

Colon Cancer Screening

A Provider Opinion Survey







1.

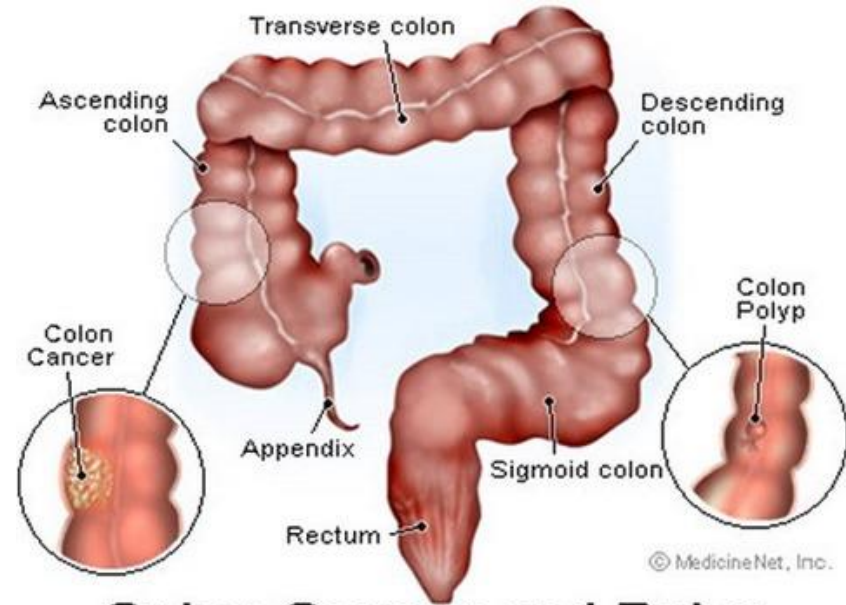
Background Information

What is colon cancer? Who needs to be screened?



Colorectal Cancer

- » Presence of abnormal cells in the colon or rectum that divide uncontrollably, forming a tumor
- » Often begin as a polyp: tissue growth on inner surface of colon or rectum
 - ◇ Most adults older than age 50 have polyps that will not develop into cancer
 - ◇ Adenomas, a specific kind of polyp, have a higher risk of becoming cancer



Colon Cancer and Polyp



Colorectal cancer is the **3rd** most common cancer

for men and women in the United States


Overall lifetime risk





Colon Cancer Screening

Screening for colon cancer can help with both *early detection* and *cancer prevention*

- » Many types of screening tests help doctors find cancer early
 - » Screening can also help detect adenomas and polyps **before** they develop into cancer so they can be removed
- 

Types of Screening

High-Sensitivity Fecal Occult Blood Tests

Tests for tiny amounts of blood in feces, which can be caused by polyps or by cancer

- » Guaiac FOBT
- » Fecal immunochemical test (FIT)

Stool DNA Test

Detects tiny amounts of blood in feces *and* 9 DNA biomarkers in 3 genes that have been found in colorectal cancer



Colonoscopy



Sigmoidoscopy



Fecal occult blood test

Flexible Sigmoidoscopy

Rectum and sigmoid colon examined using a sigmoidoscope. Can remove abnormal growths for biopsy

Colonoscopy

Standard

- » Rectum and entire colon examined with colonoscope

Virtual

- » Uses a CT scanner to examine the colon and rectum

Current Screening Recommendations

Recommendations
by the National
Comprehensive
Cancer Network

Average risk patients

- » Includes men and women over age 50 with *no...*
 - ◇ History of adenoma
 - ◇ History of colorectal cancer
 - ◇ History of IBD
 - ◇ Family history of colorectal cancer
- » Choice of FOBT testing every year, DNA testing or flexible sigmoidoscopy every 3 years, or colonoscopy every 10 years


Increased risk patients

- » Includes men and women *with...*
 - ◇ History of adenoma or polyps
 - ◇ History of colorectal cancer
 - ◇ History of IBD
 - ◇ Family history of colorectal cancer
- » Colonoscopy every 10 years



Although colon cancer screening has
been recommended since 2000,

**Only 1 in 3 adults
age 50-75 received
a screening in 2013**





2.

Our Study

Colon Cancer Screening at Mary's Center





Current Screening Rates at Mary's Center

2012 average:

25.4%

2016 average:

37%

Some improvement seen since 2012 but the rates are still low!





Objective

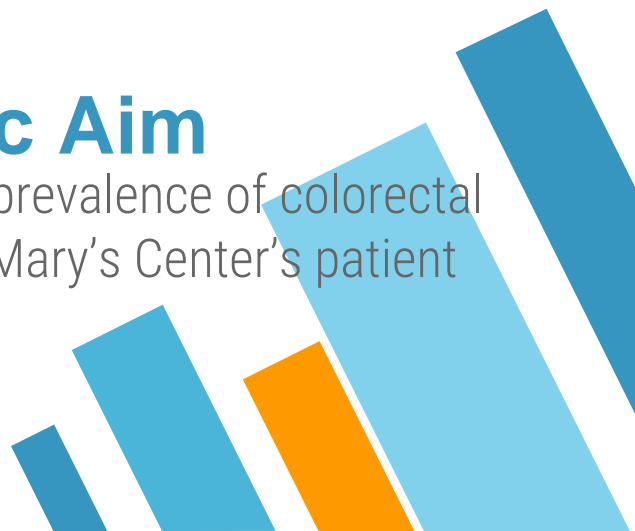
S

- » Identify Mary's Center providers' current practices surrounding and opinions about colon cancer screening
- » Determine barriers to patients' receiving the screening and providers' recommending it
- » Suggest ways to improve screening rates at Mary's Center

Target Population

- » Providers involved in recommending colon cancer screening to patients
- » Includes internists, family practitioners, nurse practitioners, and physician assistants

Specific Aim

- » Decrease prevalence of colorectal cancer in Mary's Center's patient population
- 




Methods

A survey was created with questions examining providers' practices and opinions about colon cancer screening at Mary's Center

The survey was disseminated to a convenience sample of providers (n=17) via email, with a follow-up reminder email sent after a week

The survey results were analyzed



RESULTS



Demographics	n	%
Provider's age		
30-39	4	80
40-49	1	20
Provider's gender		
Female	5	100
Provider's race/ethnicity		
White, non-hispanic	5	100
Provider's position at Mary's Center		
Internist	2	40
Family practitioner	1	20
Family nurse practitioner	1	20
Physician's assistant	1	20

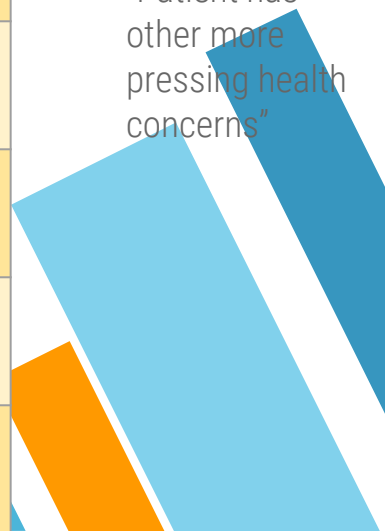
	n	%
Perceived Importance of screening		
Very important	4	80
Important	1	20
Type of screening usually recommended		
FOBT	3	60
It depends on the patient	2	40
Likelihood of following up with patient		
Often	1	20
Sometimes	3	60
Seldom	1	20

Importance of barriers to patient receiving the screening

	Major barrier		Minor barrier		Not a barrier	
	n	%	n	%	n	%
The patient is unaware of the screening	2	20	3	60	0	0
The patient does not see colon cancer as a serious threat	4	80	1	20	0	0
The patient is afraid of finding cancer	1	20	2	40	2	40
The patient does not believe the screening is effective	0	0	2	40	3	60
The patient is embarrassed or frightened of the test	2	40	2	40	1	20
The patient believes the screening is too expensive	0	0	3	60	2	40
The patient believes the test takes too much time	0	0	3	60	2	40

Other

- » “Patients more concerned about less lethal cancers”
- » “Patients think poop is gross”
- » “Patient does not understand instructions”
- » “Patient has other more pressing health concerns”




Importance of barriers to provider recommending screening

	Major barrier		Minor barrier		Not a barrier	
	n	%	n	%	n	%
Provider forgets to recommend screening	1	20	3	60	1	20
Provider does not think the tests are effective	0	0	0	0	5	100
Provider thinks the tests are too expensive	0	0	1	20	4	80
There is a shortage of providers to conduct the tests	0	0	2	40	3	60
The provider does not think the patient will complete the test if she does recommend it	0	0	1	20	4	80
The provider does not think the patient needs a screening	0	0	0	0	5	100

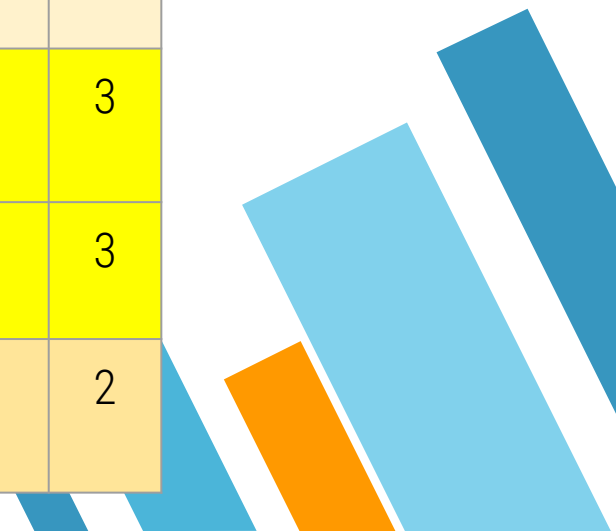
Other

- » “Patient does not receive kit when ordered”
- » “I forget the lab order even if discussed with patient”





	n
<i>How would you increase screening rates in the future?</i>	
Reminders in the office	1
Reminders in the patient's chart	2
Reminders in the patient's online medical record	3
A standardized Mary's Center protocol	3
Nothing, I already recommend the screening annually	2





Perceived Patient Barriers

Biggest perceived barrier: the patient does not see colon cancer as a serious threat

Other commonly chosen answers:


- » The patient is unaware of the screening
 - » The patient is embarrassed or frightened of the test
- 



Provider Barriers

Biggest barrier: the provider *forgets* to recommend the screening to patients

Other commonly chosen answers:

- » There is a shortage of providers to conduct the screening
 - » The patient will not complete the test even if the provider recommends it
- 

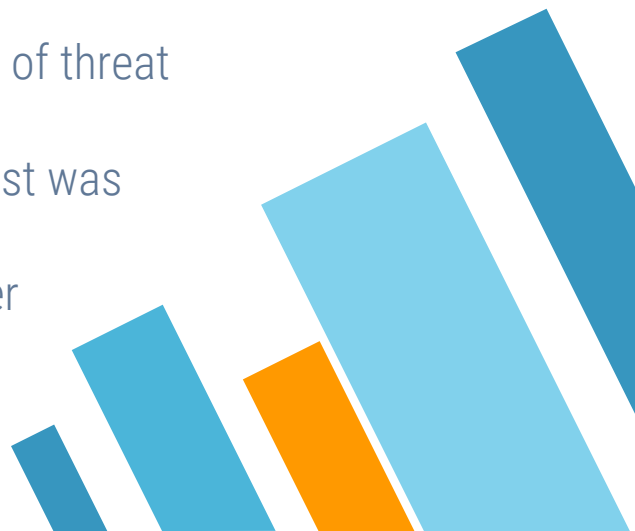


Study Limitations

- » Small sample size
- » Low response rate
- » Self reported information
- » Not many provider barriers reported



Summary

- » Providers generally perceive colon cancer screening as a priority
 - » FOBT/FIT test most commonly recommended
 - » Providers see a need to increase patient awareness of threat of colon cancer and awareness of screening
 - » Most commonly cited barrier to recommending a test was forgetting that the patient was due to be screened
 - » Providers do not always follow up with patients after recommending a screening
- 

Recommendations

1. Implement a reminder system in the patient's online medical record
2. Design and implement a standardized Mary's Center colon cancer screening protocol
3. Determine rates again after intervention



Acknowledgements

- » Bethlehem Muleta, Mary's Center
 - » Jennifer Bouey, Georgetown University
- 



THANKS!

Any questions?

You can find me at

» hos6@georgetown.edu





References

- » "Colorectal Cancer Screening Rates Remain Low." *CDC Newsroom*. Centers for Disease Control and Prevention, 5 Nov. 2013. Web. 6 Apr. 2017. <<https://www.cdc.gov/media/releases/2013/p1105-colorectal-cancer-screening.html>>.
 - » "Key Statistics for Colorectal Cancer." American Cancer Society, 1 Mar. 2017. Web. 6 Apr. 2017. <<https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>>.
 - » "Tests to Detect Colorectal Cancer and Polyps." *National Cancer Institute*. National Institutes of Health, 7 July 2016. Web. 6 Apr. 2017. <<https://www.cancer.gov/types/colorectal/screening-fact-sheet>>.
 - » Burt, Randall W. Colon cancer screening. *Gastroenterology* , 119, 3, 837 - 853.
- 