00:00:00.000 --> 00:00:17.490
Nikki Medalen
Welcome everyone to the third module of the screened Rapid Action Collaborative for any of you who are new to these calls. My name is Nikki Madalin and John Gardner is also on the call. Today we ask that you chat in your name, title an facility as this will serve as our sign in sheet for the ceu's. For those who participate live.

00:00:18.740 --> 00:00:50.360
Nikki Medalen
As always, this session is being recorded and will be available at screenedandscreened.org under the Rapid Action Collaborative tab along with the accompanying documents and evaluation, so Ceu's will be calculated based on your participation or viewings of the modules and completed evals at the end of the six sessions, and those certificates will be emailed out to you in order to view the modules on thescreen.org website. I just want to remind you that you do have to sign into the website as those modules are not made available to the general.

00:00:50.430 --> 00:01:21.220
Nikki Medalen
Public, so today we are talking about choice in the screening tests, and if you're familiar with the age friendly health systems, you know that one of those one of the four M's is what matters. And it seems that what matters to patients is having a choice about the screening tests that are offered to them. Not everyone wants a colonoscopy, or can even have a colonoscopy, and so we want to make sure that we've got options for them. So our polling question today. Which of the screening tests?

00:01:21.270 --> 00:01:22.200
Nikki Medalen
Is the best.

00:01:22.870 --> 00:01:26.970
Nikki Medalen
Colonoscopy fit Cola guard and John. If you put up that pole.

00:01:45.170 --> 00:01:47.650
Nikki Medalen
I will give you a few seconds to complete that here.

00:02:00.270 --> 00:02:02.710
Nikki Medalen
Alright, and you we are done.

00:02:03.600 --> 00:02:11.140
Nikki Medalen
And I am not sure if you can see the results. Do they show in the chat? Probably I've got to open the chat.

00:02:15.930 --> 00:02:26.340
Nikki Medalen

And you have correctly answered that it is the one that the patient completes. John and I got a kick out of this picture that's shown in this slide. This is kind of the.

00:02:26.950 --> 00:02:32.290
Nikki Medalen
Colonoscopy without the scope, but kind of of.

00:02:34.070 --> 00:02:43.050
Nikki Medalen
It's kind of how people feel about getting a colonoscopy, I would think, but the answer is the test that the patient completes and so this guy looks like he's happy to have the job done.

00:02:44.600 --> 00:03:10.970
Nikki Medalen
So I want to start with a a story. This is a story from from South Dakota, actually, Watertown, which is not that large of a community and probably has a lot in common with some of the communities that that we have engaged in in screened. And this story actually comes from the CDC. The CDC has a section of its colon.

00:03:12.460 --> 00:03:14.210
Nikki Medalen
It's CRC.

00:03:15.880 --> 00:03:30.080
Nikki Medalen
Let me rephrase that. The CDC on its page for colorectal cancer shares some stories of how the evidence based interventions have worked, and so this is one of those where.

00:03:31.450 --> 00:04:02.810
Nikki Medalen
Offering a more robust schedule of tests helped them have higher screening rates, so the Sanford Watertown Clinic tried but could not raise its colorectal cancer screening. Use patient said that they didn't get screen because of the cost. They didn't like the preparation needed for the colonoscopy. They were afraid of a colonoscopy, or they couldn't take time off from work. So care managers at the clinic made a list of patients who needed to be screamed and called those patients to talk about why they should be screened in the different tests available to them.

00:04:03.180 --> 00:04:31.460
Nikki Medalen
As a result, 21 patient scheduled a colonoscopy. The care managers mailed 100 stool test kits to patients who were not getting colonoscopy and 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 screening went from 66% to almost 75% within a few months. When I think about this story, I really can't help but realize that part of.

00:04:32.710 --> 00:04:47.890
Nikki Medalen
The reason that this was successful wasn't just because they mailed out the test kits, or that the test kits

were provided, but because of the very direct communication that they had with patients. So that information was coming from someone that they knew and trusted in their own community and.

00:04:50.230 --> 00:05:00.590
Nikki Medalen
You know that the fact that someone cared enough to make that phone call to them to reach out to them and offer them another method was probably key. And Lisa, I think you had a similar.

00:05:02.160 --> 00:05:08.320
Nikki Medalen
Experience with this probably in March when you did your your fit kit.

00:05:08.850 --> 00:05:22.770
Obrien, Lisa
We actually started in January calling patients and you know we called it. They had had a fit test before offered to bail him out. So we have been mailing quite a few out since really hard since January.

00:05:24.170 --> 00:05:26.810
Nikki Medalen
Do you have any idea what your return rate was?

00:05:28.670 --> 00:05:44.010
Obrien, Lisa
No, because there was a there is a nurse practitioner working on it with me, so I I honestly can't tell you an actual percentage right? But we were. We were like 60 some to goal and now where we last week we were over like 16 so.

00:05:44.320 --> 00:05:46.230
Nikki Medalen
Oh outstanding good for you.

00:05:46.710 --> 00:05:53.200
Obrien, Lisa
Yeah, we dropped a little bit this week, but hopefully will be back up next week. I sent out some kids again this week, so.

00:05:54.120 --> 00:05:55.560
Nikki Medalen
Excellent, thank you.

00:05:57.970 --> 00:06:26.640
Nikki Medalen
So the purpose of our call today is really to understand all of the options available for colorectal cancer screening. Colonoscopy, as we've talked about before, has long been considered the gold standard, but we're finding that over the last decade that while it's true for people at high risk of colon cancer, for those who are at average risk, there are much less invasive and lower cost methods that are nearly equally as effective. So we want to walk through some of the concerns that patients have.

00:06:26.900 --> 00:06:29.210
Nikki Medalen
And the first of those is risk level.

00:06:30.230 --> 00:07:02.620
Nikki Medalen
So a person's risk of colon cancer probably influences their choice of screening tests if they have an increased risk of cancer, the doctor should recommend more frequent colon cancer screening with colonoscopy, but that would include persons with a personal history of colon cancer or precancerous polyps. If the patient has a parent, a sibling, or a child who's had colon cancer, someone who carries a gene for a hereditary colon cancer syndrome, or having a history of inflammatory bowel disease, such as all sort of colitis.

00:07:02.670 --> 00:07:15.780
Nikki Medalen
Or Crohn's those patients? Of course should be screened with colonoscopy. However, if they don't have those risk factors then there are other considerations that need to be weighed. So one of those is convenience.

00:07:16.930 --> 00:07:29.790
Nikki Medalen
A lot of people are concerned about how long it test will take, how much time they can take off of work, how often they need to repeat the test, whether or not they'll need sedation. So of course, that would require additional time to for recovery.

00:07:31.140 --> 00:07:35.950
Nikki Medalen
And also thinking about whether or not they do well with sedation.

00:07:37.410 --> 00:07:56.150
Nikki Medalen
So how much follow up care they'll need if they need to have a driver or someone to stay with them after after they've had the test until they're completely have come off of the anesthesia. And also the posit possible need for follow up testing to investigate a false positive finding or to remove tissue.

00:07:58.030 --> 00:07:58.700
Nikki Medalen
Uhm?

00:07:59.870 --> 00:08:07.370
Nikki Medalen
Another consideration is the comfort that the patient has with the doctors approach to screening. So we need to make sure.

00:08:08.710 --> 00:08:13.760
Nikki Medalen
That the patient is comfortable with the colon cancer screening test that the Doctor Rick recommends.

00:08:14.380 --> 00:08:28.310
Nikki Medalen
If the doctor specializes in a particular test, but the patient would rather have a different test, they should feel free to express those wishes and their doctor probably or may need to provide a referral to someone trained with the test that they feel most comfortable.

00:08:29.160 --> 00:08:30.010
Nikki Medalen
Sometimes.

00:08:30.680 --> 00:08:35.290
Nikki Medalen
The physician isn't the best person to give the instructions for a stool test.

00:08:36.850 --> 00:08:54.850
Nikki Medalen
That may be best coming from a nurse or even someone from the staff who specializes in giving that kind of education. Another consideration is cost or insurance coverage and how much the patient is willing to pay out of pocket. And we all know that every insurance is a little bit different those.

00:08:56.680 --> 00:09:01.810
Nikki Medalen
Certain types of insurance consider a colonoscopy following a.

00:09:02.450 --> 00:09:03.050
Nikki Medalen
Uhm?

00:09:04.010 --> 00:09:34.320
Nikki Medalen
Following a positive fit Test is a two step test and so that is covered. Others feel that that is a diagnostic test at that point and it's not covered and there's all kinds of variations of that, so considering how much the patient is willing to pay out of pocket is something that probably needs to be discussed ahead of time. Also, the preparation involved, so of course we know that preparing for for colon cancer screening can be uncomfortable or even inconvenient, but it is absolutely necessary for the test to be effective, especially for doing.

00:09:34.460 --> 00:09:38.050
Nikki Medalen
You know a colonoscopy. Our virtual colonoscopy.

00:09:38.820 --> 00:09:55.990
Nikki Medalen
Or a sigmoidoscopies for that matter, as part of this decision, they need to consider their willingness or ability to follow the preparation instructions for bowel prep and this of course, is to varying degrees, including avoiding solid food for the day before the exam, adjusting their medications.

00:09:56.560 --> 00:10:00.630
Nikki Medalen
And drinking a laxative solution or using enema stamp?

00:10:02.470 --> 00:10:05.570
Nikki Medalen
Another consideration is attitude towards screening so.

00:10:06.270 --> 00:10:18.710
Nikki Medalen
The more thorough a colon cancer screening test, the more likely it is to detect the cancer or precancerous polyps, but conversely, a more thorough test might mean a more inconvenient or more uncomfortable preparation.

00:10:19.550 --> 00:10:23.630
Nikki Medalen
And probably a slightly higher risk of serious complications.

00:10:24.350 --> 00:10:45.930
Nikki Medalen
So we need to ask the patient needs to ask themselves will they feel the best if they know they've chosen the most thorough test? Or will they worry or delta results if they choose a less sensitive test? How concerned are they about convenience, preparation or the possibility of serious complications? So they really need to consider the pros and cons of each test and we will go through those now.

00:10:47.250 --> 00:11:03.640
Nikki Medalen
So these are the more invasive tests. The colonoscopy virtual colonoscopy or flexible flexible sigmoidoscopies. And of course you probably know most of these pros and cons, but I just want to go through them and make make sure that we're all aware of these.

00:11:04.270 --> 00:11:19.450
Nikki Medalen
So the pros of a colonoscopy, of course, is that it's one of the most sensitive tests currently available. We know that the doctor can view the entire colon or ****** and that the advantage here is that the polyps or tissue samples can be removed through the scope during the exam.

00:11:20.810 --> 00:11:50.970
Nikki Medalen
The cons to a colonoscopy are that it it may not detect all small polyps and cancers, but of course it's the most likely. We do know that there's a bowel prep required in that. Many patients are hesitant to to want to do that ball prep. In most cases sedation is used, so it may take hours to wear off. We know that this requires a driver, an that many clinics do not allow patients who have been sedated to use public transportation, and so that might be a barrier for some.

00:11:51.410 --> 00:12:08.170
Nikki Medalen
There are also rare complications, including bleeding from the site of a polyp or biopsy, or even tearing

the colon or ******. All, which is why we stop colonoscopy at about the age of 75, or when we determine that the patient has less than 10 years to live.

00:12:09.970 --> 00:12:11.230
Nikki Medalen
At that point there.

00:12:11.920 --> 00:12:19.990
Nikki Medalen
Their colon wall is probably too frail for colonoscopy, and then we know that cramping and bloating may occur afterward.

00:12:21.600 --> 00:12:23.160
Nikki Medalen
Virtual colonoscopy.

00:12:23.910 --> 00:12:48.930
Nikki Medalen
Like a regular colonoscopy, the the doctor can view the entire colon and ******. Here, no sedation is required. This is done by a CT scan. So if the same bowl prep is required, but because it's a CT scan that sedation is not required and but another issue with that is that no polyps can be removed, so if those are found, a patient would still need a colonoscopy.

00:12:50.440 --> 00:12:51.610
Nikki Medalen
To remove those.

00:12:54.130 --> 00:13:00.720
Nikki Medalen
There are some diet and medication adjustments needed before this test. The patient is exposed to some radiation.

00:13:02.650 --> 00:13:09.010
Nikki Medalen
And of course that follow up test does need to be provided afterward. If if they find anything positive.

00:13:10.510 --> 00:13:40.780
Nikki Medalen
This test may also detect abnormal abnormalities and other abdominal organs, so there may need to be additional test to determine the cause of those. An flexible sigmoidoscopies is the third choice and kind of a distant third choice. It's being used less and less. In fact, we rarely hear of anyone using this, but it is one of the most sensitive tests currently available. We do know that abnormal tissue in the sigmoid colon can be removed, but if that is found.

00:13:41.110 --> 00:13:45.400
Nikki Medalen
Patient would again need a colonoscopy to to view the rest of the colon.

00:13:46.490 --> 00:13:52.310
Nikki Medalen
The ball prep for a flexible sigmoidoscopies less complicated in sedation is usually not needed.

00:13:55.240 --> 00:14:24.900
Nikki Medalen
And then we have this tool tests so the American Cancer Society has done a lot of work around addressing which of the stool test is best and for a long time, Doctor Dorado Brooks who is the subject matter expert for the Cancer Society, has indicated that fit is the most appropriate test fit or IFOBT are basically the same thing and need to be conducted on an annual basis. Of course the pros to this test is that.

00:14:24.950 --> 00:14:33.960
Nikki Medalen
It can be take collected at home. There is absolutely no colon prep needed. They only need 1 sample, so they only need to have one ball movement.

00:14:34.530 --> 00:14:39.760
Nikki Medalen
No sedation required and the overall diagnostic accuracy is at 95%.

00:14:40.640 --> 00:14:58.540
Nikki Medalen
It is also the lowest cost of all of the stool tests. Are all of the screening tests for that matter. The cons include that it does. It can fail to detect polyps in additional tests are needed if it comes back positive. Of course, that needs to be followed up with colonoscopy.

00:14:59.630 --> 00:15:03.510
Nikki Medalen
But it does have the lowest risk of a false positive result.

00:15:06.010 --> 00:15:34.870
Nikki Medalen
The stool DNA or multitarget stool DNA test, also called Cologuard, is required every three years. This also can be collected at home without colon prep, but it does require collecting a large amount of of the bowel movement, approximately announced, so it's a little more cumbersome for patients to collect than simply the brush of stool.

00:15:35.480 --> 00:15:45.390
Nikki Medalen
Again, there's no sedation, but it does cost about $500.00 an when we look at that cost over the three year period, that kind of blurs with the cost of the FIT test.

00:15:47.860 --> 00:16:02.470
Nikki Medalen
It is less sensitive than colonoscopy at detecting polyps. Of course an additional tests are needed if it is positive, so you would need to follow up with colonoscopy and there are occasional false positive results with this test.

00:16:04.820 --> 00:16:32.050
Nikki Medalen
And then there are the guaiac tests. And of course we need to be really careful to be assured that we're using a high sensitivity guaiac test. The old guaiac tests are no longer appropriate for colorectal cancer screening. This is a test that they collected home. Of course with no prep, but it does require three Bal movements, so if you were asking a patient, do you want to collect three Bal movements or one Bal movement that they would pick the 1:00 every time?

00:16:33.600 --> 00:16:51.410
Nikki Medalen
There is no sedation with this test. Of course the cons are again that it fails to detect polyps. There are some food and medication restrictions for a few days before this test. An additional tests are needed of course. Follow up colonoscopy if it is positive, but again there is a low risk of a false positive result.

00:16:54.860 --> 00:16:56.340
Nikki Medalen
This is a, uh.

00:16:57.100 --> 00:17:22.400
Nikki Medalen
Image of a decision decision making tool from the American Cancer Society that we think does an excellent job describing each of the tests, and it has a questionnaire for the patients with questions about the patients concerns that can help guide that conversation that you have with the patient. There's also a myth versus fact section that can help dispel some misinformation that we think is circulating about about the test.

00:17:23.040 --> 00:17:28.950
Nikki Medalen
There is a link to this tool on thescreened.org website, both listed as a featured.

00:17:31.360 --> 00:17:38.630
Nikki Medalen
Document, but also associated with this module. So if you go to this module, you'll see that right away.

00:17:40.700 --> 00:17:41.210
Nikki Medalen
Ah.

00:17:44.200 --> 00:17:48.650
Nikki Medalen
For some reason I have more copies of these pages in my notes here.

00:17:49.350 --> 00:18:09.120
Nikki Medalen
So this map is shows the relative capacity for each facility to perform colonoscopy across the state of North Dakota, and this map was actually prepared in 2016. I recently asked Jesse Tran if this had been updated and it has not, but they are talking about updating it now. We don't think that there's been a lot of change.

00:18:09.960 --> 00:18:19.520
Nikki Medalen
But you can see that the annual maximum capacity of colonoscopies range from 25 to 9100. Colonoscopies across the state.

00:18:20.080 --> 00:18:27.420
Nikki Medalen
Additionally, the proportion of the maximum capacity used at each facility ranged from 13.8% to 100%.

00:18:28.020 --> 00:18:58.250
Nikki Medalen
Six of the facilities reported being at 100% capacity, so you see if their circle is completely filled, that means that they are at capacity for what they can provide. And again, this is 4 years old, so getting close to five years old so that may have changed some an even as we've been doing some technical assistance calls with our clinics and detailed assessments and so forth, we're finding that there are some new facilities that aren't on here, and there are some that have closed.

00:19:00.620 --> 00:19:03.080
Nikki Medalen
This map is not completely accurate.

00:19:04.450 --> 00:19:34.860
Nikki Medalen
But in addition to the capacity, there are some differences in distribution of facilities across the state. So if we split the state in half, including Bismarck in everything West, you can see that there are roughly half as many facilities that perform colonoscopy in that area as compared with the eastern half of the state. And this of course course coincides with a little bit more rural and lower population density in the western part of the state in terms of population distribution, most of the age eligible population is near major cities.

00:19:35.160 --> 00:19:55.160
Nikki Medalen
And so this population display is limited to average risk age. Eligible population for CRC screening, not necessarily including that population where we would need to integrate factors that affect the actual need and demand for these services, such as a prior screening or personal risk factor.

00:19:56.340 --> 00:20:14.100
Nikki Medalen
So this visualization is intended to be a starting point or reference for any stakeholder discussion. It's not surprising that facilities offering colonoscopy services are in more highly populated counties, but this map does highlight the differences between the different parts of the state.

00:20:15.940 --> 00:20:30.870
Nikki Medalen
When we're looking at those in, you know rural areas, we need to really consider travel to the facility that offers colonoscopy or one that has adequate availability. Because where we?

00:20:31.530 --> 00:20:36.030
Nikki Medalen
You know you see in the upper northwest corner of the state.

00:20:37.080 --> 00:20:43.520
Nikki Medalen
It would be very difficult to access colonoscopy if you were new to it because they are already at capacity.

00:20:46.180 --> 00:20:56.510
Nikki Medalen
There are also additional barriers, including time off of work, lost wages, food and lodging, and of course the cost of transportation for those who are at a great distance from.

00:20:57.270 --> 00:20:59.120
Nikki Medalen
Uh colonoscopies site.

00:21:01.190 --> 00:21:16.180
Nikki Medalen
So with that, what we're really trying to show here is that there are opportunities for increased use, an uptake of stool based CRC screening test such as fit, in order to conserve.

00:21:17.490 --> 00:21:34.510
Nikki Medalen
The capacity for colonoscopy for those who need it the most, and on the other hand, facilities that are currently using less than 100% of their colonoscopy capacity have the potential for pursuing interventions to maximize the increase, maximize the use of their screening services.

00:21:37.660 --> 00:21:44.220
Nikki Medalen
Just going back to that, we actually had a conversation last week with one of our clinics who is very interested in contracting with.

00:21:45.730 --> 00:22:10.120
Nikki Medalen
With a clinic in there or excuse me, a colonoscopy site in their area. So if ever you are finding yourself where you have excess capacity for colonoscopy, I hope that you reach out to me and let me know that because we may have clinics in your area who are at a loss for where to refer an they tend to refer to those four largest communities. But we know that there's excellent services available in some of our smaller.

00:22:11.490 --> 00:22:15.520
Nikki Medalen
Communities who have colonoscopy available.

00:22:17.740 --> 00:22:29.910
Nikki Medalen

So this is a slide that is actually from a presentation that Doctor Dorado Brooks presented in April of 2017, and it is still relevant. It still being used in his.

00:22:31.480 --> 00:22:40.280
Nikki Medalen
His presentations, but I keep going back to this slide over and over when I'm thinking about how we make the best use of those colonoscopy resources.

00:22:40.930 --> 00:22:47.490
Nikki Medalen
And so, in this diagram, a black dot represents 20 patients. Anna Red Dot represents.

00:22:48.280 --> 00:22:52.090
Nikki Medalen
It represents 20 patients but one positive patient.

00:22:53.570 --> 00:23:15.650
Nikki Medalen
So this image is attempting to describe how utilization of the fittest can help us make the best use of colonoscopy resources that we have, and I want you to note that this is based on a 5% prevalence of colorectal cancer that is 50 cancers per 1000 people. So you can see on the left hand side that's represented by two dots in the.

00:23:16.420 --> 00:23:24.790
Nikki Medalen
In the dots above, the blue filter and on the right hand side you'll see four red dots above the filter.

00:23:25.790 --> 00:23:38.030
Nikki Medalen
So based on the research, we know that 40% of individuals referred for a screening colonoscopy will complete the procedure and 80% of those referred for a diagnostic colonoscopy complete the procedure.

00:23:38.660 --> 00:23:57.890
Nikki Medalen
So where colonoscopy is used starting on the left were colonoscopy is used to screen 1000 patients. The blue filter represents filtering out those 60% of the clients who are never going to complete the test and it results in finding one cancer in 400 colonoscopies performed.

00:23:59.160 --> 00:24:01.360
Nikki Medalen
On the right where.

00:24:02.820 --> 00:24:04.800
Nikki Medalen
We're fit, testing is used first.

00:24:05.450 --> 00:24:21.690
Nikki Medalen

With, with colonoscopy used as a follow up or diagnostic tool, we start with 2000 average risk patients. Of those, approximately 200 have a positive test and are referred for colonoscopy, so 2000 patients complete that.

00:24:22.600 --> 00:24:47.500
Nikki Medalen
Fit test, then we filter them through and we said that 80% who are referred for a diagnostic colonoscopy complete the test. So of those 200 about 160. Complete the colonoscopy and four cancers are detected and so you can see even though we're doing much fewer colonoscopies we are efficiently finding those cancers.

00:24:53.170 --> 00:25:21.130
Nikki Medalen
For many years, Doctor Brooks has promoted fit as the stool test of choice, but we recently have had some requests for comparisons between the stool tests and so recently on a call with the CDC. We had asked for those and they are aware of four studies that are identified as being in progress, but only one study that is published so far. And as you can see from the citation on the slide, this was published in March of 2020, so I wanted to share this with you.

00:25:21.990 --> 00:25:33.450
Nikki Medalen
So this is an analysis of the effectiveness of two non invasive faecal tests used to screen for colorectal cancer in average risk adults and the two screens that they used were fit and cola guard.

00:25:34.540 --> 00:25:43.380
Nikki Medalen
And then this they don't want to use the the brand name cola guard, so of course it's called the multi target Stool DNA test.

00:25:45.000 --> 00:26:00.230
Nikki Medalen
And so the objectives were to compare these two noninvasive feikles CRC screens, the fit and the multitarget stool DNA with no screening in order to identify the more effective noninvasive faecal test screen for colorectal cancer. An average risk adults.

00:26:01.580 --> 00:26:02.670
Nikki Medalen
The method.

00:26:05.560 --> 00:26:22.450
Nikki Medalen
Just one second here. So the method that they used was the Markov model and it was used to compare population level, CRC, rated related cases and deaths. Averted life years gained and colonoscopies required for the two non invasive tests.

00:26:23.980 --> 00:26:34.080
Nikki Medalen

Annual physical fit testing an three yearly, multitarget stool. DNA testing. So in both cases they did annual tests three years in a row.

00:26:34.860 --> 00:26:36.960
Nikki Medalen
Even with Cologuard they did it annually.

00:26:37.850 --> 00:27:09.830
Nikki Medalen
The model simulated the Natural History of adenoma carcinoma sequence. In average risk person starting at age 50 and Natural History parameters were estimated from the literature and anvia verification to data on precancerous lesions. An CRC incidents screening strategies were then superimposed on the Natural History component of the model, allowing for precancerous lesions to be detected and removed, or CRC screening to be detected and treated at a potentially earlier stage. The sensitivity and specificity for each screen.

00:27:09.880 --> 00:27:18.470
Nikki Medalen
For precancerous lesions in CRC, where the performance parameters used to estimate the effectiveness and the results.

00:27:20.130 --> 00:27:50.700
Nikki Medalen
So they found that the annual fit was more effective than than three yearly multitarget. Stool DNA tests in reducing CRC cases. Averting CRC related deaths, and increasing the life years gained compared to no screening on average. The Annual Fit test resulted in 3.5 fewer colorectal cancer cases. 2.9 fewer colorectal cancer deaths per 1000 persons screened compared to the three yearly.

00:27:50.860 --> 00:27:52.470
Nikki Medalen
Multitarget stool DNA's.

00:27:53.700 --> 00:28:15.380
Nikki Medalen
Annual fit usage resulted in .18 life years gained compared to the multi stool DNA which allowed 0.16 life years gained so there isn't a whole lot of difference there and then. Annual fit test lead to a total of 203 more colonoscopies performed compared to a multitarget stool DNA.

00:28:16.190 --> 00:28:43.140
Nikki Medalen
One way sensitivity analysis conducted over the sensitivity rates for each screen by type of lesion showed that fit remained the more effective strategy for all ranges of sensitivity threshold analysis results identified the lowest fit sensitivity value at which multitarget stool DNA performed better for coal conventional high risk adenomas and colorectal cancer screening detection to be at point 164.052, respectively.

00:28:44.660 --> 00:29:03.980
Nikki Medalen

But that's a lot to put on a slide, but I wanted to make sure that you knew that the test that this research is being conducted, and as those for additional studies become complete, we will share the results of those studies with you and anything that's published about them.

00:29:06.830 --> 00:29:14.220
Nikki Medalen
We would be remiss if we didn't spend a little bit of time or a minute on flu fit here. Some of you may be very familiar with flu fit.

00:29:15.050 --> 00:29:38.220
Nikki Medalen
The American Cancer Society's Flu Fit program is intended to assist primary care clinics and other healthcare settings in increasing colorectal cancer screening. It has been demonstrated in the medical literature that offering and providing take home ***** occult blood tests or fit test to patients at the time of their annual flu shot increases CRC screening rates. And we know that this has been.

00:29:39.700 --> 00:30:10.240
Nikki Medalen
Let me back up a minute. We know first of all, that this requires a lot of coordination. So if if you're working with local public health, for instance, to distribute these tests during during a time of of annual flu vaccines, there needs to be a lot of coordination about how those orders are written. So where this has worked very well, coal, country, community, Health Center several years ago started a project with our in collaboration with.

00:30:10.290 --> 00:30:37.570
Nikki Medalen
Custer district health. So, as Custer District Health was providing flu shots in communities where in the surrounding areas around the country clinics they were distributing tests, provided a log back to the lab app. Coal country so that as those test came in, the orders could be written, and then the lab tests were conducted and the results provided back to the patient.

00:30:39.130 --> 00:31:09.130
Nikki Medalen
We know that there's complications with that in terms of who is their primary care provider. How we assign who's responsible for giving the results of that test or treating for follow up, and all that kind of needs to be worked out, but it is a project that's worked very well and we also recently heard of a clinic in Bismarck that was basically using the same concept with COVID vaccine, and so while they were vaccinating eligible groups for kobid, they distributed fit tests at the same time. And of course that was.

00:31:09.190 --> 00:31:23.040
Nikki Medalen
In March during colorectal Cancer Awareness Month, but they found that it was so successful that they decided to do similar Wellness preventions or promotions with each age group increment as they vaccinated.

00:31:23.700 --> 00:31:35.180
Nikki Medalen

So we hope that you can kind of take this idea and consider how you can, how you can pair colorectal cancer screening with some of the other events going on in your clinics.

00:31:37.550 --> 00:31:39.660
Nikki Medalen
So I want to hear from you.

00:31:40.730 --> 00:31:47.720
Nikki Medalen
What CRC screening options are currently offered to your patients and how did you decide that those were the ones that you were going to use?

00:31:54.320 --> 00:31:58.150
Nikki Medalen
Caroline are you available? Yeah, yeah.

00:31:59.540 --> 00:32:05.660
Carolyne Tufte
So I was not involved in the decision making processes of what we offer.

00:32:06.270 --> 00:32:15.570
Carolyne Tufte
So I don't know how they came to those conclusions, but at town or County Medical Center in can do we have we offer colonoscopies?

00:32:16.980 --> 00:32:23.380
Carolyne Tufte
And we have Doctor Peterson Auto Grand Forks. He comes to us.

00:32:24.470 --> 00:32:24.990
Carolyne Tufte
Ah.

00:32:26.480 --> 00:32:29.240
Carolyne Tufte
Six months out of the year like he does.

00:32:30.180 --> 00:32:36.960
Carolyne Tufte
One day a month, six months out of the year, and then the other six months. He does two days a month.

00:32:37.930 --> 00:32:47.710
Carolyne Tufte
So we have about 18 days that we do colonoscopies and we can fit about 10 patients on a day, so 180 colonoscopies a year if we're full.

00:32:49.070 --> 00:33:09.960
Carolyne Tufte
We have then expect X, excepting a lot of referrals from the Rolla area, the Langdon area, when they

were out of when they didn't have a surgeon up there to do them and we get a few from Doctor Cell and at Turtle Mountain Anna couple from Devils Lake.

00:33:11.310 --> 00:33:14.270
Carolyne Tufte
We also offer Cologuard to our patients.

00:33:15.060 --> 00:33:29.740
Carolyne Tufte
And we do have fit testing available as well. However, myself and the clinic manager had kind of forgotten about it until we started working on this project because it just was not utilized very often.

00:33:31.750 --> 00:33:34.680
Carolyne Tufte
So those are what we offer as of right now.

00:33:36.380 --> 00:33:55.650
Nikki Medalen
Awesome, thank you for answering that and I appreciate your comment about kind of forgetting about fit. We have found this to be so true in a lot of clinics that we worked we worked with in our SIP project which is a few years ago where we did a similar project on improving colorectal colorectal cancer screening rates, even wear.

00:33:56.920 --> 00:34:27.540
Nikki Medalen
Maybe the clinic manager had had some education and and decided that they were going to offer fit. That message didn't necessarily get to the providers and so providers were talking to us about. You know, we know that fits available. We know that it's less expensive than colonoscopy, but we don't have it available in our clinic and I would be saying to them I know that you do have it available in your clinic because I've worked with your manager and so they were going back and finding that yes, Oh my gosh, we did have it all along and so.

00:34:22.270 --> 00:34:22.890
Carolyne Tufte
Right?

00:34:28.580 --> 00:34:30.610
Nikki Medalen
It just speaks really to how we.

00:34:31.330 --> 00:34:40.170
Nikki Medalen
You know how do we talk about it and how do we keep that conversation going? 'cause oftentimes, I think those things get mentioned in a meeting one time, you know.

00:34:41.560 --> 00:34:59.110
Nikki Medalen
It's available in in the cabinet if you need it and and yet sometimes those things just get forgotten about,

so hopefully we have those conversations with our our providers from time to time and hopefully this project will help be a reminder of who that test might be most appropriate for.

00:35:00.220 --> 00:35:01.650
Carolyne Tufte
Yeah, yeah for sure.

00:35:03.460 --> 00:35:20.240
Nikki Medalen
So when patients refuse CRC screening, how are you talking to them about barriers like what you know? If they're saying they don't want the test, are we finding out why they don't want the test in? And are we talking about the different options that are available?

00:35:20.810 --> 00:35:29.870
Carolyne Tufte
Yes, yes, so the if they refuse the provider, you know we'll discuss with them, educate them, try to encourage them.

00:35:33.470 --> 00:35:38.030
Carolyne Tufte
As to why you know this is a beneficial to them an.

00:35:39.880 --> 00:35:42.630
Carolyne Tufte
Will offer alternatives as well too.

00:35:45.300 --> 00:35:58.790
Carolyne Tufte
And if they still continue to refuse, it's just kind of documented within that visit. You know that XYZ was done and continues to receive. Those will try again at the next annual physical or.

00:36:00.830 --> 00:36:03.150
Carolyne Tufte
In a year or.

00:36:04.190 --> 00:36:09.620
Carolyne Tufte
You know the patient can call back if they change their mind or stuff like that. And then it's just kind of left.

00:36:10.300 --> 00:36:12.010
Carolyne Tufte
Left alone for awhile.

00:36:13.730 --> 00:36:19.150
Nikki Medalen
Yeah, and patients often need to hear something multiple times before they take action, so.

00:36:20.240 --> 00:36:22.170
Nikki Medalen
You're exactly right. We don't want to give up.

00:36:22.840 --> 00:36:27.240
Nikki Medalen
Lisa and Nicole. Anyone else have any comments? They want to make?

00:36:30.730 --> 00:36:38.740
Obrien, Lisa
We just started using Cologuard more. We were more fit based and colonoscopy based so.

00:36:41.560 --> 00:36:43.660
Nikki Medalen
Glad to hear you're expanding your options.

00:36:44.730 --> 00:36:45.450
Nikki Medalen
Thank you.

00:36:47.810 --> 00:36:50.580
Nikki Medalen
Any other comments? Any anyone want to share?

00:36:58.210 --> 00:37:23.610
Nikki Medalen
If not, we'll move on to our resources slide, so all of these are links, although since you you probably can't access them, they are available on thescreen.org website. If you haven't looked there recently, I encourage you to do so. It's become much more robust in the last month or so. The resources here are the effectiveness of interventions to increase colorectal cancer screening among.

00:37:23.660 --> 00:37:26.050
Nikki Medalen
American Indians and Alaska natives. That was a.

00:37:27.390 --> 00:37:27.800
Nikki Medalen
The.

00:37:28.580 --> 00:37:42.250
Nikki Medalen
The article that we had shared with cohort one that was specific to those populations, but I hear Caroline I hear you talking about those groups and so that may be of interest to you.

00:37:43.050 --> 00:37:53.020
Nikki Medalen
The American Cancer Society's flu flit implementation guide is available, and then that decision aid that we showed the colorectal cancer screening. Which test is right for you?

00:37:54.770 --> 00:38:16.070
Nikki Medalen
I also want to make sure that you are aware that we will be calling if we haven't already scheduled technical assistance calls for you. We will be making those calls and setting those up in the next couple of weeks. I want to remind you about the evaluation and John if you put the link to the evaluation in the in the chat, that would be great.

00:38:16.820 --> 00:38:36.280
Nikki Medalen
One thing that didn't get on this slide that I I had thought that I had put on here, but it's not showing up is a reminder. If you have not submitted your MO a memorandum of agreement to receive funds for the incentive dollars, I would encourage you to submit that.

00:38:38.330 --> 00:39:03.040
Nikki Medalen
Our next collaborative call will be on June 2nd and the topic will be patient navigation and I encourage all of you to join us for that. And if you have a patient, navigators, health coaches or anyone in your clinics who are are kind of performing those duties, whether that's their title or not, and we would encourage you to invite them or forward that invitation to them as well.

00:39:04.210 --> 00:39:06.870
Nikki Medalen
Are there any questions before we finish up for the day?

00:39:14.090 --> 00:39:15.030
Nikki Medalen
If not, we just.

00:39:14.530 --> 00:39:17.560
Carolyne Tufte
I don't have any questions. Thank you guys very much.

00:39:18.040 --> 00:39:19.730
Nikki Medalen
You're welcome, thank you for joining.

00:39:22.390 --> 00:39:32.550
Nikki Medalen
As always, we encourage you to reach out to us if you have any questions or concerns in our contact. Information is here, but with that we just hope that you have a very productive day.

00:39:33.330 --> 00:39:33.960
Nikki Medalen
Thank you.