





3



Pre-test (required for CMEs) 1) In the largest published study evaluating the potential value of stool obtained by digital rectal examination (DRE) for CRC screening, what proportion of colorectal cancers were detected by performing fecal occult blood testing on a single sample of stool obtained by DRE? a) 10% b) 25% c) 50% d) 60% 2) Which of the following describes the expected rate of detection of adenomatous polyps (adenoma detection rate) in an average risk screening population? a) 20% in both men and women b) 30% in both men and women c) 20% in women and 30% in men d) 30% in women and 40% in men 3) Which of the following test methods is not recommended for colorectal screening by the ACS or the USPSTF? a) Hemoccult II b) Hemoccult Sensa c) Fecal Immunochemical Test (FIT) d) Stool DNA test



























CRC Screening: National Rates

In 2012, 65.1% of US adults were up to date with screening.





- Lower rates for Hispanics and Native Americans
- Lowest rates among the uninsured





20



21















Recommended Screening Tests for Average Risk (ACS and USPSTF) Colonoscopy High Sensitivity Fecal Occult Blood Testing High Sensitivity Guaiac Tests Fecal Immunochemical Tests Flexible Sigmoidoscopy (FSIG)* CT colonography* Stool DNA* *Highly limited utilization in US at present 27







































E	gure 2. Pooled sensitivity and specificity for feca	al immunochemical tests for the	detection of colorectal	cancer for all
	Author, Year (Reference)	Sensitivity (95% CI)		Specificity (95% CI)
	Sohn et al. 2005 (14)	0.25 (0.05-0.57)		0.99 (0.98-0.99)
	Levi et al. 2011 (15)	1.00 (0.54-1.00)		0.88 (0.86-0.90)
	Allison et al. 1996 (31)	0.69 (0.50-0.84)		0.94 (0.94-0.95)
	Allison et al. 2007 (32)	0.86 (0.57-0.98)		0.97 (0.96-0.97)
	Levi et al. 2007 (33)	0.67 (0.09-0.99)	-	0.83 (0.73+0.91)
	Cheng et al. 2002 (34)	0.88 (0.62-0.98)		0.91 (0.90-0.92)
	Morikawa et al. 2005 (35)	0.66 (0.54-0.76)		0.95 (0.94-0.95)
	Nakama et al, 1999 (36)	0.56 (0.31-0.78)		0.97 (0.96-0.97)
	Nakama et al. 1996 (37)	0.83 (0.52-0.98)		0.96 (0.95-0.96)
	Launoy et al. 2005 (38)	0.86 (0.67-0.96)		0.94 (0.94+0.95)
	Itoh et al, 1996 (39)	0.87 (0.78-0.93)		0.95 (0.95-0.95)
	Nakazato et al. 2006 (40)	0.53 (0.29-0.76)		0.87 (0.86-0.88)
	Park et al, 2010 (41)	0.77 (0.46-0.95)		0.94 (0.92-0.95)
	de Wijkerslooth et al. 2012 (42)	0.75 (0.35-0.97)		0.95 (0.93-0.96)
	Parra-Blanco et al. 2010 (43)	1.00 (0.77-1.00)		0.93 (0.91-0.94)
	Chiu et al, 2013 (44)	0.85 (0.55-0.98)		0.92 (0.91-0.92)
	Chiang et al, 2011 (45)	0.96 (0.82-1.00)		0.87 (0.85-0.88)
1	Brenner and Tao, 2013 (46)	0.73 (0.45-0.92)		0.96 (0.95-0.96)
	Brenner and Tao, 2013 (46)	0.60 (0.32-0.84)		0.95 (0.94-0.96)
	Combined	0.79 (0.69-0.86)	6	0.94 (0.92-0.95)
	1	Q = 57.05; P = 0.00	1	Q = 1200.46; P = 0.00
		<i>I</i> ² = 68.45% (95% Cl, 53.48%-83.42%)	03 05 02 09	/ ² = 98.50% (95% Cl, 98.21%-98.79%)
	Sensitivity		Specificity	











	FITs With Published Data* Available in the US				
	Name	Manufacturer			
	Hemoccult-ICT/Flexsure OBT	Beckman-Coulter			
	Hemosure One Step	WHPM, Inc.			
K	InSure / ColoVantage	Clinical Genomics			
	OC-Sensor / OC FIT-CHEK	Polymedco			
	OC-Auto Micro	Polymedco			
	OC-Light	Polymedco			
Y	*This list may not be compreh	iensive 49			









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 #2: Develop a Screening Policy

 Involve your staff to make screening more effective.

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 Browning Toley

 Provide Rates

 Browning Toley

 Provide Rates

 Browning Toley pools

 Browning Toley pools

63























	San Francisco General Hospital Randomized Trial (Flu shot clinic attendees randomized to Flu Only vs. Flu + FOBT on different dates – included telephone follow-up for FOBT recipients)				
	days	FLU Only days	FLU+FOBT		
		(268 patients)	(246 patients)		
K	Up-to-Date Before Flu Season	52.9%	54.5%		
	Up-to-Date After Flu Season	57.3%	84.3%		
2	Change: (p<0.001) points	+4.4 poin	ts +29.8		
		Ann Fam Med, 2009			





