Conflicts of Interest

• The speakers and their viewpoints represent no conflicts of interest.

Guest Speakers

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Evaluations

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Thank you!
### Learning Objectives

- Become familiar with current colorectal cancer (CRC) screening guidelines
- Name recommended screening options and associated pros and cons
- Understand the evidence against in-office single slide fecal occult blood tests (FOBT)

### Learning Objectives, Continued

- Identify patient barriers to CRC screening
- Understand impact of health disparities on CRC screening rates
- Learn office strategies to increase appropriate CRC screening and address patient barriers

### Evidence of Need: Morbidity and Mortality

- In 2007, more than 142,672 people were diagnosed with colon cancer in the U.S. [1]
- As of 2010, colorectal cancer was the number two cause of cancer deaths in the United States [2]


### Evidence of Need: Screening

- 1/3 of adults between the ages of 50 and 75 (about 22 million people) were not up-to-date on colon cancer screening.[1]


### Evidence of Need: Health Disparities

- CRC screening rates are lower in:
  - Blacks compared to Whites
  - Women compared to men
  - Uninsured compared to insured
  - Low socioeconomic status (SES) compared to high SES


### Evidence of Need: Misuse

- Single slide, in-office FOBT screening after a digital rectal exam is not an effective screening for colorectal cancer

In a recent survey of primary care physicians:

- 31.2% used only in office FOBT testing
- 41.2% used both in office and take home testing

### Summary of Need

- Approximately 60% of colorectal cancer deaths in the United States could be prevented if everyone 50 and older were screened according to guidelines [1]
- Inappropriate use of in-office FOBT
- Health disparities negatively impact CRC screening rates


### Guidelines

- All average-risk men and women 50 and over should be screened for colorectal cancer
- Screening should begin before age 50 for high risk individuals. High risk individuals have a personal or family history of colorectal cancer, inflammatory bowel disease, or polyps

### Average-Risk Men and Women Age 50 and Older:

- Fecal test annually – at-home multiple-sample FOBT or FIT (colonoscopy if test is positive)
- Flexible sigmoidoscopy every 5 years (colonoscopy if test is positive)
- Flexible sigmoidoscopy every 5 years with annual FOBT or FIT (colonoscopy if either test is positive)
- Colonoscopy every 10 years
- Double contrast barium enema every 5 years

### Guaiac- Based Fecal Occult Blood Tests

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
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<tbody>
<tr>
<td>- Simple test</td>
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<tr>
<td>- Minimal risk</td>
<td></td>
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<tr>
<td>- Done in the privacy of a patients home</td>
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<tr>
<td>- Inexpensive</td>
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<td>- Poor specimen collection decreases test sensitivity</td>
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<td>- Two or more samples</td>
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<td>- Restricted diet/medicine</td>
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<td>- Annual testing required</td>
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### Fecal Immunochemical Test

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<th>Cons</th>
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<td>- No dietary or medicine restriction</td>
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<tr>
<td>- Minimal risk</td>
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<tr>
<td>- Done in the privacy of a patients home</td>
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<tr>
<td>- Higher sensitivity than FOBT</td>
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<tr>
<td>- Increased patient compliance</td>
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<td>- Poor specimen collection decreases test sensitivity</td>
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<td>- Annual testing required</td>
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### Colonoscopy

<table>
<thead>
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<td>- Full inspection of the entire colon and rectum</td>
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<td>- Can perform biopsy and remove polyps</td>
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<td>- Inconvenience of dietary restrictions and test preparation</td>
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<td>- Risk of complications</td>
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<td>- Post test recovery</td>
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<td>- Operator skill dependent</td>
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<tr>
<td>- Expensive</td>
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Other Screening Options

• Flexible sigmoidoscopy (FSIG)
  – Limitation: Does not examine the entire colon.

• Double contrast barium enema (DCBE)
  – Limitation: Analysis of the entire colon, but needs extensive bowel preparation.

• Stool DNA test (sDNA)
  – Limitation: There is an uncertain screening interval for this test. This test is more expensive than other fecal tests.

In-Office FOBT
Is this better than no test at all?

• Data does not support in-office gFOBT CRC screening.

• An investigation revealed in-office testing had a 4.9% sensitivity for detecting advanced neoplasms

• For the detection of colorectal cancer, the same study revealed 9% sensitivity with in-office gFOBT testing

Patient Barriers

– Fear of Test
– Embarrassment
– Insurance
– Lack of awareness on the importance of screening
– Confusion about the array of screening options

Provider Barriers

– Limited time to explain screening exam options
– Patient non-compliance with screening and follow-up procedures
– Lack of systematic office reminders
– Confusion caused by changing guidelines

Solutions

• Recommendation to every patient
• Multiple discussions about screening
• Patient education
• Consider patient preferences
Solutions, Continued

- An office policy
- A reminder system
- An effective communication system
- Identify community screening services

Electronic Office Systems

- System Changes
  - Electronic Methods
    - Electronic prompts
    - Email reminders for screening

Non-Electronic Systems

- Chart Prompts:
  - Problem lists, screening schedules
  - Integrated summaries
- Alerts: placed in chart
- Follow-Through Reminder
- Tracking Systems

Simple Steps Toward Change

- Follow evidence-based colorectal guidelines
- Replace in-office, single slide FOBT testing with current guideline options
- A physician recommendation is the strongest patient motivator to get screened for CRC

Checklist for Follow Through:
Screening to Complete Diagnostic Evaluation

- FOBT Screening
  - FS or CS Screening
  - FS or CS Scheduled
  - FS or CS Ordered
  - FS or CS Completed
  - FS or CS Results Reviewed
  - FS or CS Recommendations
  - FS or CS Follow-Up

- PSA Screening
  - PSA Screening
  - PSA Results
  - PSA Recommendations
  - PSA Follow-Up

- Community
  - Community Screening
  - Community Results
  - Community Recommendations
  - Community Follow-Up

- Other
  - Other Screening
  - Other Results
  - Other Recommendations
  - Other Follow-Up

- Chart
  - Chart for Endoscopy
  - Chart for Endoscopy Results
  - Chart for Endoscopy Recommendations
  - Chart for Endoscopy Follow-Up

- No-Show
  - No-Show
  - No-Show Results
  - No-Show Recommendations
  - No-Show Follow-Up

- No-Show
  - No-Show
  - No-Show Results
  - No-Show Recommendations
  - No-Show Follow-Up

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  - No-Show
  - No-Show Results
  - No-Show Recommendations
  - No-Show Follow-Up
Simple Steps Toward Change

- Provide culturally sensitive patient education
- Develop an office policy
- Utilize a reminder system
- Direct uninsured and underinsured patients to community resources

The best screening is the one that the patient is willing to do.

Community Resources

- Cancer Services Program for the uninsured and uninsured
- NYSDOH, Cancer Services Program
  - For more information:
    1-866-442-CANCER (2262)

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