



Response: Commentary: Predictors of Colorectal Cancer Screening in Two Underserved U.S. Populations: A Parallel Analysis

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In responding to the commentary on our article by Johnson et al., we would like to thank the authors for their effort to highlight the need for additional research in this field. While we agree diet, health beliefs, and other risk factors are certainly important factors and potential contributors to colorectal cancer (CRC) screening adherence, our parallel analysis of two separate, existing cohorts (Ohio Appalachia and the Southern Community Cohort Study) was not designed to capture many of these factors. The data common to both cohorts were specific to the original scope of those studies and were limited to individual and neighborhood characteristics as well as geographic region. We also agree there is a possibility that biological differences in CRC severity may be exacerbated by race/ethnicity, education, obesity, lifestyle/behavior, and lead to increased mortality. We would like to note that our findings of lower CRC screening rates associated with lower area-level and individual socioeconomic status likely support this given the reciprocal relationship these factors have with one's environment. Finally, while our study examined predictors associated with screening adherence within hotspots (areas with higher CRC mortality rates) and we suggested that this information could be used to inform future interventions, a comprehensive study examining both hotspot and non-hotspot areas would be informative. Furthermore, novel investigations such as comparing gut microbiota as suggested by Johnson et al., are imperative in driving future research and key to creating a comprehensive strategy to reduce CRC mortality.

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AUTHOR CONTRIBUTIONS

SR: conceptualization and writing-original draft preparation. BB, AG, GY, RB, and WB: review and editing. EP: conceptualization, review and editing.

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