Colorectal Cancer Screening in Ohio CHCs

Ohio Association of Community Health Centers

Your Speakers

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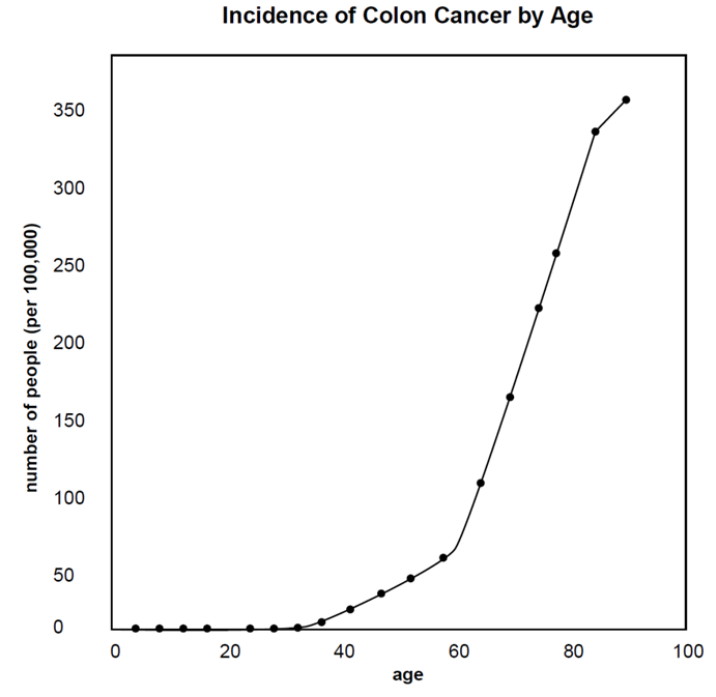
Facts

- 3rd most common cancer in men and women
  - 137,000 new cases estimated in 2014
- 2nd deadliest cancer in the U.S.
  - 50,000 deaths estimated in 2014
- 1.1 million Americans are living with CRC
- One out of every three adults over the age of 65 has colon polyps – these polyps can sometimes progress to colon cancer.

Age Plays a Vital Role

- The risk of colorectal cancer begins to increase after the age of 40 years and rises sharply at the ages of 50 to 55 years; the risk doubles with each succeeding decade, and continues to rise exponentially.



http://science.education.nih.gov/supplements/nih1/cancer/guide/pdfs/ACT3M.PDF.

Risk Factors

- Non-Modifiable
  - Personal History
    - Polyps
    - Colorectal Cancer
    - IBD – UC & Crohn's
  - Family History
    - Colorectal Cancer or Polyps
    - Hereditary Colorectal Cancer Syndrome

Risk Factors, cont.

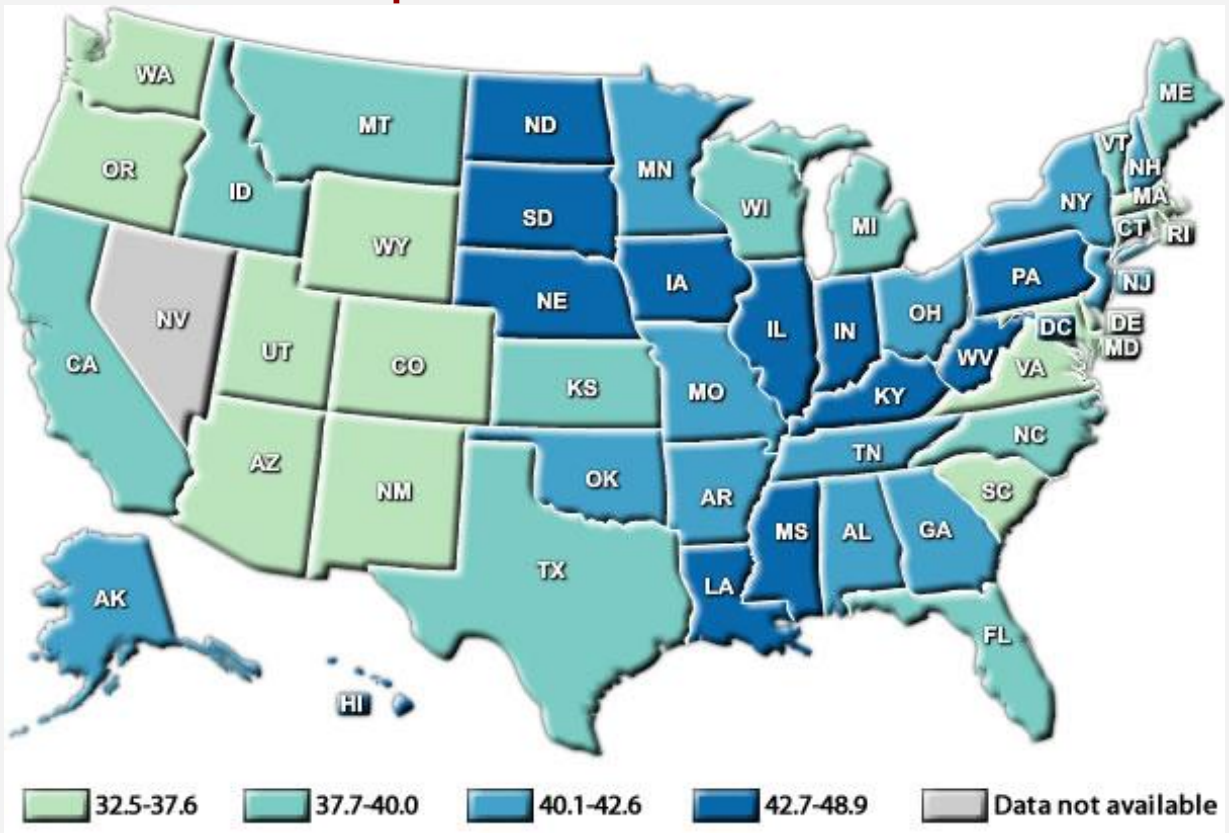
- Non-Modifiable
  - Age
    - 90% in >50 years old
  - Gender
    - Slight male predominance
  - Race/Ethnicity
    - A/A
    - Native Americans
    - Alaska Natives
    - Ashkenazi Jews

Risk Factors, cont.

- Modifiable
  - Lack of physical activity
  - Obesity
  - Smoking
  - Alcohol
  - Type 2 Diabetes

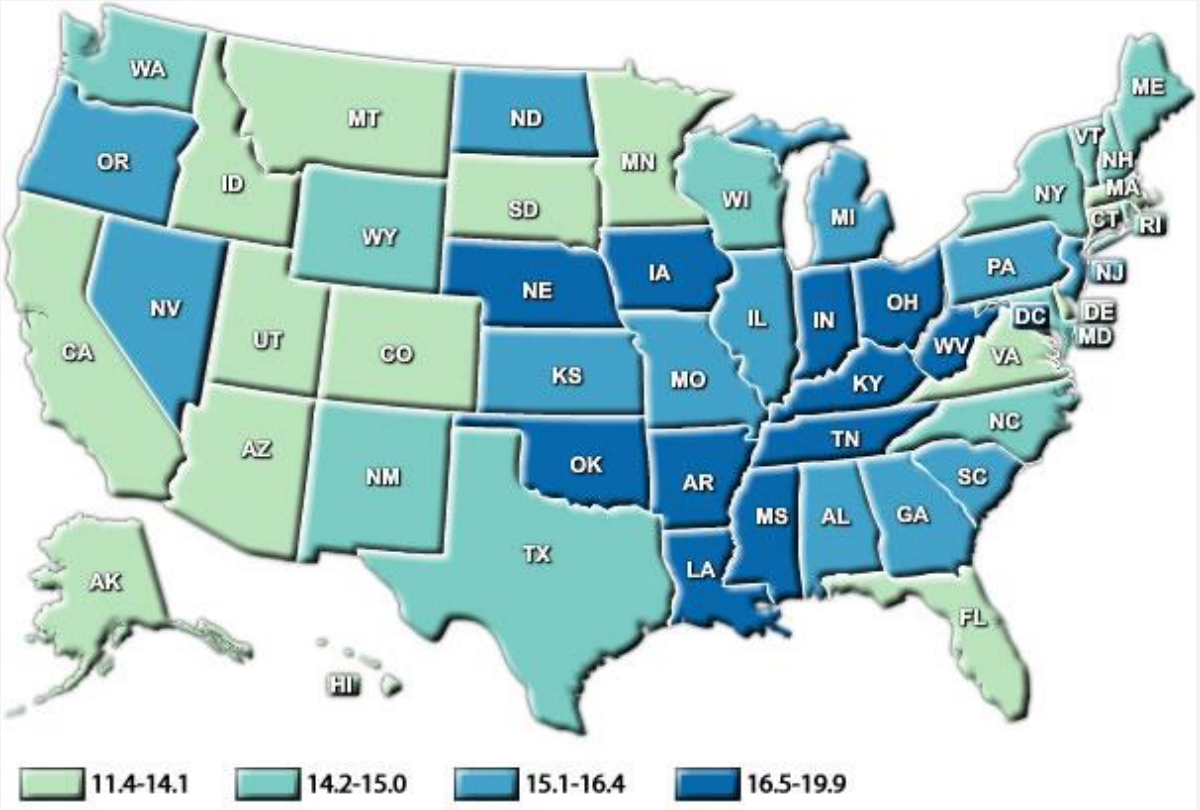
Colorectal Cancer Rates by State - 2011

State Comparison, Incidence



Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population

State Comparison, Deaths



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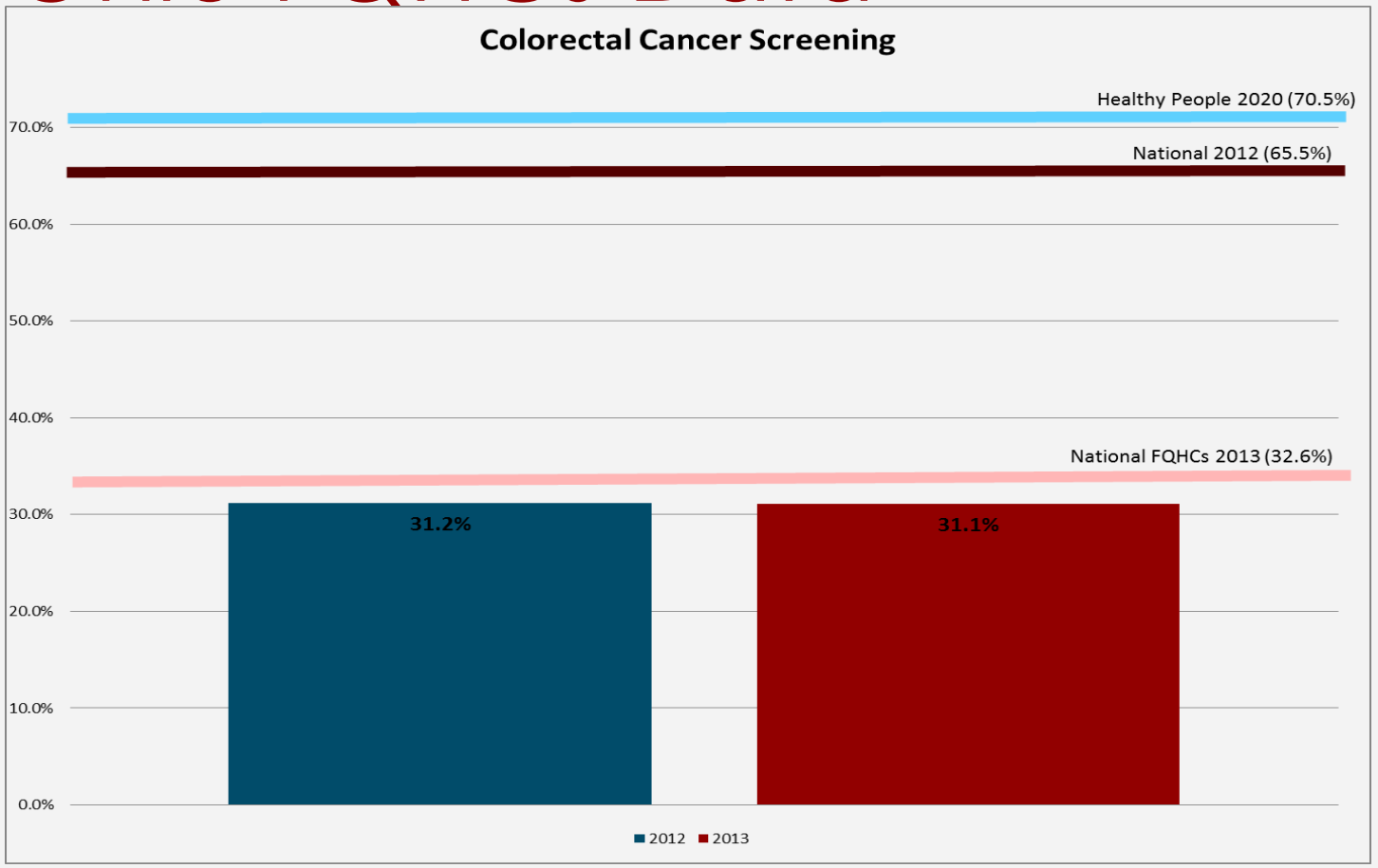
Ohio FQHCs Data



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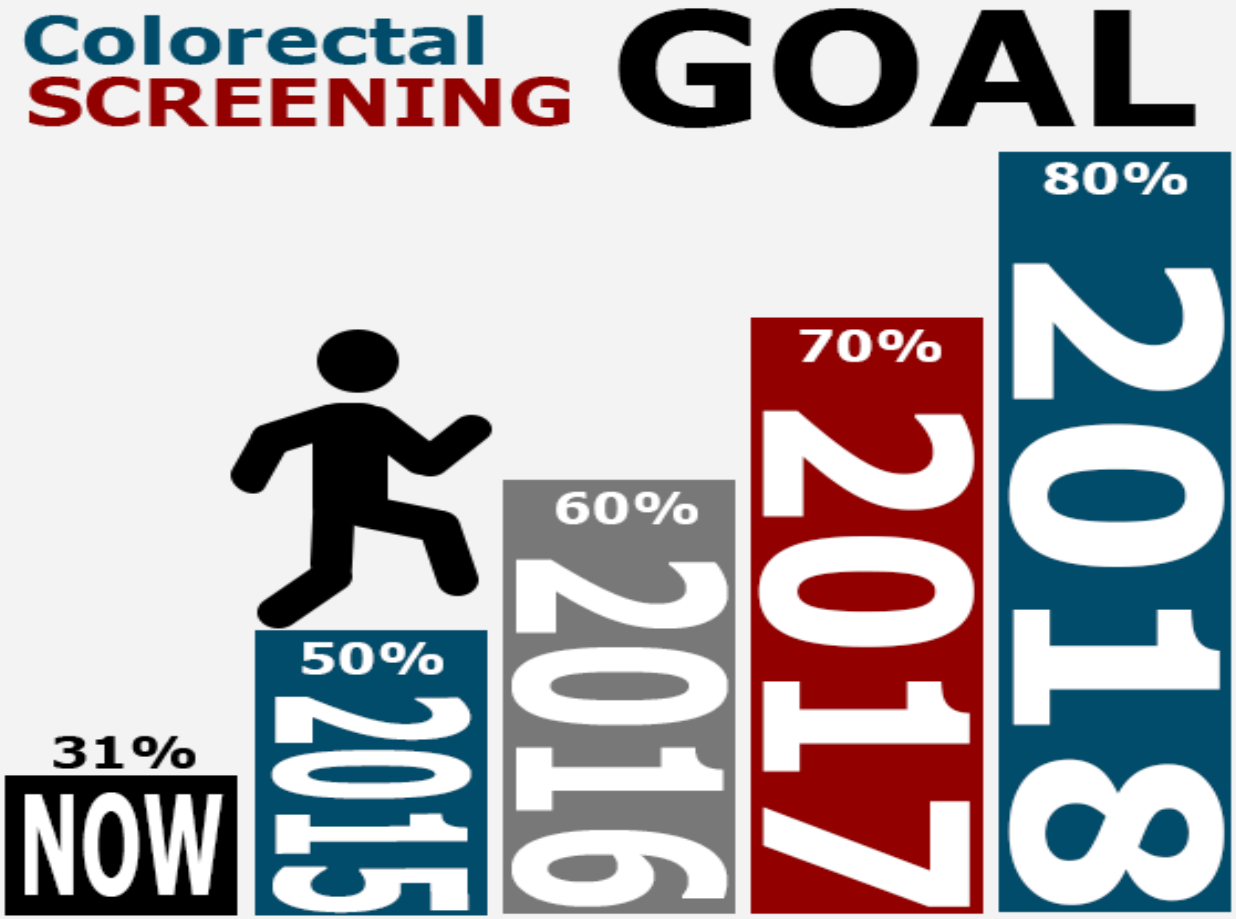

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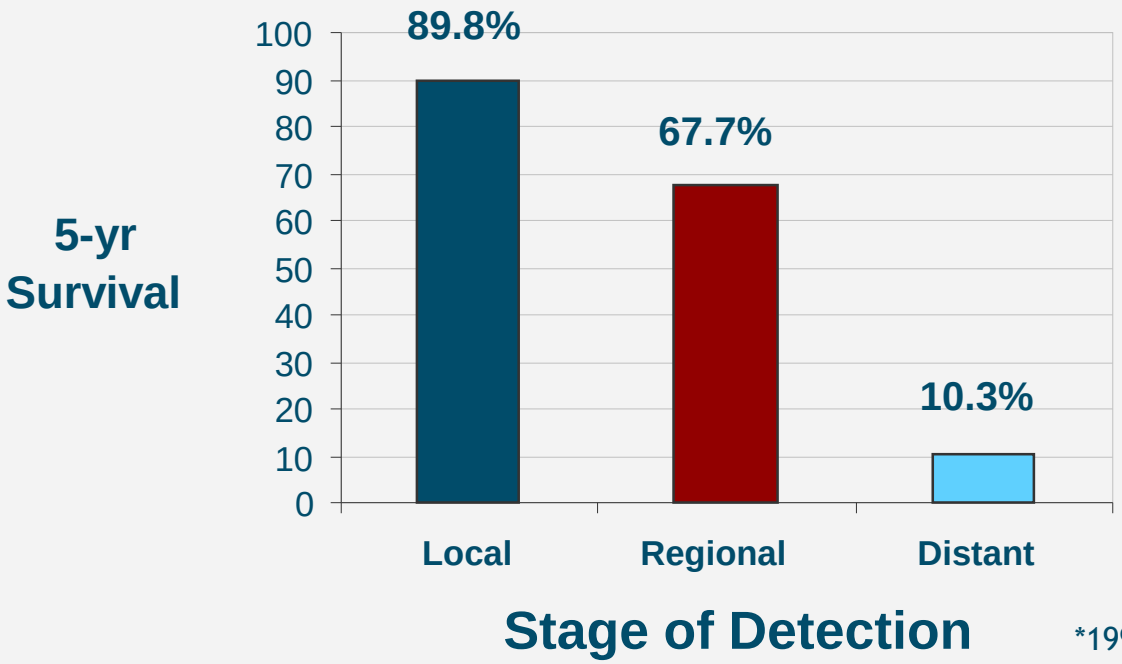
Benefits of Screening

Survival Rates by Disease Stage*

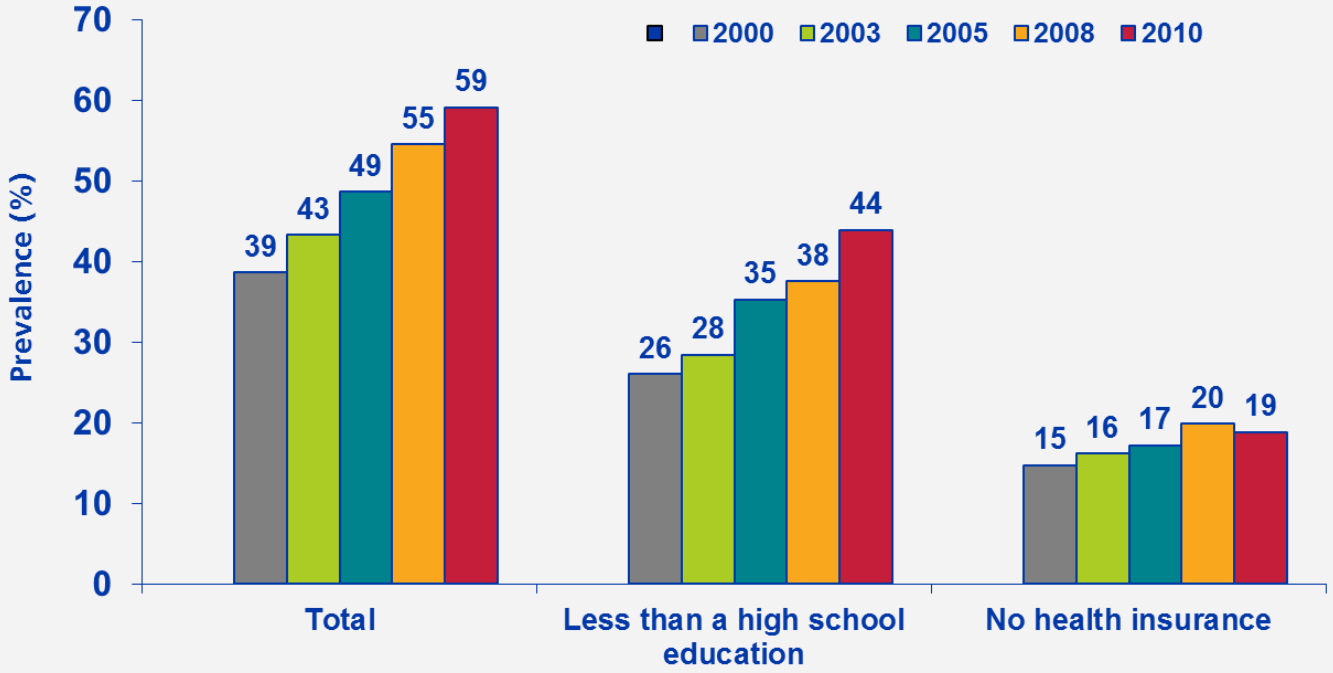


*1996 - 2003

Why test for Colorectal Cancer?

- If everyone over age 50 was screened regularly, we could dramatically cut the number of deaths:
  - 20,000 fewer deaths each year

Trends in recent CRC Screening Prevalence (%), by Educational Attainment and Health Insurance Status, Adults 50-75 Years, US, 2000-2010

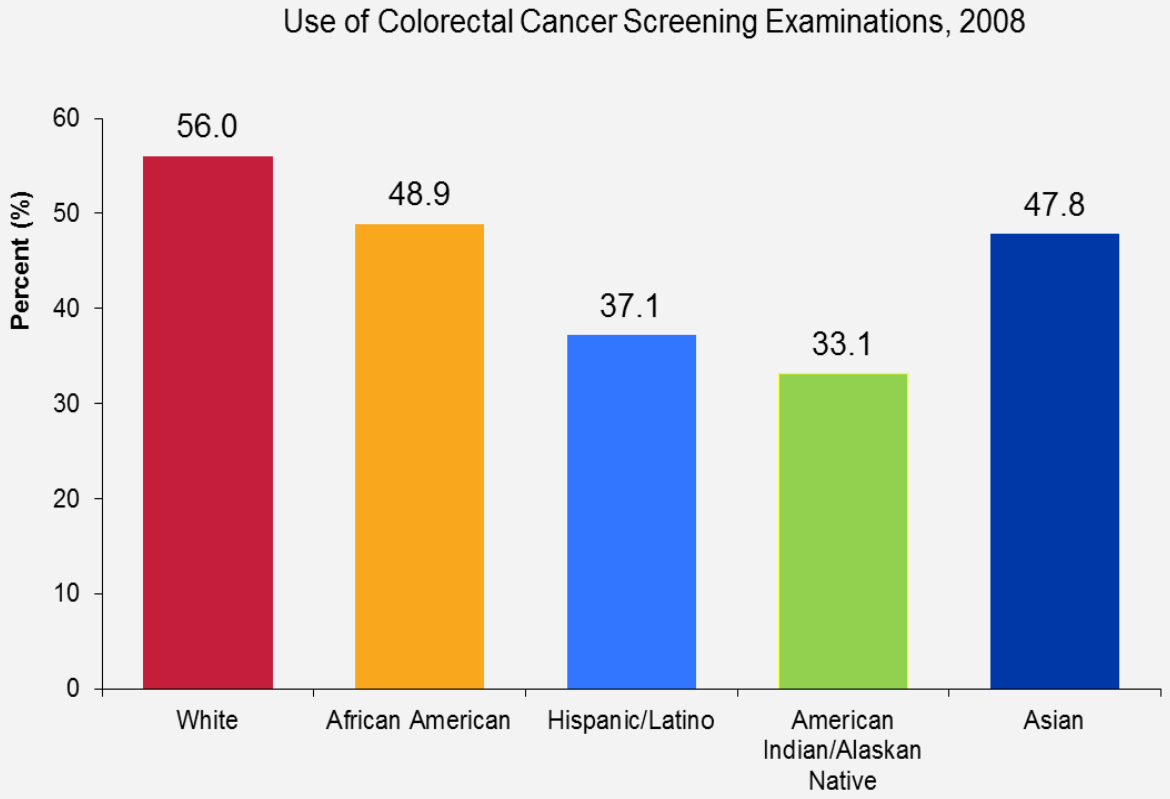


Source: Klabunde et al, *Cancer Epidemiol Biomarkers Prev* 2011;20:1611-1621

National Health Interview Survey Public Use Data File 2010, National Center for Health Statistics, Centers for Disease Control and Prevention, 2011.

American Cancer Society, Surveillance Research, 2011

Lower use of colorectal screening examinations in minority populations



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UDS Metric

- **PERFORMANCE MEASURE**: "Percentage of patients aged 50 to 75 who had appropriate screening for colorectal cancer." This is calculated as follows:
  - **Numerator:** Number of patients aged 51 through 74 with appropriate screening for colorectal cancer
  - **Denominator**: Number of patients who were aged 51 through 74 at some point during the measurement year, who had at least one medical visit during the reporting year13 (NOTE: Though age 50 to 75 is in the title of this measure, the detail calls for persons to be screened within a year of turning 50 and prior to reaching age 75.)
- Documented colonoscopy conducted during the measurement year or the previous 9 years or flexible sigmoidoscopy conducted during the measurement year or the previous 4 years meet the measurement standard criteria. Though codes are shown for colonoscopy and flexible sigmoidoscopy, it is possible that these CPT codes may not be found in the health center's EHR or other computerized system. It *is* possible that the procedures were performed elsewhere, but confirmation of this is required by having in the chart either a copy of the test results or correspondence between the clinic staff and the performing lab/clinician showing the results of the test. Fecal occult blood test (FOBT), including the fecal immunochemical test (FIT), can also be used to document meeting the measurement standard. Because the FOBT is to be conducted annually, it is required that there be evidence of a test during the measurement year. Thus, a patient who had an FOBT in November 2013, (for example) would still need one in 2014 even if the patient did not present in the clinic after June of 2014. Stool specimens for FOBT, including FIT, should be collected by patients at home, as recommended by the manufacturer. An in-office obtained stool specimen does not meet the measurement standard, nor does it comply with manufacturers' recommendations or national screening guidelines. Test kits can be mailed to patients during the year, but receipt and processing of the test sample is required. Evidence of mailing is not, in and of itself, sufficient.

Poll Question #1

- What is the most common screening method for Colorectal Cancer used in your center?
  - Digital rectal exam with FOBT
  - Hemoccult SENSA x3
  - FIT Testing
  - Flexible Sigmoidoscopy
  - Colonoscopy

UDS Approved Screening Methods

- Fecal Occult Blood Test (FOBT)
  - Annually
- Fecal Immunochemical Test (FIT)
  - Annually
- Flexible Sigmoidoscopy
  - Every 5 years
- Colonoscopy
  - Every 10 years

Fecal Occult Blood Test (FOBT)

- Recommends specimens from 3 bowel movements – high sensitivity
- Non-specific
- Results influenced by food and medications
- Sensitivity improves with each sample
- Annual testing

Stool Testing Quality Issues from ACS

- 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 guiaic tests (such as Hemoccult II) should not be used for CRC screening.
- Annual testing
- All positive screening tests should be evaluated by colonoscopy

Fecal Immunochemical Test (FIT)

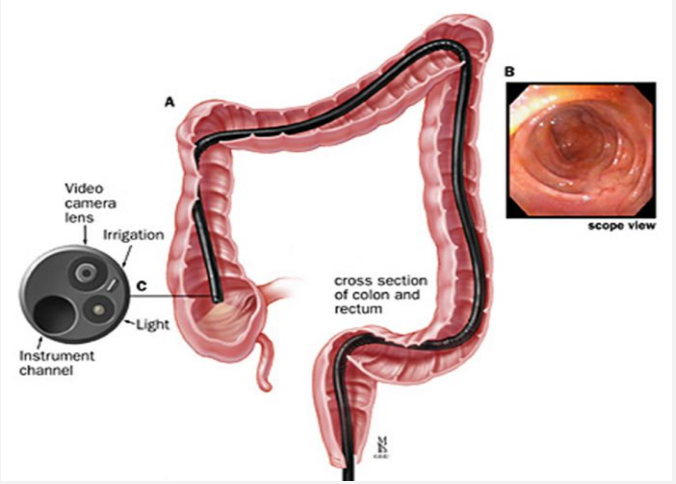
- Specific for human blood and lower GI bleeds
- Results not influenced by foods or medications
- 1 stool specimen
- Higher sensitivity
- Annual testing

Flexible Sigmoidoscopy

- Complete or partial bowel prep required
- Sedation usually not used
- Views only lower half of colon
- Concerning findings require colonoscopy
- Completed every 5 years

Colonoscopy

- Complete bowel prep
- Invasive procedure
- Moderate sedation – need driver
- Perforation and bleeding risk is higher
- Views entire colon and remove polyps
- Completed every 10 years



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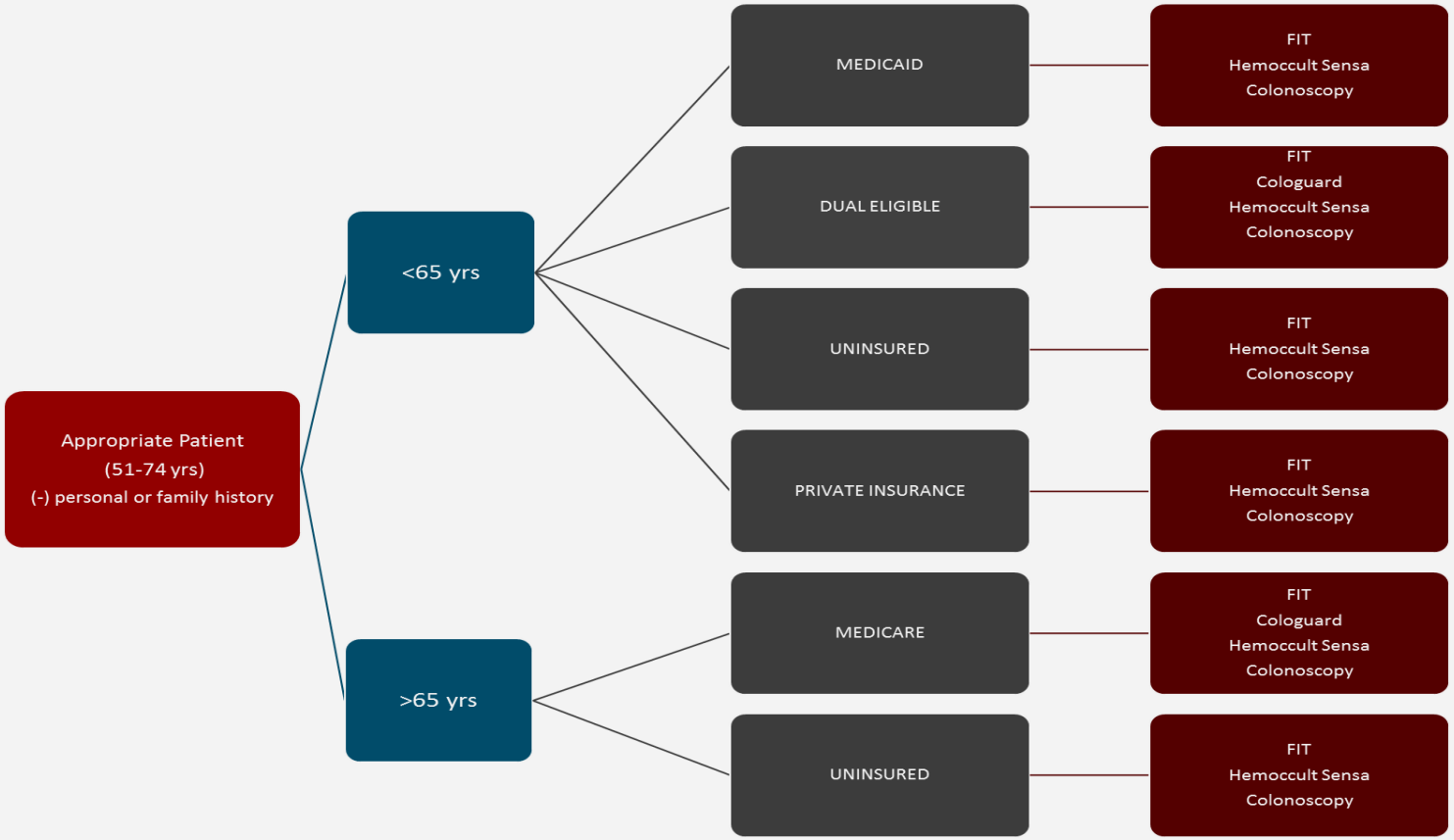
Stool DNA Test (Cologuard)

- New to market – approved by FDA in August 2014 and approved for Medicare payment in December 2014
- Tests for known DNA alterations in adenoma-carcinoma sequence
- Adenomas and cancer cells shed altered DNA in the stool
- Uses a multi-target DNA assay to test for many different gene mutations
- Completed every 3 years
- Currently NOT accepted as appropriate screening for UDS

CRC Algorithm



Poll Question #2

- What is your greatest barrier to screening for Colorectal Cancer in your health center?
  - Time
  - Expense
  - Patient Compliance
  - Lack of established protocol
  - Other

Breaking Down the Barriers

- Billing Issues
- Costs
- Operational Issues
- Patient Compliance
- Appropriate Protocol

Poll Question #3

- Who is responsible for addressing Colorectal Cancer screenings in your health center?
  - Provider
  - Nurse
  - Medical Assistant
  - Other

Coordinating Efforts

- Sharing responsibility
- Working with local providers
- Building relationships
- Create the “broken record”

Questions?

- Type question into the question box on the right hand side of your screen.

Resources

- American Cancer Society, www.cancer.org/colonmd
- American Family Physician, VOL 91, Number 2, January 15, 2015. Pages 93-100
- USPSTF, AIM 2008; 149(9):627-637.