and energy navigators assigned to each patient may have been smaller in this study, perhaps contributing to the present attendance rates, which were 5 times lower than the same study conducted previously (3.0% vs 15.0%).³

Second, although the study by Percac-Lima and colleagues aimed to recruit minority and low-income patients, we are concerned that the process of selecting participants may not have effectively reached the population this study intended to recruit. Indeed, a much smaller proportion of minorities were included in the present study, compared with a previous randomized clinical trial⁴ assessing an efficacy of patient navigations for colorectal cancer screening rates among

those in underserved communities (38.3% vs 52.3%). Additionally, with respect to economic status, the percentage of low-income participants may have been limited, as there was a small proportion of uninsured patients or patients with public insurance included in this study, differing from the previous study (45.7% vs 67.7%).⁴ Taking into account these demographic backgrounds of the participants, we are concerned about the representativeness of the present findings. Although the authors used an algorithm emphasizing previous attendance to clinic screening programs, we believe that they should have validated it to successfully select those with low economic status or nonwhite ethnicity as they originally intended to.

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