Improving Outcomes in Colorectal Cancer Screening

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American Cancer Society

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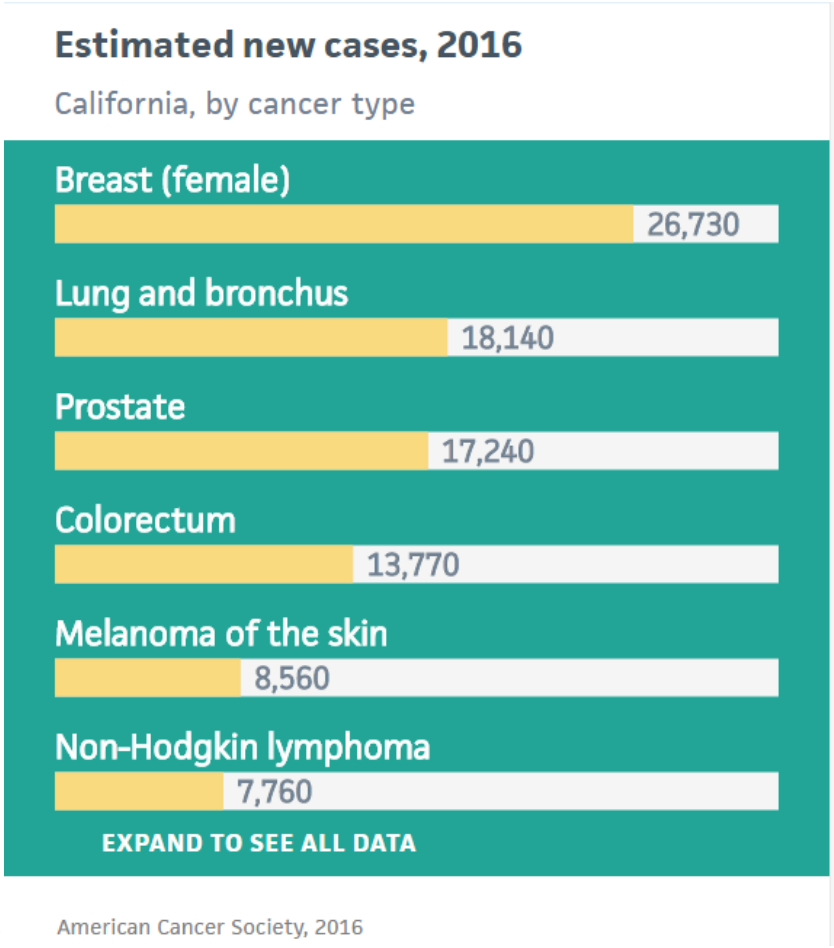
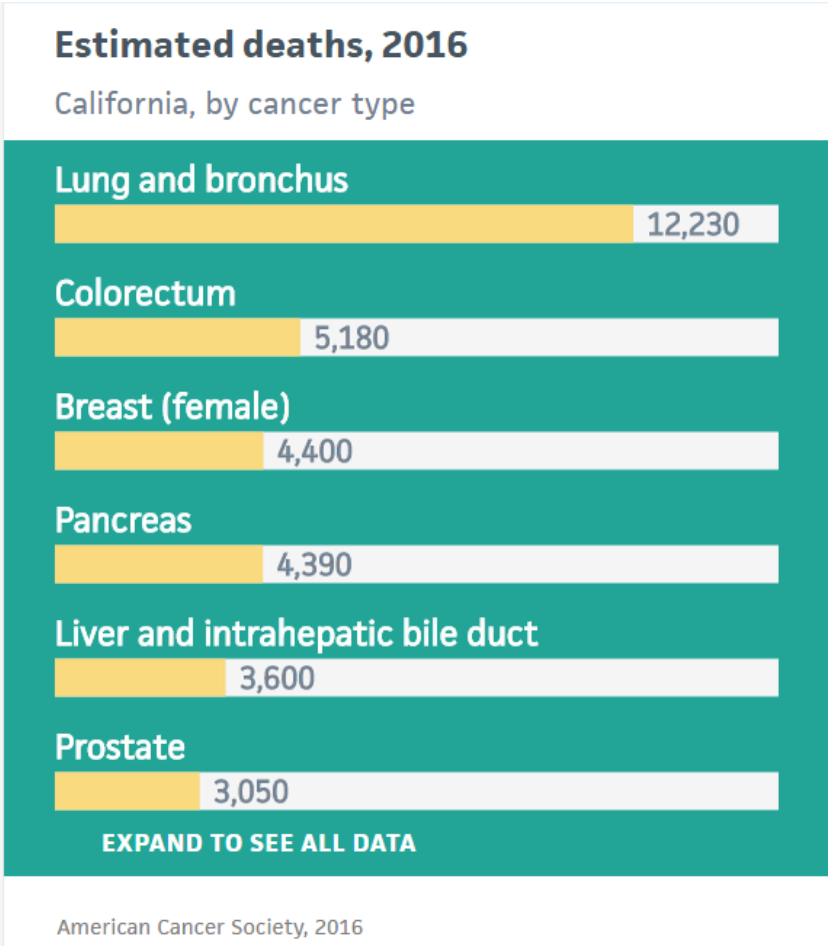
The Scope of Colorectal Cancer





EIGHTYBY2018

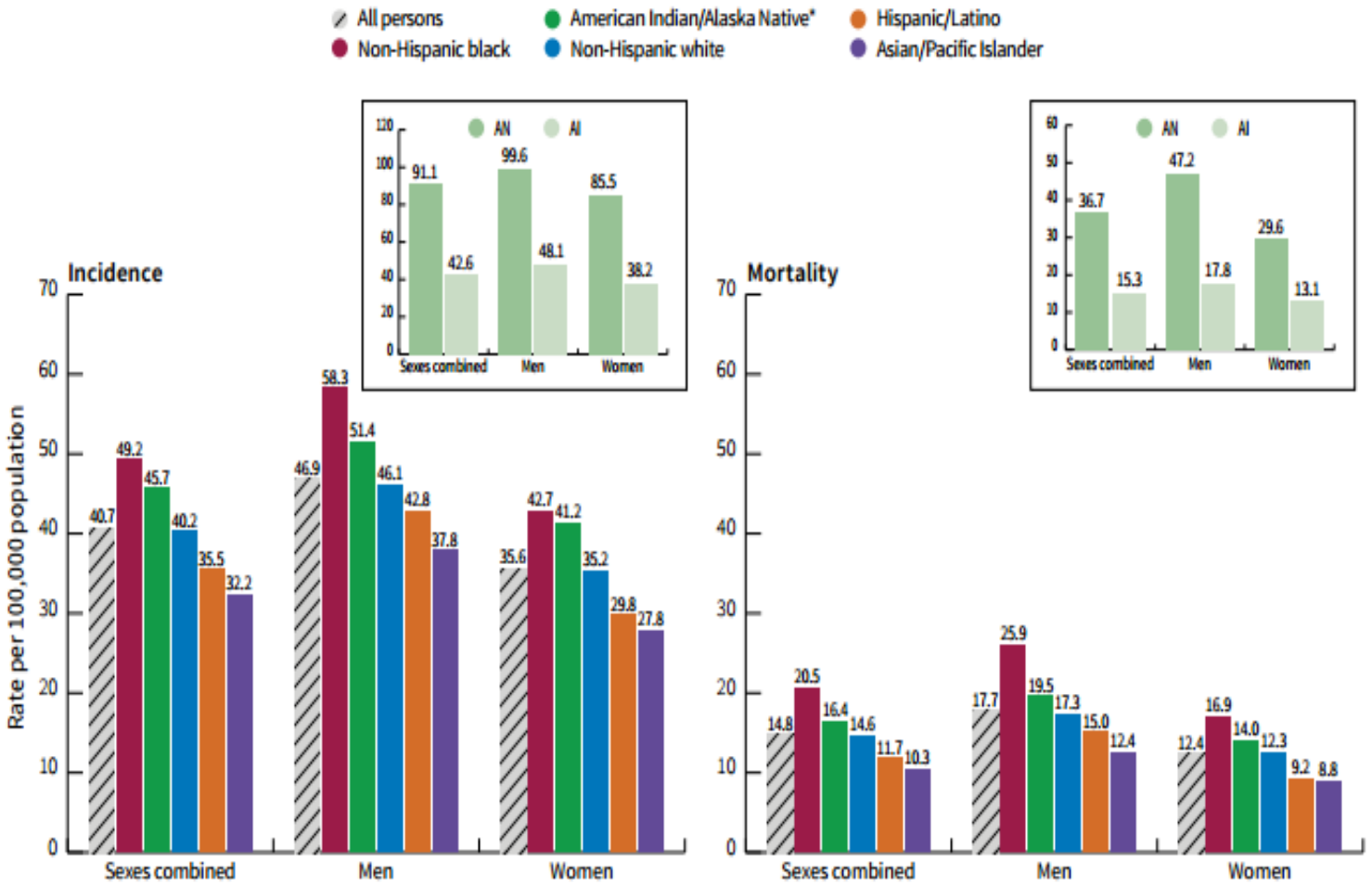
To join this effort visit www.nccrt.org

Trends in CRC incidence and mortality

Research suggests that observed declines in incidence and mortality are due in large part to:

- CRC treatment advances
- Screening → detecting cancers at earlier, more treatable stages
- Screening and polyp removal, preventing progression of polyps to invasive cancers
  - NEJM study Feb 2012 showed polyp removal associated with 53% lower risk of CRC death

Figure 3. Colorectal Cancer Incidence (2009-2013) and Mortality (2010-2014) Rates by Race/Ethnicity and Sex, US



AN: Alaska Native; AI: American Indian, excluding Alaska. Rates are age-adjusted to the 2000 US standard population. *Statistics based on data from Contract Health Service Delivery Area (CHSDA) counties; incidence rates exclude data from Kansas.

Sources: Incidence – North American Association of Central Center Registries (NAACCR), 2016; Alaska Natives only – Surveillance, Epidemiology, and End Results (SEER) Program, 2016. Mortality – National Center for Health Statistics, Centers for Disease Control and Prevention, 2016.

Risk Factors

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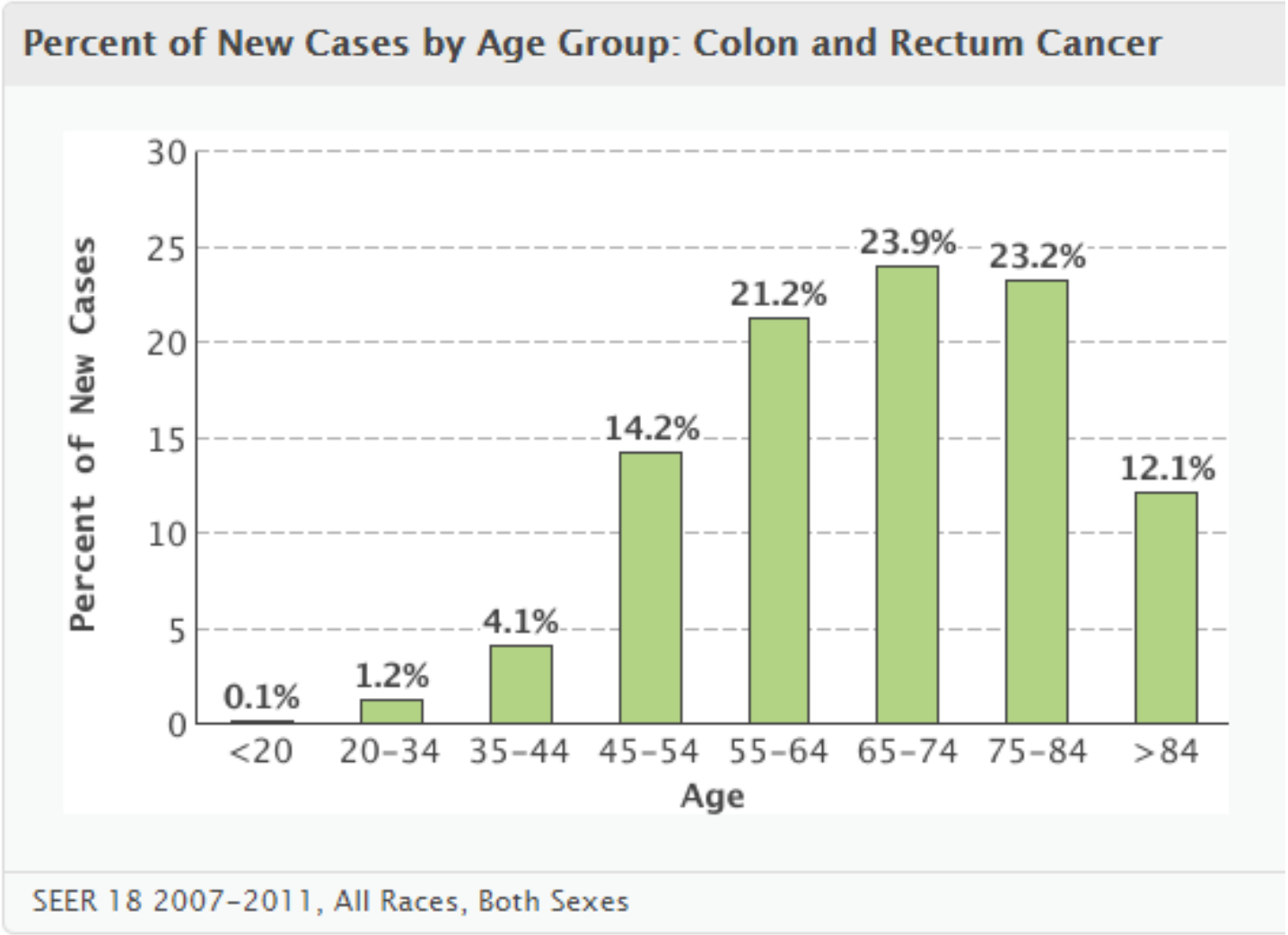
Non-Modifiable Risk Factors

- Age
- Gender
- Race/Ethnicity

Age: the most impactful risk factor



CRC screening should begin at age 50 for most people, earlier for those with a family history.

Modifiable risk factors

Modifiable Risk Factors

- Smoking increases risk of CRC by 18%
- Alcohol increases risk of CRC 41%
- Obesity increases risk of CRC 45%
- Diet
  - High intake (>60gm/day) of red, grilled or processed meat increases risk of CRC 35%
  - High intake of fiber DECREASES risk of CRC
  - Dietary supplements – no effect, but food with folate and Vit D/Calcium may decrease risk

National Cancer Institute
http://www.cancer.gov/cancertopics/pdq/prevention/colorectal/HealthProfessional/page2

Screening Impact

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Why Screen?

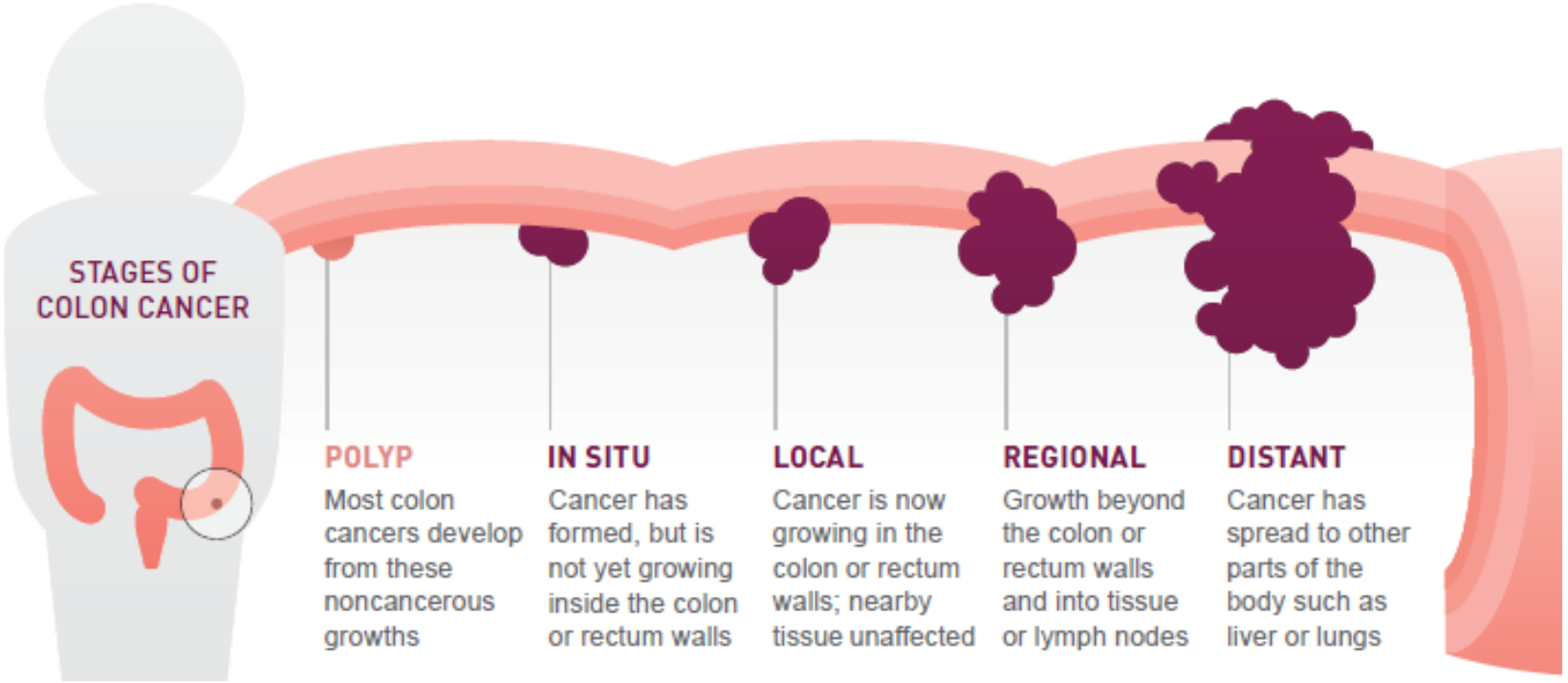
There are two aims of screening:

1. Prevention

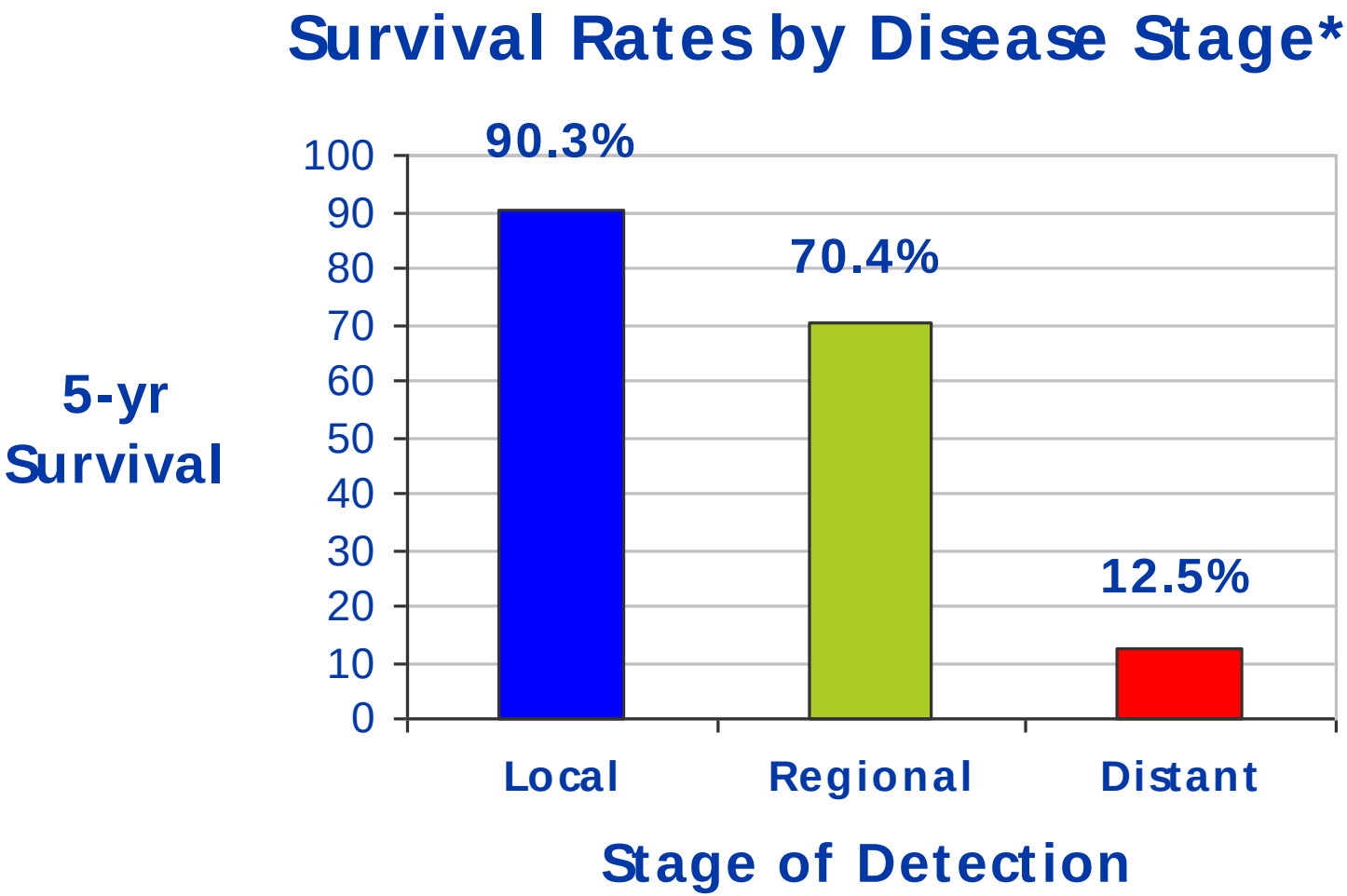
Find and remove polyps to prevent cancer

2. Early Detection

Find cancer in the early stages, when best chance for a cure



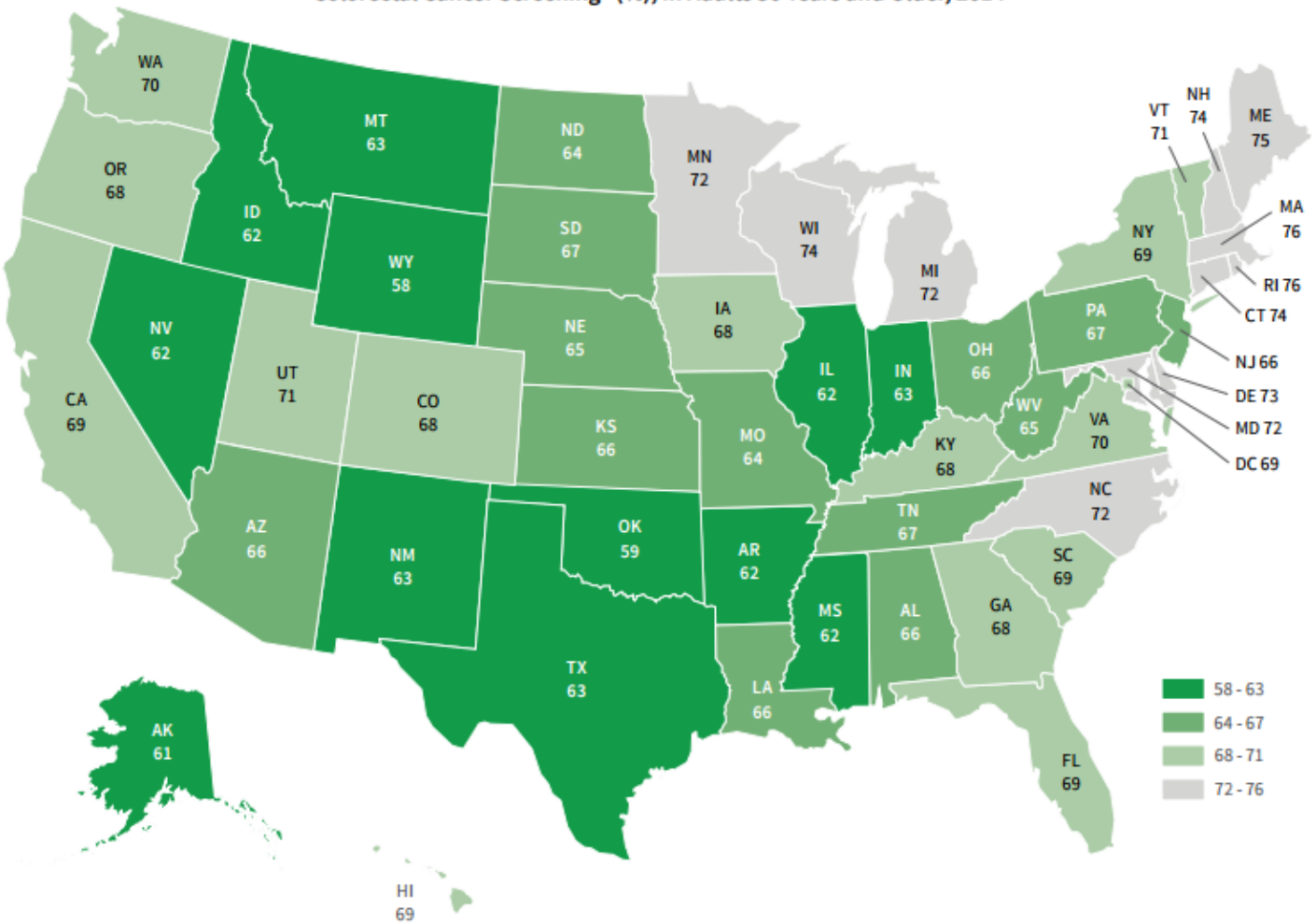
Benefits of Screening



*1996 - 2003

Screening Rates

Colorectal Cancer Screening* (%), in Adults 50 Years and Older, 2014



*A fecal occult blood test within the past year, or sigmoidoscopy within the past five years or colonoscopy within the past 10 years.
Note: The colorectal cancer screening prevalence estimates do not distinguish between examinations for screening and diagnosis.

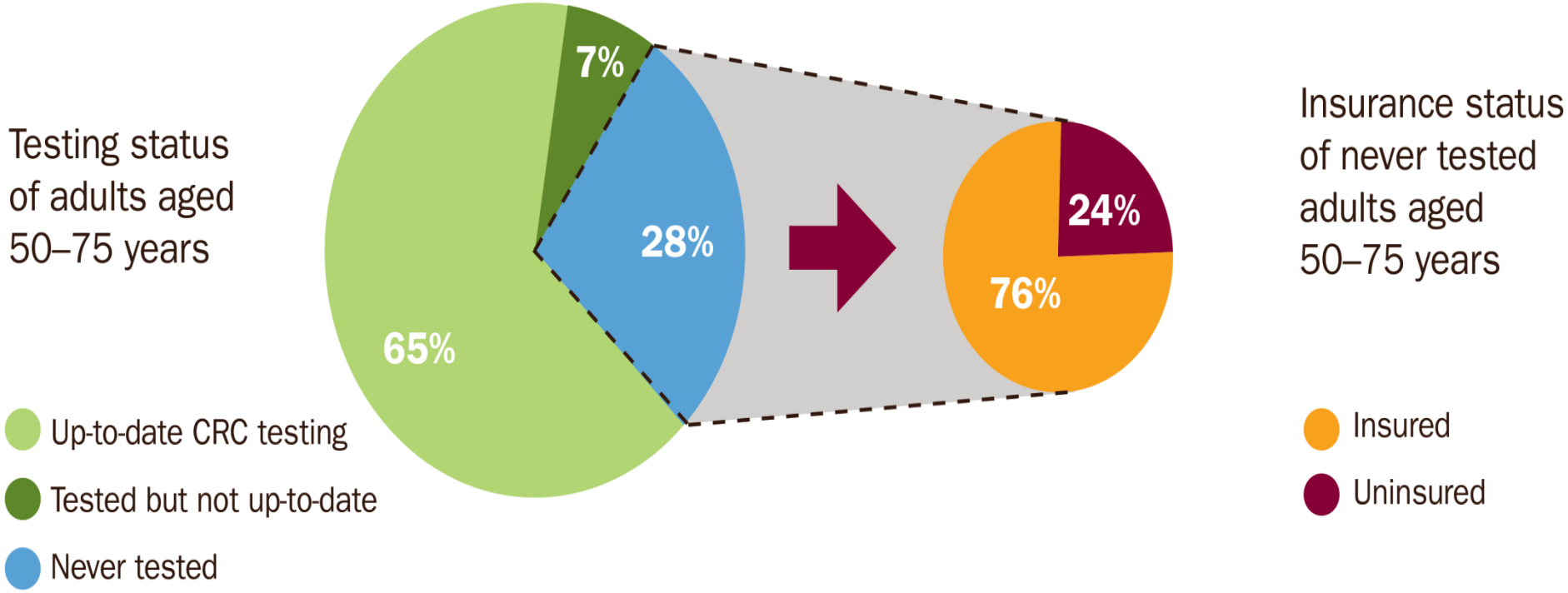
Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2014. Public use data file.

CRC screening in CA IHS Community Health Centers

- GPRA- 2015 **Colorectal Cancer Screening Rate- 31.2%**

- UDS- 2015 Colorectal Cancer Screening rate for CA FQHC's – 41.2%

Who's Not Screened?



SOURCE: Behavioral Risk Factor Surveillance System, 2012

Screening Tests

ACS Screening Guidelines

- **Options for Average risk adults age 50 and older:**
  - **Colonoscopy** every 10 years, or
  - **Flexible sigmoidoscopy** (FSIG) every 5 years, or
  - **Double contrast barium enema** (DCBE) every 5 years, or
  - **CT colonography** (CTC) every 5 years
  - **Guaiac-based fecal occult blood test** (gFOBT) with high test sensitivity for cancer every year
  - **Fecal immunochemical test** (FIT) with high test sensitivity for cancer every year

USPSTF Recommendations

Population	Recommendation	Grade (What's This?)
Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary. See the Clinical Considerations section and the Table for details about screening strategies.	A
Adults aged 76 to 85 years	The decision to screen for colorectal cancer in adults aged 76 to 85 years should be an individual one, taking into account the patient's overall health and prior screening history. • Adults in this age group who have never been screened for colorectal cancer are more likely to benefit. • Screening would be most appropriate among adults who 1) are healthy enough to undergo treatment if colorectal cancer is detected and 2) do not have comorbid conditions that would significantly limit their life expectancy.	C

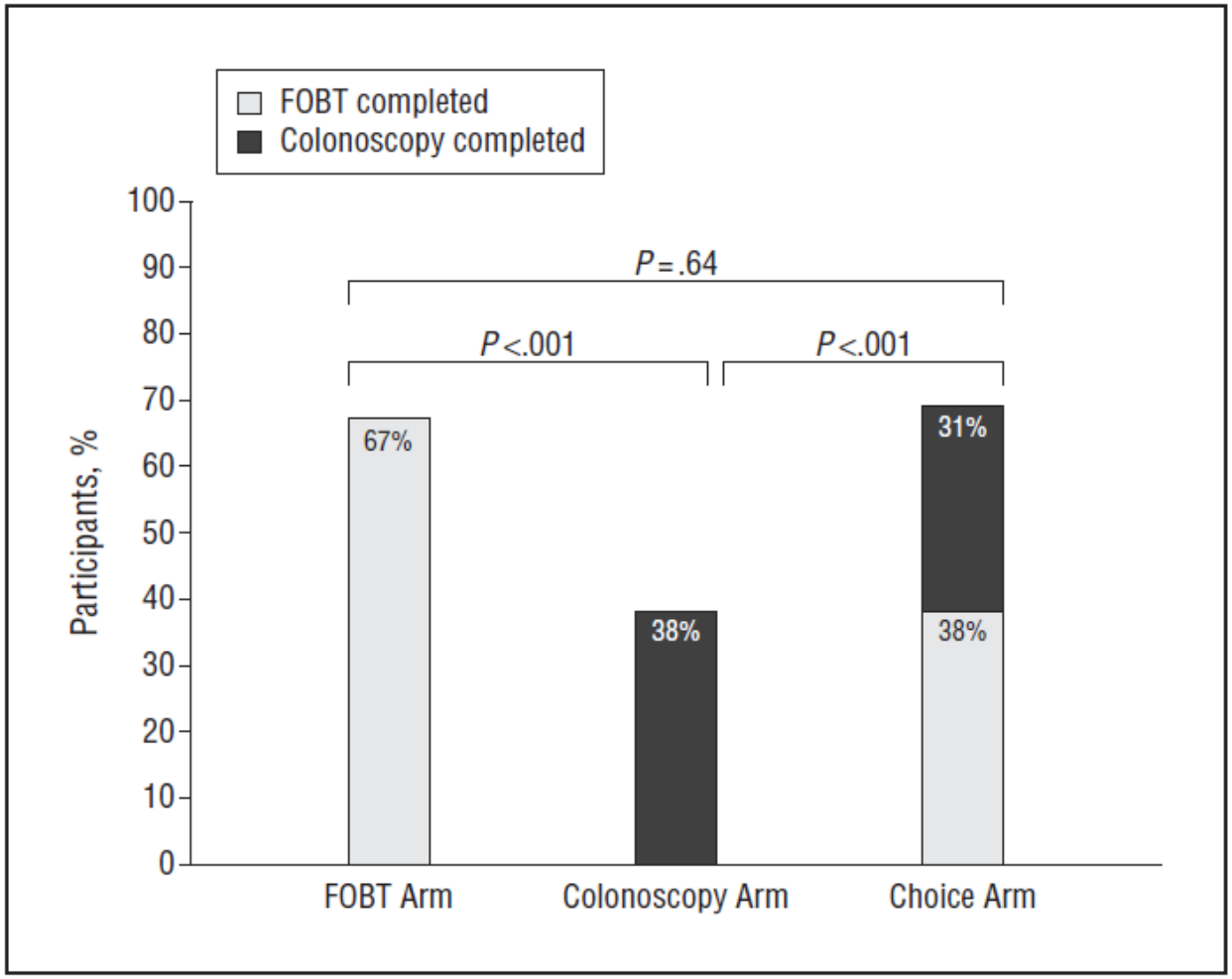
Recommended Screening Tests
ACS and USPSTF

- Colonoscopy
- High Sensitivity Fecal Occult Blood Testing
  - Guaiac
  - Immunochemical
- Flexible Sigmoidoscopy (FSIG)
  - Recent studies support efficacy
  - Availability extremely limited in U.S.

Why Colonoscopy is NOT gold standard

- Evidence does not support “best test” or “gold standard”
- Greater patient requirements for successful completion
- Access
- Patient preference

Patient Preferences



Inadomi, Arch Intern Med 2012

Stool Tests

- Look for hidden blood in stool
- Two major types (but multiple brands)

Stool Test: Guaiac

- Most common type in U.S.
- Best evidence (3 RCT's)
- Need specimens from 3 bowel movements
- Non-specific
- Results influenced by foods and medications
- Older forms (Hemoccult II) have unacceptably low sensitivity
- Better sensitivity with newer versions (Hemoccult Sensa)

Stool Test: Immunochemical (FIT)

- Specific for human blood and for lower GI bleeding
- Results not influenced by foods or medications
- Some types require only 1 or 2 stool specimens
- Higher sensitivity than older forms of guaiac-based FOBT
- Slightly more costly than guaiac tests

FIT use in the US will likely increase due to recent elimination of guaiac- based testing by LabCorp and Quest Labs

Stool Testing Quality Issues

In-office FOBT is essentially worthless as a screening tool for CRC and should never be used for this purpose.

Summary - Stool Testing

- In-office FOBT is essentially worthless as a screening tool for CRC and should never be used.
- CRC screening by FOBT should be performed with high-sensitivity FOBT - either FIT or a highly sensitive gFOBT (such as Hemoccult SENSA).
  - Older, less sensitive guaiac tests (such as Hemoccult II) should not be used for CRC screening.
- Annual testing
- All positive screening tests should be evaluated by colonoscopy

Conclusion and Resources

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How We Work with Primary Care Systems

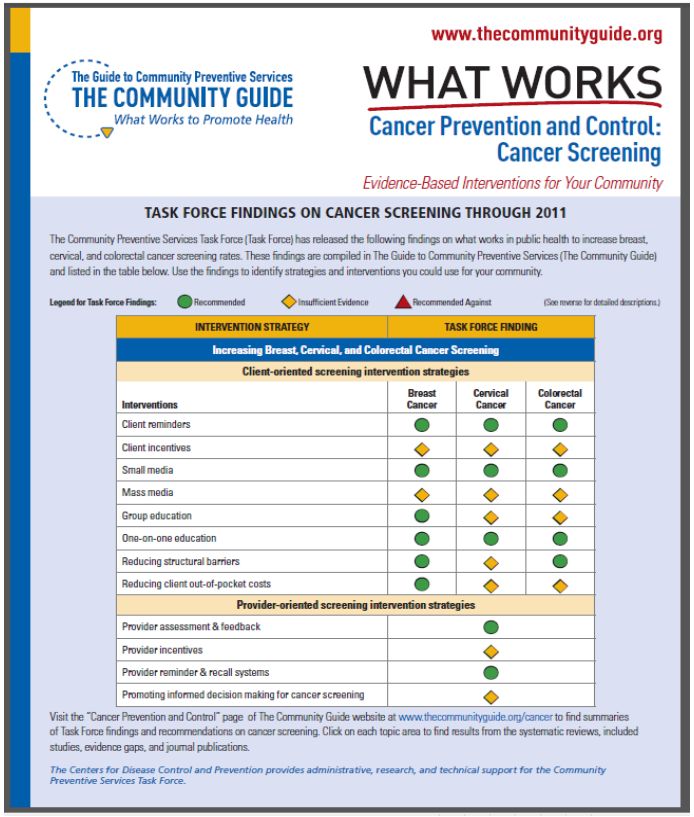
- Focus on cancer prevention and early detection to support the work that you are already doing and identify any gaps that we can help support.

- We're here as a resource and as consultants on the following:
  Colon Cancer • Breast Cancer • Cervical Cancer • HPV Vaccination • Physical Activity • Nutrition

*Our goal is to ensure your patients stay healthy and informed and that your cancer screening rates are at an optimum.

How We Work with Primary Care Systems

Assistance with implementing recommended EBIs.



www.thecommunityguide.org

The Guide to Community Preventive Services
THE COMMUNITY GUIDE
What Works to Promote Health

WHAT WORKS
Cancer Prevention and Control: Cancer Screening
Evidence-Based Interventions for Your Community

TASK FORCE FINDINGS ON CANCER SCREENING THROUGH 2011

The Community Preventive Services Task Force (Task Force) has released the following findings on what works in public health to increase breast, cervical, and colorectal cancer screening rates. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify strategies and interventions you could use for your community.

Legend for Task Force Findings: Recommended; Insufficient Evidence; Recommended Against (See reverse for detailed descriptions.)

INTERVENTION STRATEGY	TASK FORCE FINDING		
Increasing Breast, Cervical, and Colorectal Cancer Screening			
Client-oriented screening intervention strategies			
Interventions	**Breast Cancer**	**Cervical Cancer**	**Colorectal Cancer**
Client reminders	●	●	●
Client incentives	◆	◆	◆
Small media	●	●	●
Mass media	◆	◆	◆
Group education	●	◆	◆
One-on-one education	●	●	●
Reducing structural barriers	●	◆	●
Reducing client out-of-pocket costs	●	◆	◆
Provider-oriented screening intervention strategies			
Provider assessment & feedback		●	
Provider incentives		◆	
Provider reminder & recall systems		●	
Promoting informed decision making for cancer screening		◆	

Visit the "Cancer Prevention and Control" page of The Community Guide website at www.thecommunityguide.org/cancer to find summaries of Task Force findings and recommendations on cancer screening. Click on each topic area to find results from the systematic reviews, included studies, evidence gaps, and journal publications.

The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.

American Cancer Society and Primary Care Systems
Partners in Saving Lives

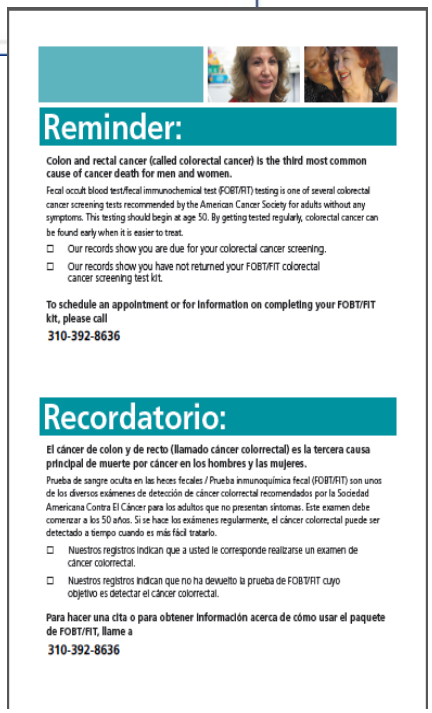
Recommended Evidence Based Interventions for Cancer Screening and How the American Cancer Society Can Help

Intervention Strategy	Support from the American Cancer Society
Client Reminders	Co-branded Screening Reminder Postcards, Telephone Reminder Scripts, Reminder Letter Templates
Small Media	Patient Education Materials, DVDs, Co-branded Posters
Group Education	Patient Education Materials
One-on-one Education	CHW E-learning Modules, Patient Education Materials, Physician Speakers to Educate Staff
Reducing Structural Barriers	Assistance with Postage Costs*
Reducing Client Out-of-pocket costs, Provider Assessment & Feedback, Provider Reminder & Recall Systems	Technical Assistance

*Based on availability

American Cancer Society

Resources for Colon Cancer Screening

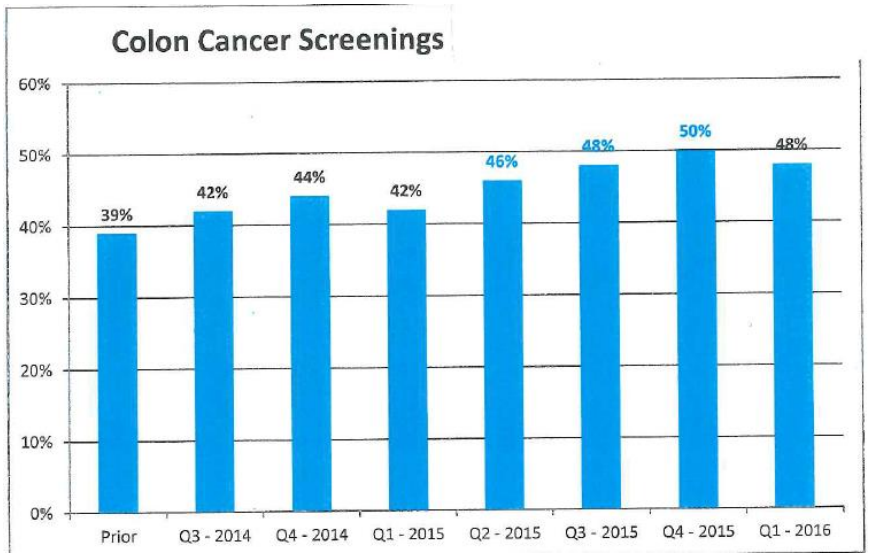


*Poster

Recommended Evidence Based Interventions

Provider Assessment & Feedback

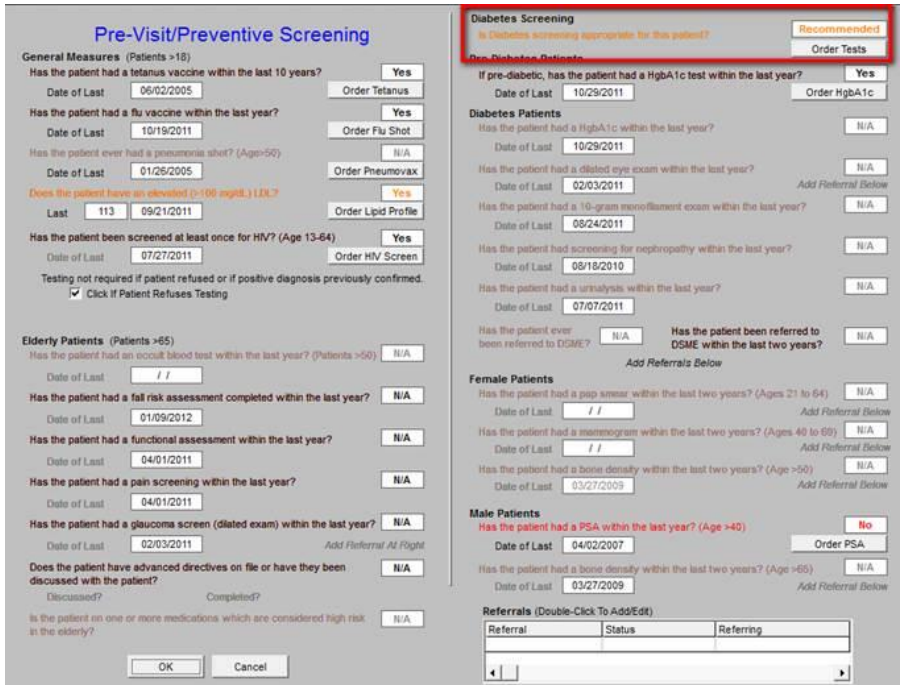
- Assessing how many patients receive screenings and sharing feedback with providers using a scorecard or other tracking tool



Recommended Evidence Based Interventions

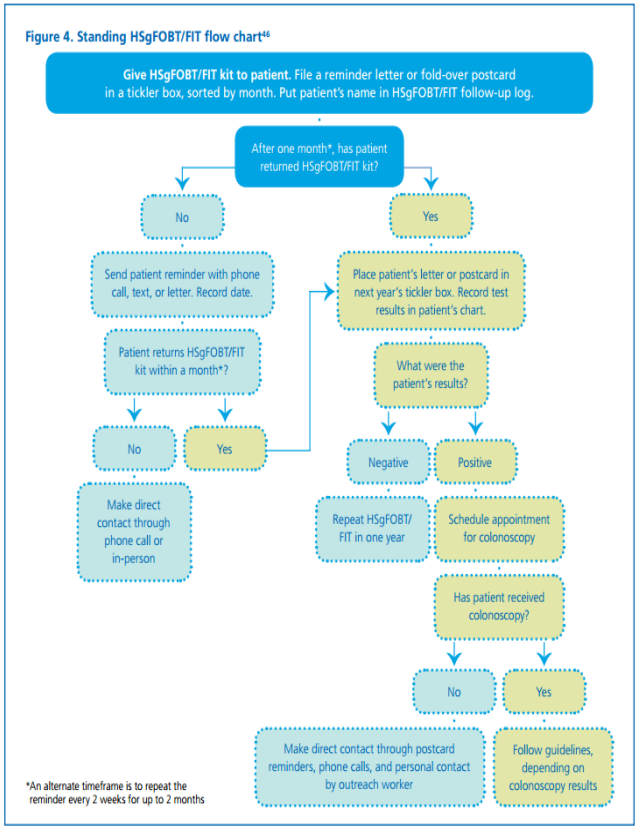
Provider Reminder & Recall Systems

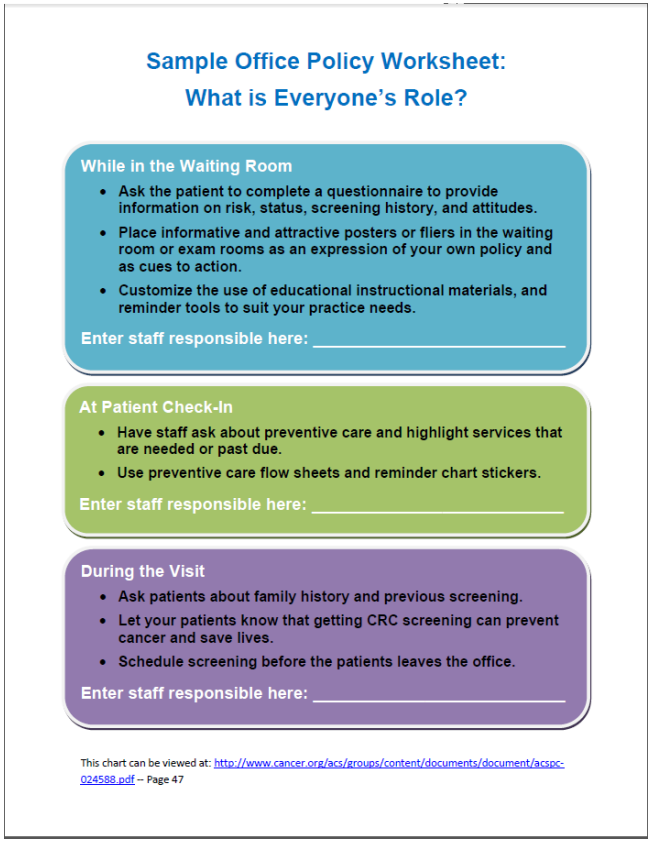
- Having reminders/recalls as part of the medical record



Other Areas of Support

- Work with QI Team to do Process Mapping/Flow



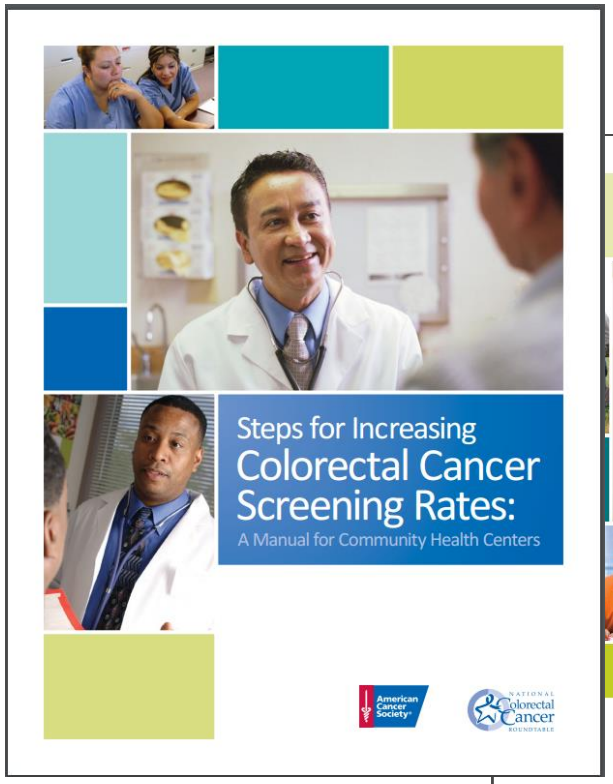


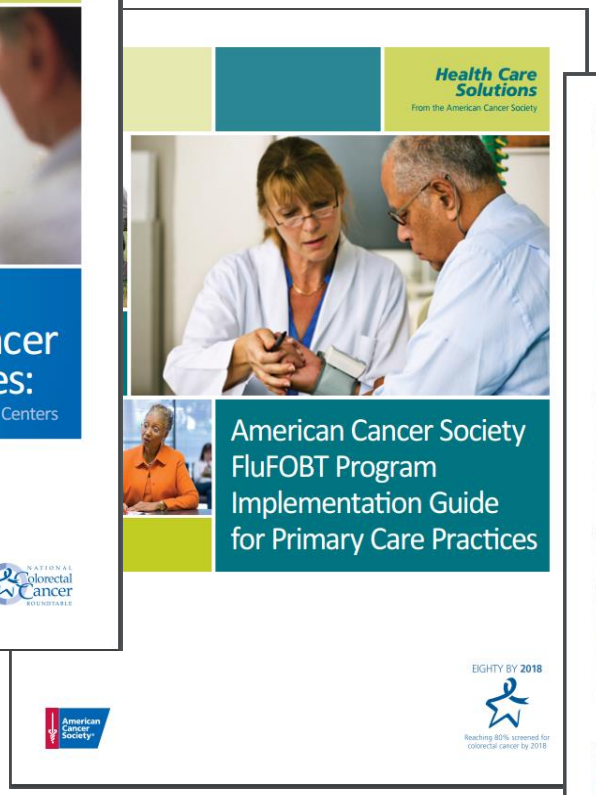
Other Areas of Support

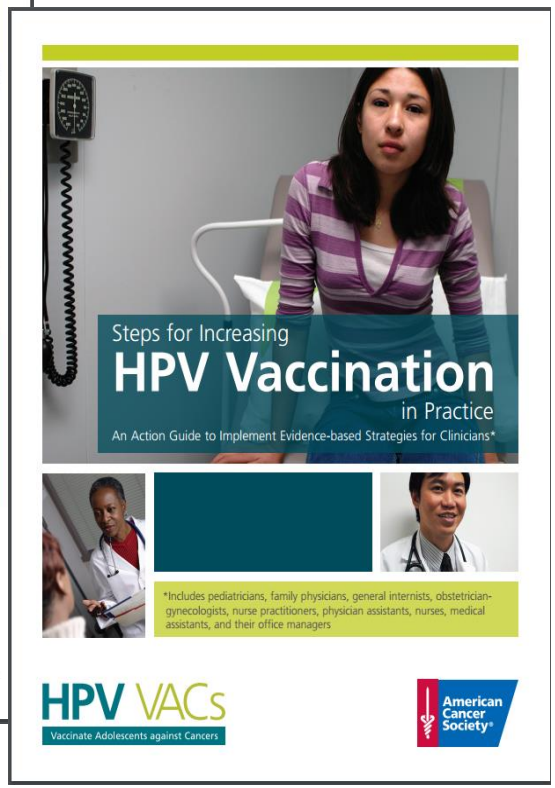
- Coordinate Physician Speakers on Colorectal and Breast Cancer Screening and HPV Vaccination to present to providers.

Primary Care Tools We Offer

Implementation Guides & Manuals







Resources

- American Cancer Society
  - www.cancer.org/colonmd
  - www.cancer.org/professionals
  - Colorectal Cancer Facts and Figures 2014 – 2016: http://www.cancer.org/acs/groups/content/documents/document/acspc-042280.pdf
- National Colorectal Cancer Roundtable
  - www.nccrt.org
- Flu-FIT
  - www.flufit.org


Questions
Answers

THANK YOU!

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