Finding the Right FIT to Improve Colorectal Cancer Screening

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**Background**
- An estimated 28% of eligible US adults have never been screened for colorectal cancer (CRC) *
- Fecal Immunochemical Testing (FIT) offers an acceptable non-invasive screening option
- An estimated 56% of patients at our internal medicine clinic have not had colorectal cancer screening and alternatives to colonoscopy were seldom promoted

**Aim**
- Improve colorectal cancer screening rates of patients at the resident continuity clinic by 25% over a 9-month period (August 2016 – April 2017)

**Methods**
- Participants: Weekly continuity clinic residents and patients eligible for colorectal cancer screening
- Design: Electronic Health Record chart review

**Intervention**
- **Key Points**
  - 49 of 91 (53.9%) patients who did not complete CRC screening pre-intervention responded
  - Lack of follow up with a gastroenterologist after primary care physician referral was most common (n=22)
  - Lack of awareness (n=9)
    - CRC prevalence, purpose of asymptomatic screening, lack of options
  - Colonoscopy-specific barriers
    - Fear of per-procedural complications, unpleasant prep
  - 13 of 49 (26.5%) patients reported barriers supporting potential advantages of FIT to colonoscopy
  - 0 reported "embarrassed to prep/collect stool"

**Results**
- **Increased Adherence with FIT**
  - 13 of 49 (26.5%) patients completed GI referral with colonoscopy
  - 13 of 32 (40.6%) patients completed GI referral with colonoscopy
  - 18.2% completion difference with a 31% higher adherence rate for FIT

**Conclusions**
- Resident and patient education was an effective approach to promoting FIT as it resulted in an increased CRC screening rate when offered as routine as colonoscopy
- Advantages of FIT offer a quick, non-invasive, cost-effective alternative
- A positive FIT result may potentially motivate patients to complete further evaluation
- Higher adherence with FIT may counteract its lower detection capacity

**Limitations/Future Considerations**
- Gap in data availability with implementing new electronic health record
- Difficulty contacting patients for follow up
- Develop an efficient tracking mechanism to ensure FIT was offered, properly demonstrated, and followed up
- Minimize lag time between gastroenterology referral and colonoscopy
- Identify patients eligible for undergoing colonoscopy without a gastroenterology pre-procedure office visit

**References**