SCREEND

Improving Colorectal Cancer Screening Rates in North Dakota

It's A Matter of Choice

Quality Health Associates *of* North Dakota

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

- Colonoscopy
- FIT
- Cologuard

The test that the patient completes!

Clinic Story

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

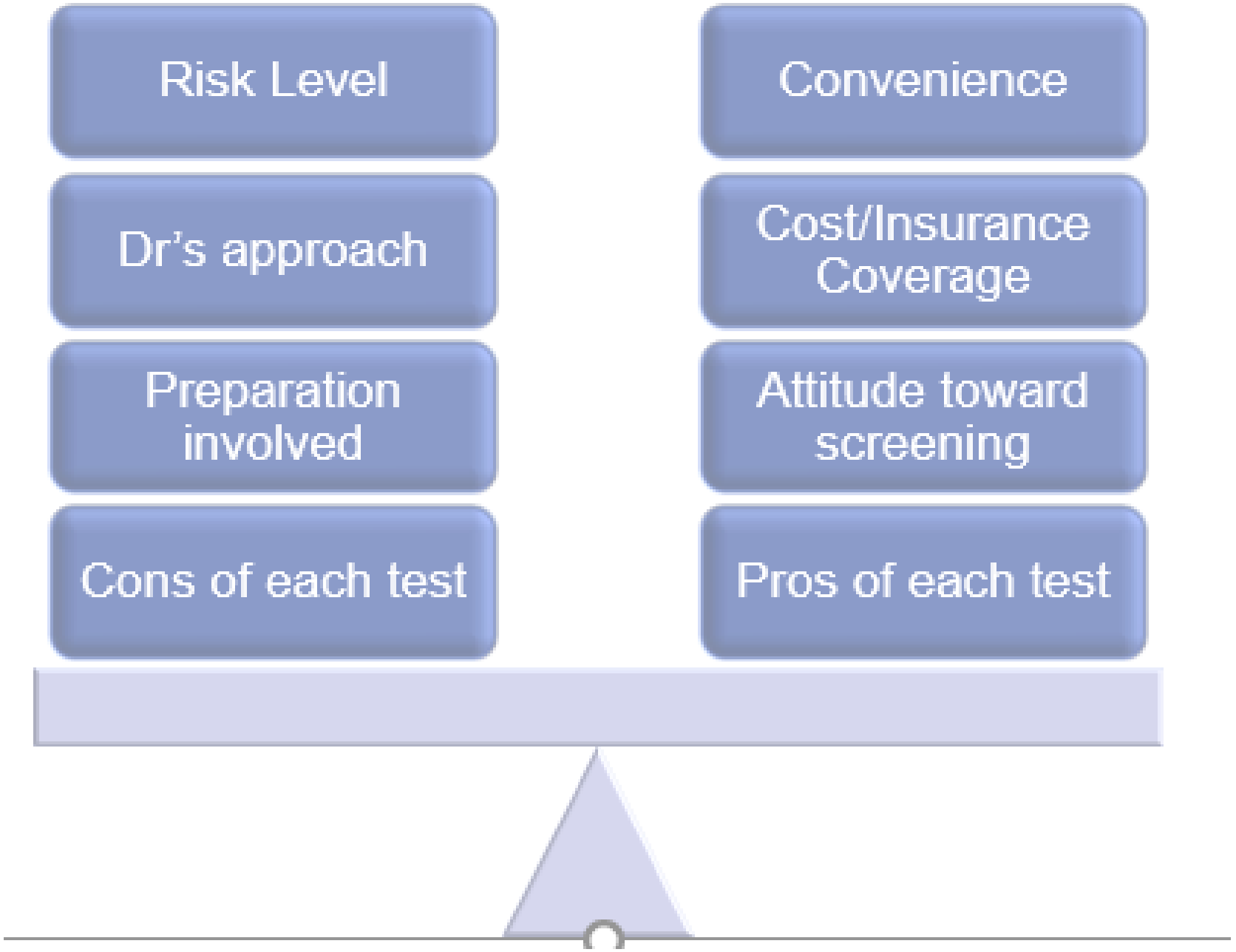
The Sanford Watertown Clinic tried but could not raise its colorectal cancer screening use. Patients said they didn't get screened because of the cost, they didn't like the preparation needed for a colonoscopy, they were afraid of a colonoscopy, or they couldn't take time off from work.

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

Considerations



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

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

UNDERSTANDING COLORECTAL CANCER SCREENING

Colorectal Cancer Screening: Which test is right for you?

American Cancer Society®

- **COLORECTAL CANCER IS THE SECOND-LEADING CAUSE OF DEATH FROM CANCER IN THE U.S. FOR MEN AND WOMEN COMBINED. The best way to prevent death from colorectal cancer is to stay current with screening.**
- **THERE ARE MANY SCREENING TESTS FOR COLORECTAL CANCER.** You and your health care provider have a decision to make about which screening test is right for you. The test you choose will depend on your preference and which tests are available to you. No matter which test you use, the most important thing is to get tested.
- **THE AMERICAN CANCER SOCIETY RECOMMENDS** that adults ages 45 and older with an average risk of colorectal cancer get screened regularly with a stool test or a visual test. Part of screening is having a follow-up colonoscopy for positive results on any screening test (besides colonoscopy).

Who is this decision aid for?

This decision aid is for adults who:

• • • • •

Are 45 years of age or older

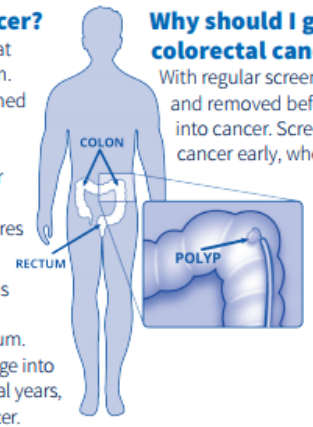
• • • • •

Are at average risk for colorectal cancer

What is colorectal cancer?

Colorectal cancer is a cancer that starts in the colon or the rectum. These cancers can also be named colon cancer or rectal cancer, depending on where they start. Colon cancer and rectal cancer are often grouped together because they have many features in common.

Most colorectal cancers begin as a growth called a polyp on the inner lining of the colon or rectum. Some types of polyps can change into cancer over the course of several years, but not all polyps become cancer.



Why should I get screened for colorectal cancer?

With regular screening, most polyps can be found and removed before they have the chance to turn into cancer. Screening can also find colorectal cancer early, when it is smaller and easier to treat.

Colorectal cancer is the second-leading cause of cancer death in the U.S. when men and women are combined, yet it can be prevented or detected at an early stage.

How can I lower my risk of getting colorectal cancer?

There are things you can do to help lower your risk, such as staying at a healthy weight, being physically active, not smoking, limiting alcohol, and eating a diet high in vegetables and fruits.

ning tests are available?

g options may be available to creening tests below are effective ctal cancer. These tests fall into Stool tests are tests you can do at a stool sample and mailing it to a lab. Visual tests are tests that a doctor does to look inside your colon. Most health insurance plans, including Medicare, cover most of these screening tests. Talk with your provider about which screening tests might be right for you.

TESTS

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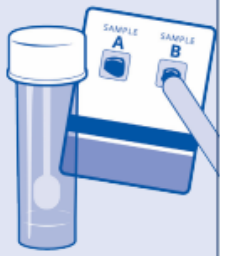

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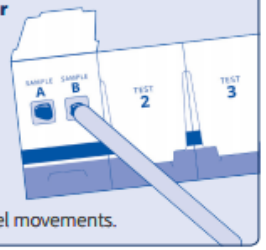

t Stool DNA (MT-sDNA)

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VISUAL TESTS

Colonoscopy

HOW OFTEN: **Every 10 years**

- Your provider uses a tube with a tiny camera to look for and remove polyps and cancer in your colon and rectum.
- You take a prep (tablets and something to drink) before the test to empty the colon. It causes diarrhea (watery stool).
- You will be sedated and need a day off work. You will need someone to drive you.

CT Colonography(CTC)

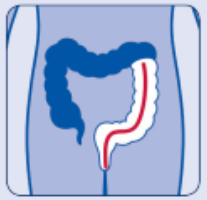
HOW OFTEN: **Every 5 years**

- The test is also called virtual colonoscopy.
- Your provider uses an x-ray machine to look for polyps and cancer in your colon and rectum.
- You take a prep (tablets and something to drink) before the test to empty the colon. It causes diarrhea (watery stool).

Flexible Sigmoidoscopy (FS)

HOW OFTEN: **Every 5 years**

- Your provider uses a tube with a tiny camera to look for polyps and cancer in the lower part of your colon and rectum.
- You give yourself 1 or 2 pre-filled enemas before the test to empty and clean the colon.
- This test is not available in most places.



*Not all tests may be available. Talk with your health care provider about which tests are available to you.

n care provider
our next primary care

will help you and your ening test is right for you.

Preventing colon cancer or finding it early doesn't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

you in choosing a screening test. Answer the questions below to help ich test is right for you.

t:	NOT CONCERNED				VERY CONCERNED
our stool?	○	○	○	○	○
ear?	○	○	○	○	○
he colon?	○	○	○	○	○
?	○	○	○	○	○
creening?	○	○	○	○	○
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cancer screening

e.
e covered by insurance, including so low-cost screening options.
a history of colorectal cancer, so I
s are found in people without a ctal cancer. Those with a family sk.
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hat common.
e second-leading cause of cancer- .S. Screening is the best way to lorectal cancer.
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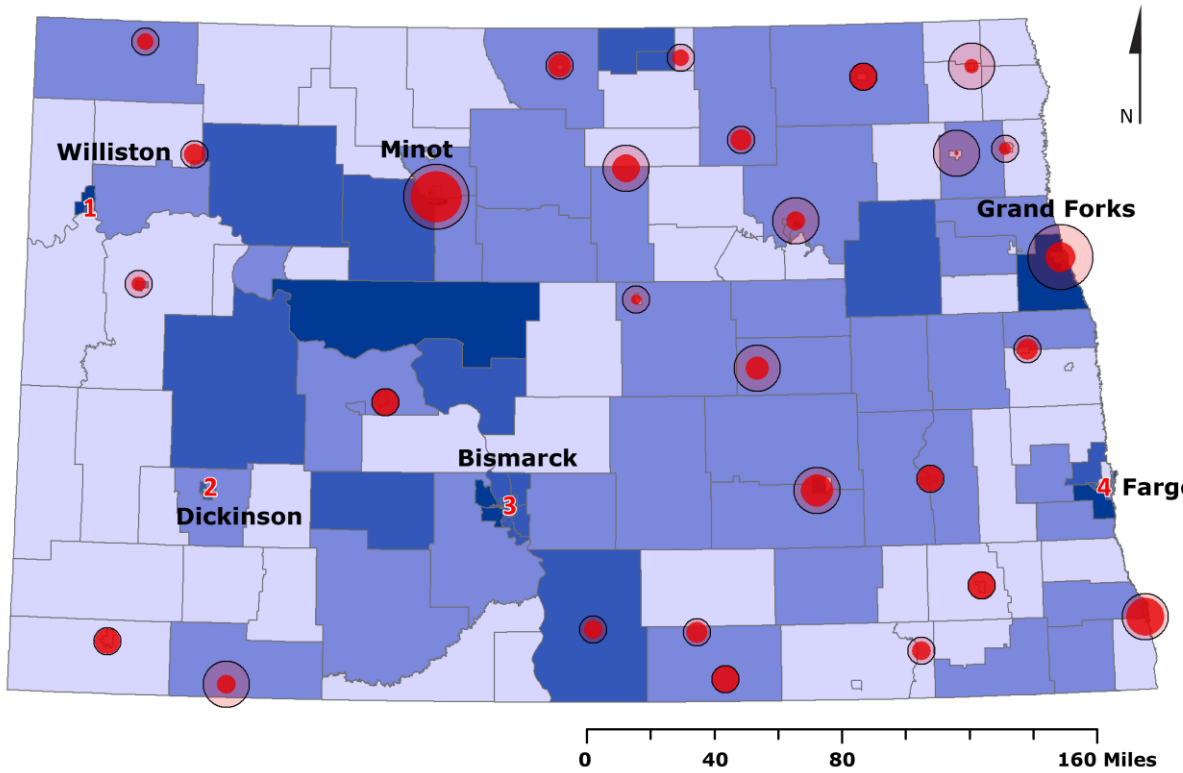
rent screening tests available. an be done at home.

Questions for your health care provider

- Why do I need to get screened now?
- What tests do you recommend for me?
- How do I prepare for the test?
- Will the test be painful or uncomfortable?
- Is there any risk involved in the test?
- What happens if the screening test comes back positive?
- When should I stop screening?
- How and when will I get my results?

Population Age-Eligible for Colorectal Cancer Screening, by Census Tract, and Location of Facilities for Colonoscopy, North Dakota, 2016



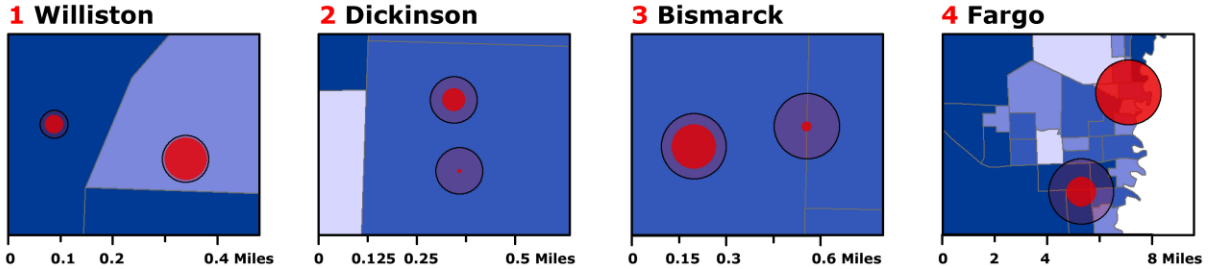
Annual Maximum Colonoscopy Capacity by Facility, 2016

- 25–624
- 625–2,600
- 2,601–9,100

Proportion of Capacity Used by Facility, 2016

Least

Greatest (Approaching 100% Used)



Total Population Aged 50-74 by Census Tract, 2015

- 27–718
- 719–1,174
- 1,175–1,836
- 1,837–4,521

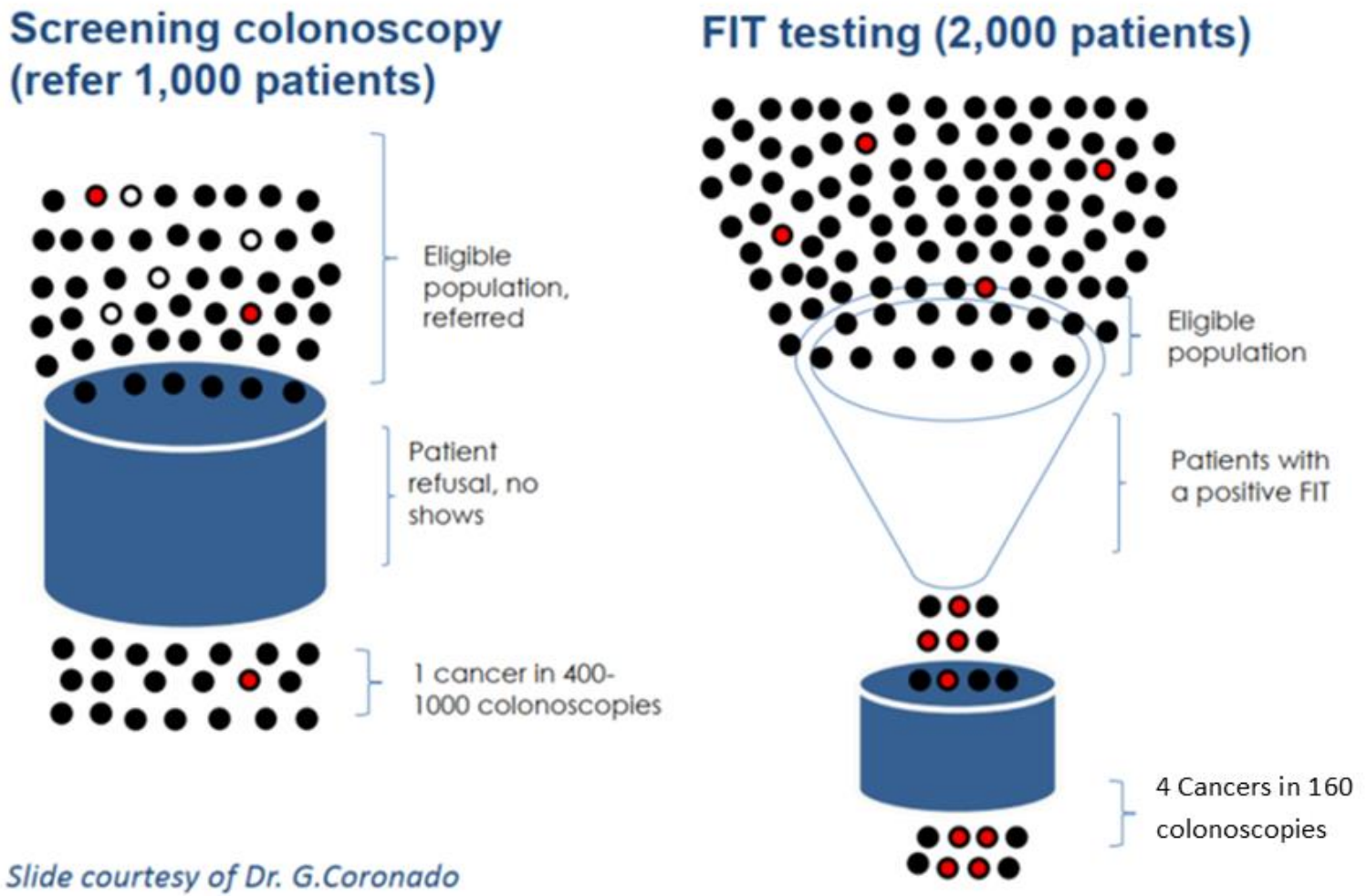
Source: 2011–2015 American Community Survey 5-year estimates (1)

Vu MH, Tran JL. Visualizing colonoscopy capacity for public health use. Prev Chronic Dis 2018;15:170421.

Making the Best Use of Scarce Resources:

Screening colonoscopy vs. FIT

- Represents 20 patients



Slide courtesy of Dr. G.Coronado

Stool tests appropriate only for average risk clients

All positive tests must be followed up with colonoscopy

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

FIT Tests are not created equal

WHAT???

FIT BRAND NAME	MANUFACTURER	SENSITIVITY FOR CANCER[†,‡]	SPECIFICITY FOR CANCER[†,‡]	NUMBER OF STOOL SAMPLES
Automated (non-CLIA waived) FITs				
OC Auto-FIT*	Polymedco	65%-92.3%[3,4]	87.2%-95.5%[3,4]	1
CLIA-waived FITs				
OC-Light iFOB Test (also called OC Light S FIT)	Polymedco	78.6%-97.0%[3,4]	88.0%-92.8%[3,4]	1
QuickVue iFOB	Quidel	91.9%[5]	74.9%[5]	1
Hemosure One-Step iFOB Test	Hemosure, Inc.	54.5%[3]	90.5%[3]	1 or 2
InSure FIT	Clinical Genomics	75.0%[6]	96.6%[6]	2
Hemoccult-ICT	Beckman Coulter	23.2%-81.8%[3]	95.8%-96.9%[3]	2 or 3

http://nccrt.org/wp-content/uploads/dlm_uploads/IssueBrief_FOBT_CliniciansRef-09282019

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

Peer Sharing

- Are your providers hesitant to use stool tests? Why/How can we provide the information they need to reconsider?
- 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?

Register

Agenda

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)
- FIT/iFOBT Clinician Reference

Next Steps

- TA Calls
- Register for NDCRRT Annual Meeting
- Evaluation (required for CEUs):

Next collaborative call: 12/14/21, 1:00 pm CT | Topic: Patient Navigation

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