**Abstract Resource:**

**It is important that you work with your mentor to write your abstract for submission. Below are instructions on how it must be formatted as well as a sample abstract:**

**Instructions for preparing and submitting your abstract:**

Your abstract will be published along with those of the other participants in the Student Research Forum booklet. To facilitate the preparation of the booklet, you are required to follow these guidelines:

1. The title of the project should be in capital letters, the terminal degrees of the authors should be listed with their names, and the name of the student author who is presenting the work should be in bold type, e.g. A STUDY ON HOW TO GET THROUGH MEDICAL SCHOOL,Charles Severin, MD, PhD. The sponsor’s name, if not one of the authors, should be listed separately after the list of authors.
2. **The text of the abstract is limited to 350 words *(title and authors names are not included in this limit).* Please see *the attached sample abstract. The title line, author line and body should all be in Times New Roman 12 and right hand justified.***
3. The abstract should be prepared using Word and **must be** submitted as a standard Word file as an e-mail attachment. This file will be used to prepare the book of abstracts electronically.

**COLORECTAL CANCER SCREENING IN ADULTS WITH INTELLECTUAL DISABILITY**

**Author(s) name bold,** Mentors names

Colon cancer is the 3rd leading cause of cancer related death in the US, responsible for over 49,000 deaths in the past year. Throughout this decade, however, there has been a 30% decline in this number due to increased focus on prevention through screening efforts. Previous work has shown adults with intellectual disabilities (ID) have decreased rates of preventative healthcare, including screening for breast and cervical cancer. We are interested in extending this work to look at rates of colon cancer screening in this population. Additionally, we aim to investigate how the living situation of individuals with ID impacts colon cancer screening rates. Previous studies have shown that residents of group homes tend to have higher rates of preventative care compared to those living with relatives or alone. So far, no studies have looked at the effect of living conditions on colonoscopy screening rates of ID individuals. We performed a chart review of patients at Elmwood Health Center (EHC) to look at the colon cancer screening status of adults with intellectual disabilities (N=387) and controls (N=1870). Within the ID group, we categorized their residence as living in a group home (N=251) or with relatives (N=78). Overall we found that colonoscopy screening rates for individuals with ID (M=.87, SD=.336) were actually higher than controls (M=.44, SD=.497); t(2255)=16.15, p<.001. This is potentially due to EHC’s extensive experience working with patients with ID and strong support network for these individuals due to their affiliation with People, Inc. Within the ID group, residents of group homes (M=.90, SD=.300) had higher screening rates than those living with relatives (M=.77, SD=.424) t(327)=3.04 , p<.001. This effect, along with the large percentage of our sample living in group homes, may have contributed to the overall high screening rate of the ID group. These results are promising both in terms of preventing of colon cancer and lessening healthcare disparities faced by individuals with ID. Future work could focus on extending this research to other practices in the area to see how these rates change in places with fewer resources available for patients with ID.