



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!





***How do you think offering  
choice improves CRC  
screening rates?***

***Dan Beach, FNP-C  
South Central Health***

## Clinic Story

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

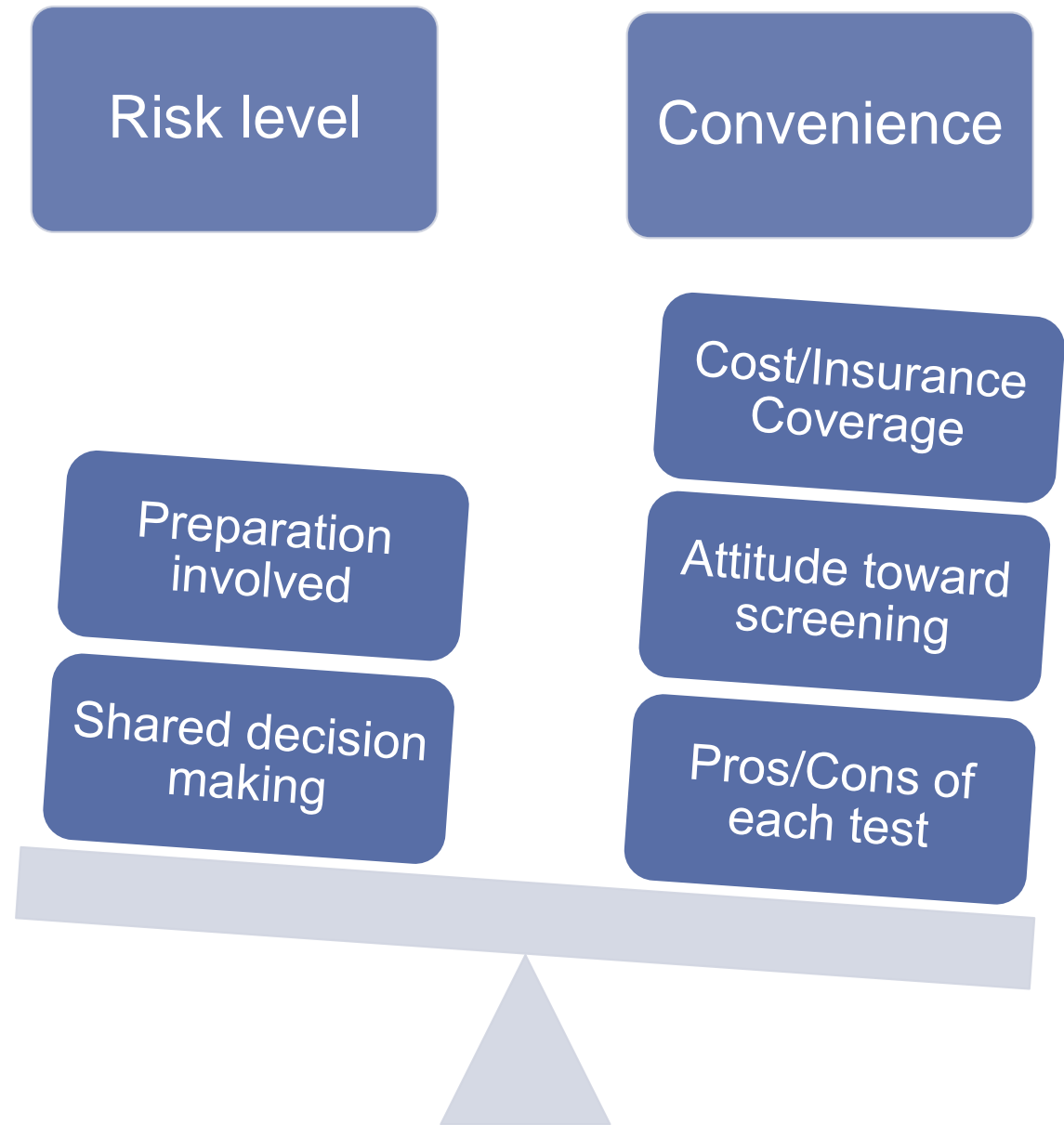
The Sanford Watertown Clinic tried but could not raise its colorectal cancer screening use. Patients said they didn't get screened because of the cost, they didn't like the preparation needed for a colonoscopy, they were afraid of a colonoscopy, or they couldn't take time off from work.

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



Screening Options	Pros	Cons
FIT or iFOBT (Immunochemical) - Annual	<ul style="list-style-type: none"> <li>• Sample collection at home</li> <li>• No colon prep</li> <li>• Only one sample (1 BM)</li> <li>• No sedation</li> <li>• Overall diagnostic accuracy of 95%</li> <li>• Lowest cost (\$75-\$125)</li> </ul>	<ul style="list-style-type: none"> <li>• Fails to detect polyps</li> <li>• Additional tests needed if positive</li> <li>• Lowest risk of false-positive result</li> </ul>
Stool DNA (Cologuard) - q 3yrs	<ul style="list-style-type: none"> <li>• Sample collection at home</li> <li>• No colon prep</li> <li>• Requires collecting an entire BM (vs a sample)</li> <li>• No sedation</li> <li>• Cost of \$500 (q3 yrs)</li> </ul>	<ul style="list-style-type: none"> <li>• Less sensitive than colonoscopy at detecting precancerous polyps</li> <li>• Additional tests needed if positive</li> <li>• False-positive result</li> </ul>
Colonoscopy - 30-60 min,q-10yrs	<ul style="list-style-type: none"> <li>• One of the most sensitive tests currently available</li> <li>• Doctor can view entire colon and rectum</li> <li>• Abnormal tissue, such as polyps, and tissue samples (biopsies) can be removed through the scope during exam</li> </ul>	<ul style="list-style-type: none"> <li>• May not detect all small polyps and cancers</li> <li>• Bowel prep required</li> <li>• Sedation required</li> <li>• Need a driver</li> <li>• Rare complications: bleeding from site of polyp or biopsy; tear in colon or rectum wall</li> <li>• Cramping/bloating may occur afterward</li> </ul>

# Color Which

» **COLORECTAL CANCER IS THE LEADING CAUSE OF DEATH FROM COLON CANCER.**

» **THERE ARE MANY SCREENING OPTIONS AVAILABLE TO HELP YOU FIND OUT IF YOU HAVE POLYPS OR COLON CANCER.**

» **THE AMERICAN COLLEGE OF GASTROENTEROLOGY RECOMMENDS THAT ALL ADULTS 45 AND OLDER GET SCREENED FOR COLON CANCER.**

## What is colorectal cancer?

Colorectal cancer starts in the colon or rectum. These cancers can spread to other parts of the body, depending on the type of cancer. Colon cancer is often found because the inner lining of the colon has a growth called a polyp. Some types of polyps can turn into cancer over time, but not all polyps do.

Most colorectal cancers are found in the inner lining of the colon or rectum. Some types of polyps can turn into cancer over time, but not all polyps do.

## How can I reduce my risk?

There are things you can do to reduce your risk, such as staying physically active and eating a healthy diet.

### What screening tests are available?

Several screening options may be available to you.\* All of the screening tests below are effective at finding colorectal cancer. These tests fall into two categories. Stool tests are tests you can do at home by taking 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.


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**STOOL TESTS**

**Fecal Immunochemical Test (FIT)**

HOW OFTEN: **Once a year**

- » You take a stool sample at home using a kit your provider gives you.
- » It checks for blood in samples from 1 bowel movement.
- » You mail your sample to a lab.




**VISUAL TESTS**

**Colonoscopy**

HOW OFTEN: **Every 10 years**

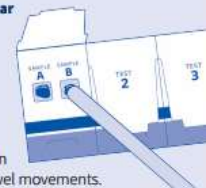
- » Your provider uses a tube with a tiny camera to look for and remove polyps and cancer in your colon and rectum.
- » You take a prep (tablets and something to drink) before the test to empty the colon. It causes diarrhea (watery stool).
- » You will be sedated and need a day off work. You will need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



**High-sensitivity Guaiac-based Fecal Occult Blood Test (HSGFOBT)**

HOW OFTEN: **Once a year**


- » You take stool samples at home using a kit your provider gives you.
- » You mail your samples to a lab.
- » It checks for blood in samples from 3 bowel movements.



**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).



**Multi-target Stool DNA (MT-sDNA)**

HOW OFTEN: **Every 3 years**

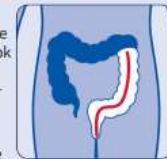
- » You collect a bowel movement and stool sample at home using a kit your provider has shipped to you.
- » It checks stool for blood and abnormal DNA from polyps or cancer.
- » You mail a whole bowel movement and stool sample to a lab.



**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.

or finding it expensive. Multiple tests. Call your

below to help

CONCERNED

- 
- 
- 
- 
- 
- 

your provider

get

ne?

for the test? painful or

involved

the screening positive?

up screening? will I get my

in Cancer Society, Inc.

# Shared decision-making tools:

## Screening for colorectal cancer (CRC) on time matters<sup>1</sup>

How CRC develops<sup>1</sup>

### You have choices when it comes to CRC screening<sup>1,6-8</sup>

The best test is the one that gets done

	Colonoscopy (visual exam)	Multitarget stool DNA test* (Cologuard®)	FIT/FOBT <sup>†</sup> (fecal immunochemical test/ fecal occult blood test)
<b>How does it work?</b>	Uses a scope to look for and remove abnormal growths in the colon/rectum	Finds abnormal DNA and blood in the stool sample	Detects blood in the stool sample
<b>Who is it for?</b>	Adults at high or average risk	Adults 45+ at average risk	Adults at average risk
<b>How often?</b>	Every 10 years <sup>1</sup>	Every 3 years <sup>6</sup>	Once a year
<b>Noninvasive?</b>	No	Yes, used at home	Yes, used at home
<b>Prep required?</b>	Yes, full bowel prep including fasting and laxatives	No	No/Yes <sup>4</sup>
<b>Time it takes?</b>	1-2 days for bowel prep and procedure	Just the time it takes to collect a sample	Just the time it takes to collect a sample
<b>Covered?<sup>9</sup></b>	Covered by most insurers	Covered by most insurers	Covered by most insurers
<b>After a positive result?</b>	Polyps removed and examined (biopsy)	Follow-up colonoscopy	Follow-up colonoscopy

\*All positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy. <sup>†</sup>For adults at high risk, testing may be more frequent and should be discussed with your healthcare provider. <sup>‡</sup>FIT does not require changes to diet or medication, FOBT requires changes to diet or medication. Insurance coverage can vary; only your insurer can confirm how CRC screening would be covered under your insurance policy.

**Regular screening has the potential to save lives. But no one is saved by not screening.<sup>7</sup>**

Choose an option to discuss with your prescriber today:

- Colonoscopy
- Multitarget stool DNA test
- FIT/FOBT
- None

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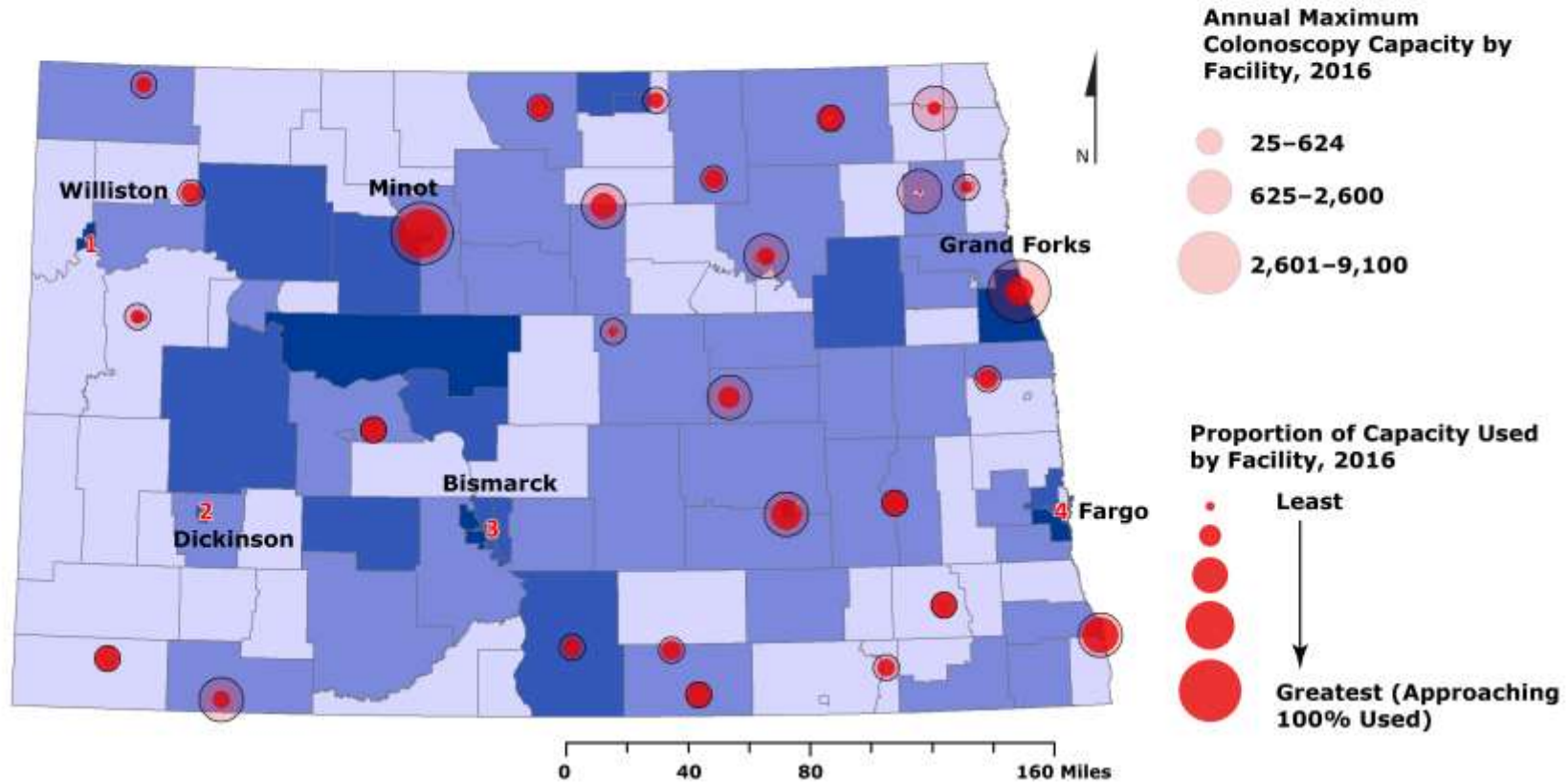
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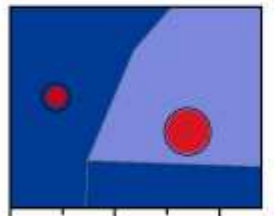
“We have a menu of screening options. There is no reason to prefer one test over another.”  
- Dr. Uri Ladabaum, MD



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

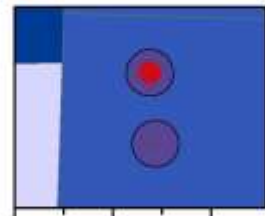


**1 Williston**



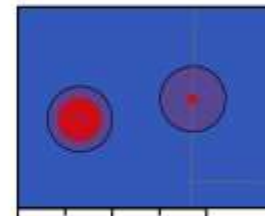
0 0.1 0.2 0.4 Miles

**2 Dickinson**



0 0.125 0.25 0.5 Miles

**3 Bismarck**



0 0.15 0.3 0.6 Miles

**4 Fargo**



0 2 4 8 Miles

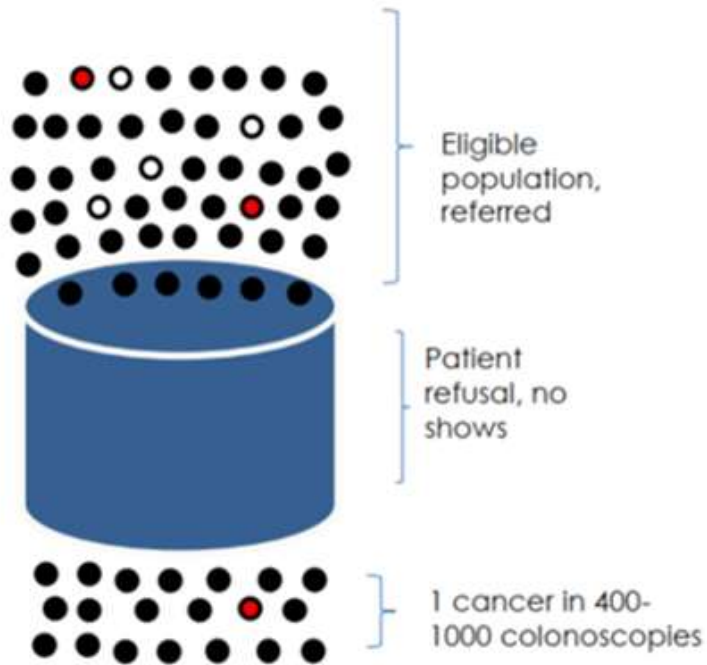
Source: 2011–2015 American Community Survey 5-year estimates (1)

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

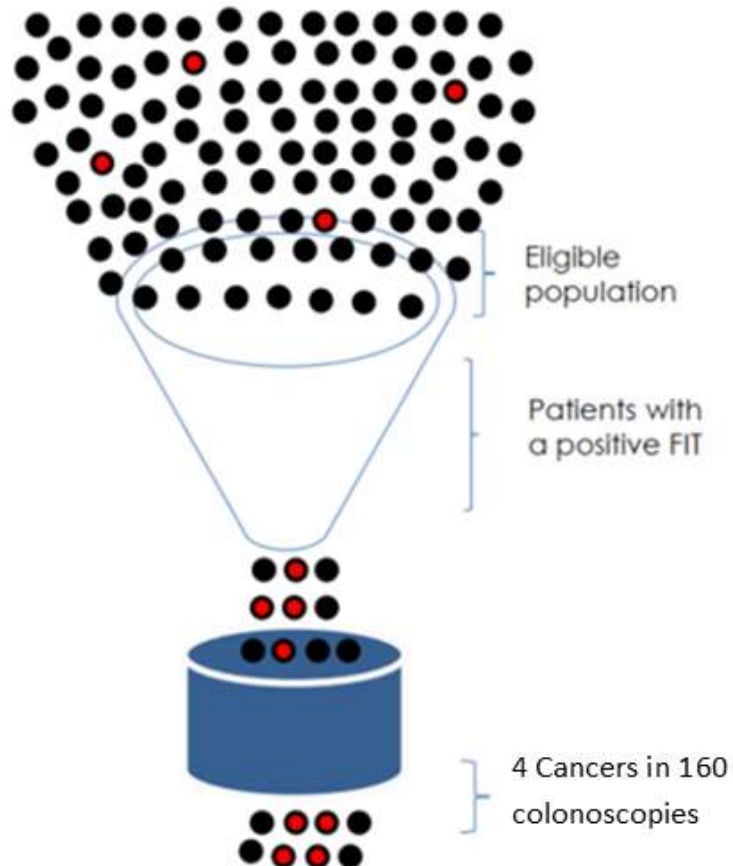
# Making the Best Use of Scarce Resources: Screening colonoscopy vs. FIT

- Represents 20 patients

## Screening colonoscopy (refer 1,000 patients)



## FIT testing (2,000 patients)



Stool tests  
appropriate only  
for average risk  
clients

All positive tests  
must be followed  
up with  
colonoscopy

# FIT Tests are not created equal

WHAT???

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

# 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?

# 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
- [Evaluation](#) (required for CEUs):

**Next collaborative call: 1/10/2023,  
1:00 pm CT | Topic: Crappy Communication**

# ScreenND Contact Information

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