

Colorectal Cancer Screening Project Quarterly Newsletter

Volume 1 • May 2022



VOLUME 1

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Penobscot Community Health Care - Hope House

Introduction

Beginning with this edition, the Maine Medical Association Center for Quality Improvement in collaboration with the Maine Primary Care Association will be sending out a newsletter each quarter as part of the Colorectal Cancer Screening Project. These newsletters will contain upcoming date reminders, selected resources relevant to the project, as well as updated data from your practice as it is reported. We hope this is a helpful resource for all of you!

PCHC Hope House EBI Review

VOLUME 1

Identified Issue	EBI/Process Change	Implementation Plan Details
Lack of patient education of CRC screening choices.	Patient Reminders	Laminated Patient Decision Tree (Provided by MPCA). Post CRC screening video on website and/or social media (provided by MPCA. CRC Awareness was March; suggested theme Get a Fresh Start This Spring by Updating Health Screenings
Lack of pre-screening for high-risk patients	Provider Reminders	Identify high-risk patients in pre-visit workflow using Patient Navigation tool. Saves provider time by allowing nursing to ID which pts can be offered only colonoscopy vs alternative screening choice
Questionable CRC screening rates if exempt pts not removed from denominator. Their EHR was capturing dementia medication but not advanced illness or frailty.	Provider Reminders	Identify & document exempt pts; those in hospice, long-term care, advanced illness, and frailty.
Lack of low-risk pt choice for CRC screening	Remove Structural Barriers	Shared Decision Tool for CRC Screening types - adding Cologuard to discussion
Pt support needed for colonoscopy process	Remove Structural Barriers	Patient Navigation for colonoscopy. Maine CDC funds for f/u diagnostic colonoscopy for uninsured. PT. companion post-colonoscopy (Researching options... none found)

Upcoming Dates

ECHO Series
 Thursday June 9th 12-1
 Thursday July 14th 12-1
 Thursday August 11th 12-1

Webinars
 Thursday August 25th 12-1
 Thursday October 27th 12-1

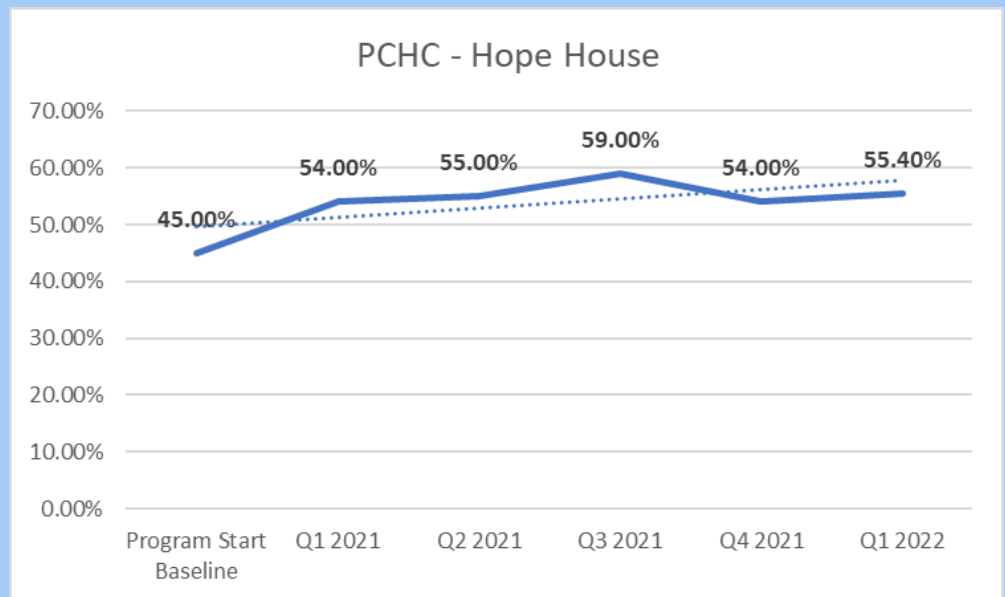
Self-Directed Learning Opportunity
 June
 (More information coming soon)

Office Hours
 (optional)
 Thursday June 2nd 12-1
 Thursday July 7th 12-1
 Thursday August 4th 12-1

DATA REVIEW

Program Start - Q1 2022

This chart represents the percentage of your patients (aged 50-74) with one or more appropriate screenings for colorectal cancer, who had at least one visit during the measurement year. The dotted line shows a steady trend upwards since this project began. The jump from 45% at the program start to 55.4% in Quarter 1 2022 is an impressive 23.11% increase.




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 Jessica Reed jreed@mainemed.com



Colorectal Cancer Screening Resources



Clinician's reference tool for stool-based testing- NCCRT FOBT Clinicians Reference



Clinician's Reference: Stool-Based Tests for Colorectal Cancer Screening

NEWLY UPDATED! This newly revised resource is designed to introduce (or reintroduce) clinicians to the...

National Colorectal Cancer Roundtable /

Guidelines from the American Cancer Society, the U.S. Preventive Services Task Force, and other's recommend that men aged 50-75 and women aged 45-75 be screened for colorectal cancer. High-Sensitivity/Fecal Occult Blood Tests (HTS) and FIT-DNA testing are options for colorectal cancer (CRC) screening in men and women at average risk for developing colorectal cancer.

This document provides a state-of-the-science information about these tests.

Clinician's Reference STOOLED-BASED TESTS FOR COLORECTAL CANCER SCREENING

80% The number of colorectal cancer cases in Hispanic people is increasing. We are looking for ways to help them.

[Link](#)



WEBINAR

Webinar - What Do the Data Tell Us: What Can We Learn from the Latest Colorectal...

This webinar provided a look at the latest data that informs how we are doing as a nation with our efforts to reach an 80% colorectal cancer screening rate.

Webinar – What Do The Data Tell Us:
What Can We Learn From The Latest
Colorectal Cancer Screening Rate Trends
Over Time? – November 3, 2021

[Link](#)

CDC Colorectal Cancer Screening: Patient Education Resources



What Is Colorectal Cancer?

Cancer is a disease in which cells in the body grow out of control. Colorectal cancer is cancer that occurs in the colon or rectum. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

Screening Saves Lives

Colorectal cancer is the second leading cancer killer in the U.S. among cancers that affect both men and women. But it doesn't have to be. Routine screening for colorectal cancer beginning at age 45 can save lives!

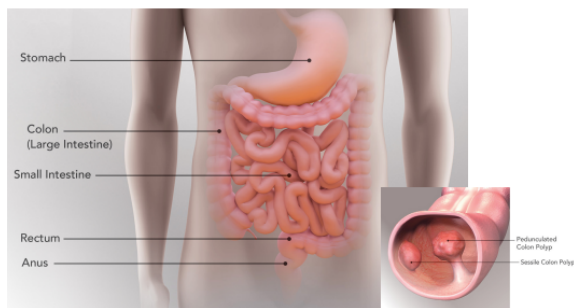
Here's how:

- Colorectal cancer usually starts from precancerous polyps in the colon or rectum. A polyp is a growth that shouldn't be there. Over time, some polyps can turn into cancer.
- Screening tests can find precancerous polyps, so they can be removed before they turn into cancer. Screening tests can also find colorectal cancer early, when treatment works best.

You May Be at Increased Risk If:

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease, Crohn's disease, or ulcerative colitis.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome).

People at increased risk for colorectal cancer may need earlier or more frequent tests than other people. If you think you may be at increased risk, talk to your health care provider about the routine screening tests that are right for you.



2-Page CDC Fact Sheet CRC Screening for Patients #1

[Link](#)

In cancers that affect both men and women, colorectal cancer is the second leading cancer killer—but most cases can be prevented with routine screening tests.

Screening Saves Lives

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What Is Colorectal Cancer?

Cancer is a disease in which cells in the body grow out of control. Colorectal cancer is cancer that occurs in the colon or rectum. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

If you're 45 or older, getting a colorectal cancer screening test could save your life.

Here's How:

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- Screening tests can find precancerous polyps, so they can be removed before they turn into cancer. Screening tests can also find colorectal cancer early, when treatment works best.

Who Gets Colorectal Cancer?

Colorectal cancer occurs most often in men and women who are 45 years old or older, and the risk increases with age. If you are 45 or older, talk to your health care provider about getting screened.

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- You have inflammatory bowel disease, Crohn's disease, or ulcerative colitis.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome).

People at increased risk for colorectal cancer may need earlier or more frequent tests than other people. If you think you may be at increased risk, talk to your health care provider about the routine screening tests that are right for you.

#2-CDC Fact Sheet CRC Screening for Patients #2

[Link](#)

Screening Tests At-A-Glance

Colorectal Cancer Screening Saves Lives



The U.S. Preventive Services Task Force, a group of medical experts, recommends that men and women who are 45 to 75 years old be screened for colorectal cancer.

The decision to be screened between ages 76 and 85 should be made on an individual basis. If you are older than 75, talk to your health care provider about getting screened.

Each test has advantages and disadvantages. Talk to your health care provider about the pros and cons of each test, and how often to be tested.

Test	Preparation	What Happens?
Stool Tests Three stool tests can be done at home: <ul style="list-style-type: none"> • Guaiac-based fecal occult blood test (gFOBT) • Fecal immunochemical test (FIT) • FIT-DNA (or stool DNA) test 	Your health care provider may recommend that you follow a special diet before taking the gFOBT.	For the gFOBT and FIT tests, you receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test to the health care provider or a lab, where stool samples are checked for blood. How often: Once a year. For the FIT-DNA test, you collect an entire bowel movement and send it to a lab to be checked for changes in the DNA that might suggest the presence of cancer or a precancerous polyp. How often: Every 3 years.
Flexible Sigmoidoscopy (Flex Sig) This is sometimes done in combination with FIT.	Your health care provider will tell you what foods you can and cannot eat before the test. The evening before the test, you use a strong laxative and/or enema to clean out the colon.	During the test, the health care provider puts a short, thin, flexible, lighted tube into the rectum. This tube allows the health care provider to check for polyps or cancer inside the rectum and lower third of the colon. How often: Every 5 years, or every 10 years with a FIT every year.
Colonoscopy Colonoscopy may be used for screening and may also be used as a follow-up test if one of the other screening tests finds anything unusual.	Before this test, your health care provider will tell you what foods you can and cannot eat. The evening before the test, you use a strong laxative to clean out the colon. Some health care providers recommend that you also use an enema. During this test you will be given medicine that will make you drowsy. Make sure you arrange for a ride to and home from the clinic, as you may not be allowed to drive for as long as 24 hours.	You will receive medication during this test to make you more comfortable. This test is similar to flex sig, except the health care provider uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the health care provider can find and remove most polyps and some cancers. How often: Every 10 years (for people who do not have an increased risk of colorectal cancer).
CT Colonography (Virtual Colonoscopy)	You prepare for this test as you would for a colonoscopy. Before the test, you follow a special diet and use a strong laxative to clean out the colon.	Virtual colonoscopy uses X-rays and computers to produce images of the entire colon. The images are displayed on a computer screen for the health care provider to analyze. How often: Every 5 years.

Your health care provider will discuss your test results with you. Depending on your results, you may need a follow up appointment or another screening test.



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

<https://www.cdc.gov/cancer/colorectal/>
Call 1-800-CDC-INFO (1-800-232-4636)
For TTY, call 1-888-232-6348

CDC Publication #21-1029, Revised February 2022

CDC Fact Sheet for Patients to Explain CRC Screening Tests [Link](#)

TRUE or FALSE?

Colorectal cancer is the 2nd leading cancer killer. TRUE FALSE	Both men and women get colorectal cancer. TRUE FALSE
Colorectal cancer often starts with no symptoms. TRUE FALSE	You can stop this cancer before it starts. TRUE FALSE

Testing for colorectal cancer can save your life. Screening tests can find precancerous polyps so they can be removed before they turn into cancer. Screening can also find colorectal cancer early, when treatment is most effective. Talk to your doctor and Screen for Life.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

1-800-CDC-INFO (1-800-232-4636) • www.cdc.gov/screenforlife

CDC Poster [Link](#)



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