SCREEND
Improving Colorectal Cancer Screening Rates in North Dakota

Quality Health Associates of North Dakota

It's A Matter of Choice

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There are many screening tests for CRC! Which is the best?

- Colonoscopy
- FIT
- Cologuard

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The test that the patient completes!

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Clinic Story

CRC Test Choice: Calling Patients and Offering Stool Test Kits Raise Colorectal Cancer Screening Use in South Dakota

The Sanford Watertown Clinic tried but could not raise its colorectal cancer screening use. Patients said they didn't get screened because of the cost, they didn't like the preparation needed for a colonoscopy, they were afraid of a colonoscopy, or they couldn't take time off from work.
Care managers at the clinic made a list of patients who needed to be screened. They called these patients to talk about why they should be screened and the different tests available to them.
As a result, 21 patients scheduled a colonoscopy. The care managers mailed 100 stool test kits to patients not getting a colonoscopy; more than half of the tests were completed and returned. Three completed test kits had positive results, and all three people then had a colonoscopy. The clinic's screening use went up from 66% to almost 75% within a few months.

https://www.cdc.gov/cancer/crccp/success/test-choice.htm

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Considerations

- Risk Level
- Convenience
- Dr's approach
- Cost/Insurance Coverage
- Preparation involved
- Attitude toward screening
- Cons of each test
- Pros of each test

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Scopes	Pros	Cons
Colonoscopy - 30-60 min,q-10yrs	• One of the most sensitive tests currently available • Doctor can view entire colon and rectum • Abnormal tissue, such as polyps, and tissue samples (biopsies) can be removed through the scope during exam	• May not detect all small polyps and cancers • Bowel prep required • Sedation almost always used – may take hours to wear off • Need a driver • Rare complications: bleeding from site of polyp or biopsy; tear in colon or rectum wall • Cramping/bloating may occur afterward
Virtual Colonoscopy - 10 min, q-5yrs	• Doctor can view entire colon and rectum • No sedation required	• May not detect all small polyps and cancers • Bowel prep required • Diet and medication adjustments b/4 test • Radiation exposure • Tissue samples can't be taken during exam • Follow-up test needed if positive • Cramping/bloating afterward • May detect abnormalities in other abdominal organs and tests may be needed to determine cause
Flexible Sigmoidoscopy - q-5yrs or q-10 yrs with FIT annually	• One of the most sensitive tests currently available • Abnormal tissue can be removed through the scope during exam • Bowel prep is less complicated. • Sedation not usually needed	• Same as colonoscopy • Can only view inside the rectum and lower 1/3 of colon • If a pre-cancerous polyp or cancer is found, will require a colonoscopy to look at the rest of the colon

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Stool Tests	Pros	Cons
FIT or iFOBT (Immunochemical) - Annual	• Sample collection at home • No colon prep • Only one sample (1 BM) • No sedation • Overall diagnostic accuracy of 95% • Lowest cost ($75-$125)	• Fails to detect polyps • Additional tests needed if positive • Lowest risk of false-positive result
Stool DNA (Cologuard) - q 3yrs	• Sample collection at home • No colon prep • Requires collecting an entire BM (vs a sample) • No sedation • Cost of $500 (q3 yrs)	• Less sensitive than colonoscopy at detecting precancerous polyps • Additional tests needed if positive • False-positive result
High Sensitivity gFOBT (Guaiac) - Annual	• Sample collection at home • No colon prep • Requires 3 bowel movements (3 samples) • No sedation	• Fails to detect polyps • Food/Medication restrictions for days before test • Additional tests needed if positive • Low risk of false-positive result

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Colorectal Cancer Screening: Which test is right for you?

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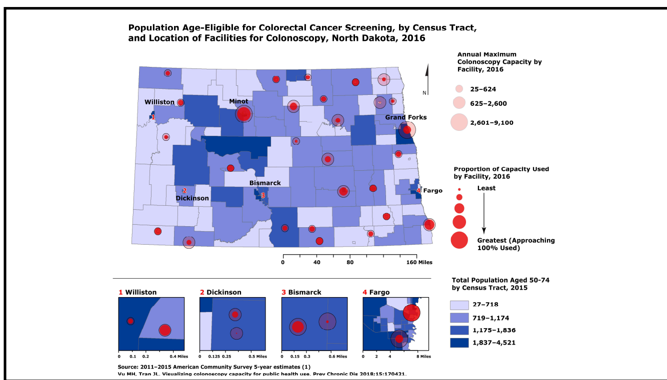

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Making the Best Use of Scarce Resources: Screening colonoscopy vs. FIT

• Represents 20 patients

Screening colonoscopy (refer 1,000 patients)

Eligible population, referred

Patient refusal, no shows

1 cancer in 400-1000 colonoscopies

FIT testing (2,000 patients)

Eligible population

Patients with a positive FIT

4 Cancers in 160 colonoscopies

Slide courtesy of Dr. G.Coronado

Stool tests appropriate only for average risk clients

All positive tests must be followed up with colonoscopy

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Analysis of the effectiveness of two noninvasive fecal tests used to screen for colorectal cancer in average-risk adults (T Sharma, March 13, 2020)

- Objectives: compare two noninvasive fecal CRC screens: FIT and multitarget stool DNA test(Mt-sDNA) with no screening in order to identify the more effective noninvasive fecal test to screen for colorectal cancer in average-risk adults.
- Methods: Markov model compare: CRC-related cases and deaths averted, life-years gained, and colonoscopies required.

Sharma T. Analysis of the effectiveness of two noninvasive fecal tests used to screen for colorectal cancer in average-risk adults. Public Health. 2020 May;182:70-76. doi: 10.1016/j.puhe.2020.01.021. Epub 2020 Mar 13. PMID: 32179290. Retrieved 5/17/2021 from https://pubmed.ncbi.nlm.nih.gov/32179290/

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Analysis of the effectiveness of two noninvasive fecal tests used to screen for colorectal cancer in average-risk adults (T Sharma, March 13, 2020)

- Analysis of the effectiveness of two noninvasive fecal tests used to screen for colorectal cancer in average-risk adults (T Sharma, March 13, 2020)
  - Annual FIT resulted in 3.5 fewer CRC cases, 2.9 fewer CRC deaths per 1000 persons compared to 3-yearly Mt-sDNA.
  - Annual FIT usage resulted in a 0.18 LYG compared to Mt-sDNA at 0.16
  - Annual FIT screening led to a total of 203 more colonoscopies performed compared to Mt-sDNA.
  - One-way sensitivity analysis conducted over the sensitivity rates of each screen by type of lesion showed that FIT remained the more effective strategy for all ranges of sensitivity.
- Conclusion: Both the noninvasive screens were effective compared to no screening. Additionally, annual FIT as a first step noninvasive screening test for CRC appears to be more effective compared to three-yearly Mt-sDNA.

Sharma T. Analysis of the effectiveness of two noninvasive fecal tests used to screen for colorectal cancer in average-risk adults. Public Health. 2020 May;182:70-76. doi: 10.1016/j.puhe.2020.01.021. Epub 2020 Mar 13. PMID: 32179290. Retrieved 5/17/2021 from

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Minute on FluFIT

- Goal: Increase colorectal cancer screening rates by offering home gFOBT or FIT to eligible patients during annual flu shot activities
- Core Functional Component: Standing orders allow non-physician clinic staff to offer flu shots and gFOBT/FIT together to any clinic patient 50-75 years of age seen during flu shot season
- Target Clinical Settings and populations: Community health centers, pharmacies, managed care organizations, healthcare settings
- ACS: FluFIT Implementation Guide: https://www.cancer.org/content/dam/cancer-org/cancer-control/en/reports/american-cancer-society-flufobt-program-implementation-guide-for-primary-care-practices.pdf

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Peer Sharing

- What CRC Screening options are currently offered to your patients? How was it decided?
- When patients refuse CRC screening, are barriers to the tests discussed? Options offered?

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Resources for the Journey Ahead

Resources

- Effectiveness of Interventions to Increase Colorectal Cancer Screening Among American Indians and Alaska Natives
- ACS: FluFIT Implementation Guide
- Colorectal Cancer Screening: Which test is right for you? (Decision aid)
- ScreeND.org

Next Steps

- TA Calls
- Evaluation (required for CEUs):

Next collaborative call: 06/02/2021, 9:30 a.m. CT | Topic: Patient Navigation

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It's a beautiful day to save lives.

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Announcement! Milestones Incentive

Copper: ($1000)
- Towner County Medical Center
- UND Family Practice

Level	Milestones
COPPER	❒ Signed commitment letter ❒ Formed multidisciplinary innovation team ❒ Completed Clinic Readiness Assessment ❒ Completed introductory meeting ❒ Set goal for year 1 ❒ Submitted baseline data
BRONZE	❒ Data submission is current ❒ Developed and submitted Action Plan and initiated two (2) evidence-based interventions ❒ Submitted current clinic policy for CRC Screening
SILVER	❒ Team members participatee in scheduled coaching calls and rapid action collaborative ❒ Implemented at least two (2) evidence-based interventions specific to improving CRC screening rates ❒ Achieved 1st year goal for improving CRC screening rate ❒ Shared SCREEND performance with Clinic Board or Leadership
GOLD	❒ Reviewed and updated Action Plan annually ❒ Submitted at least one success story or lesson learned related to the interventions selected ❒ Achieved 2nd year goal for improving CRC Screening rate ❒ Distributed clinician level data to medical staff
PLATINUM	❒ Achieved 3rd year goal for improving CRC Screening rate ❒ Used EHR to fullest potential to sustain EBIs such as flagging for follow-up, tracking screening results, pulling reports, generating and sending reminders to both providers and patients

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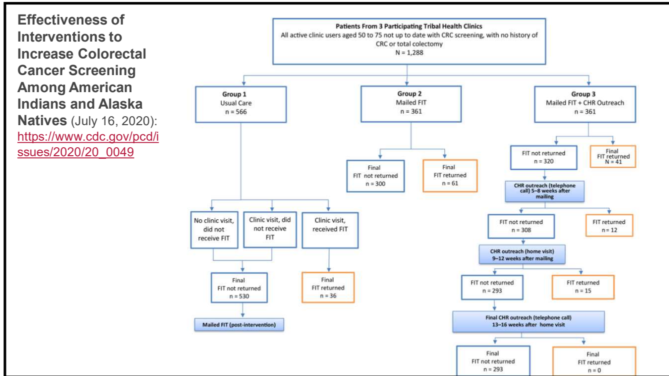

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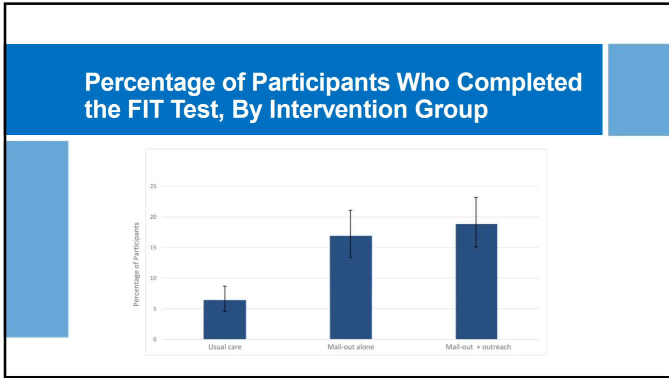

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