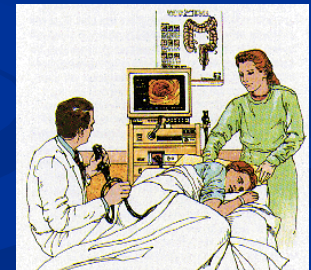




Integrating CRC Screening into Preventive Health Program: The Effects of US Screening Data

Jack Mandel
Emory University





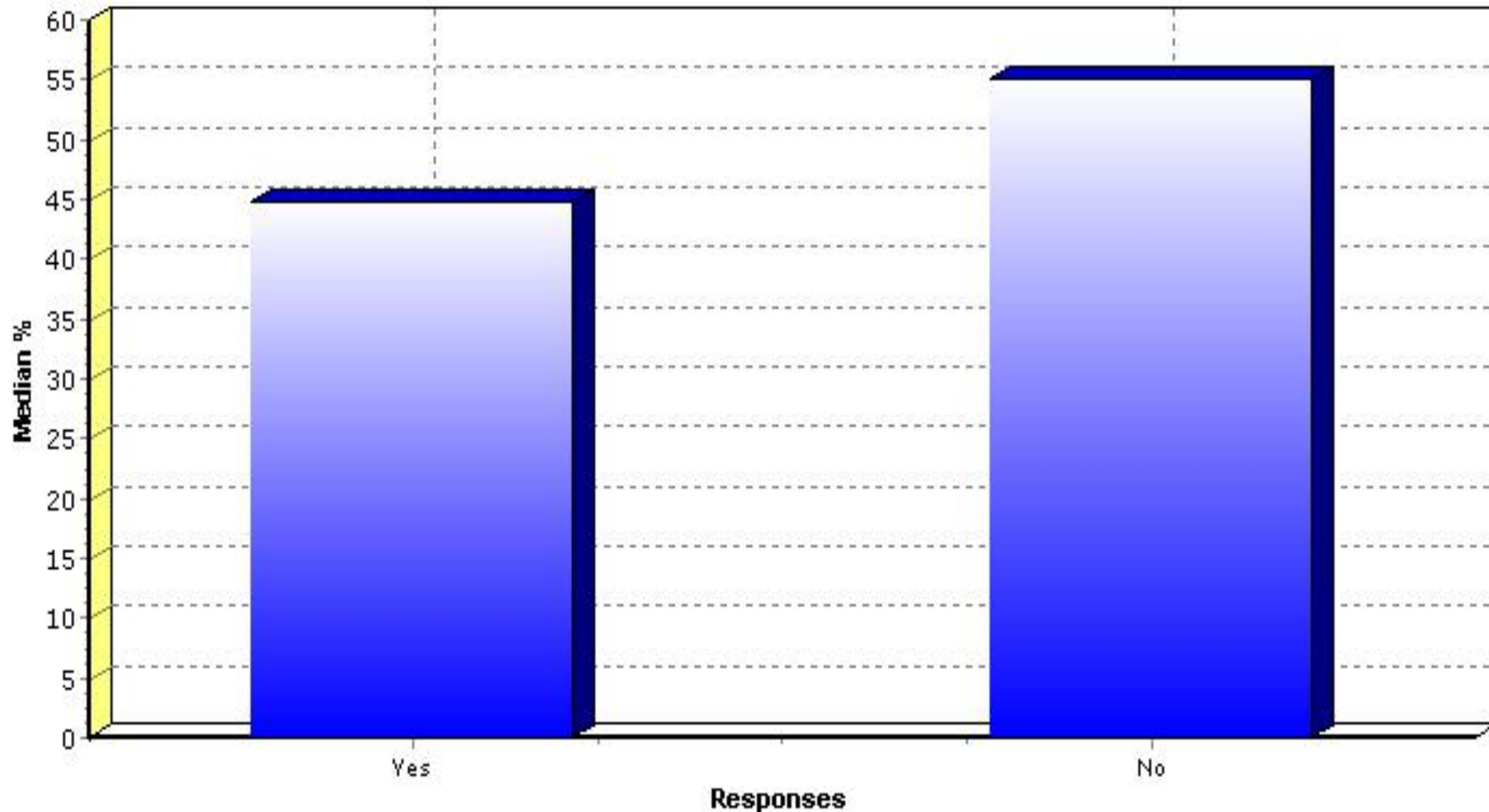
Behavioral Risk Factor Surveillance System

- **Colorectal Cancer Screening**
- **Prevalence Data**
- **Nationwide - 2002**
- **CDC**



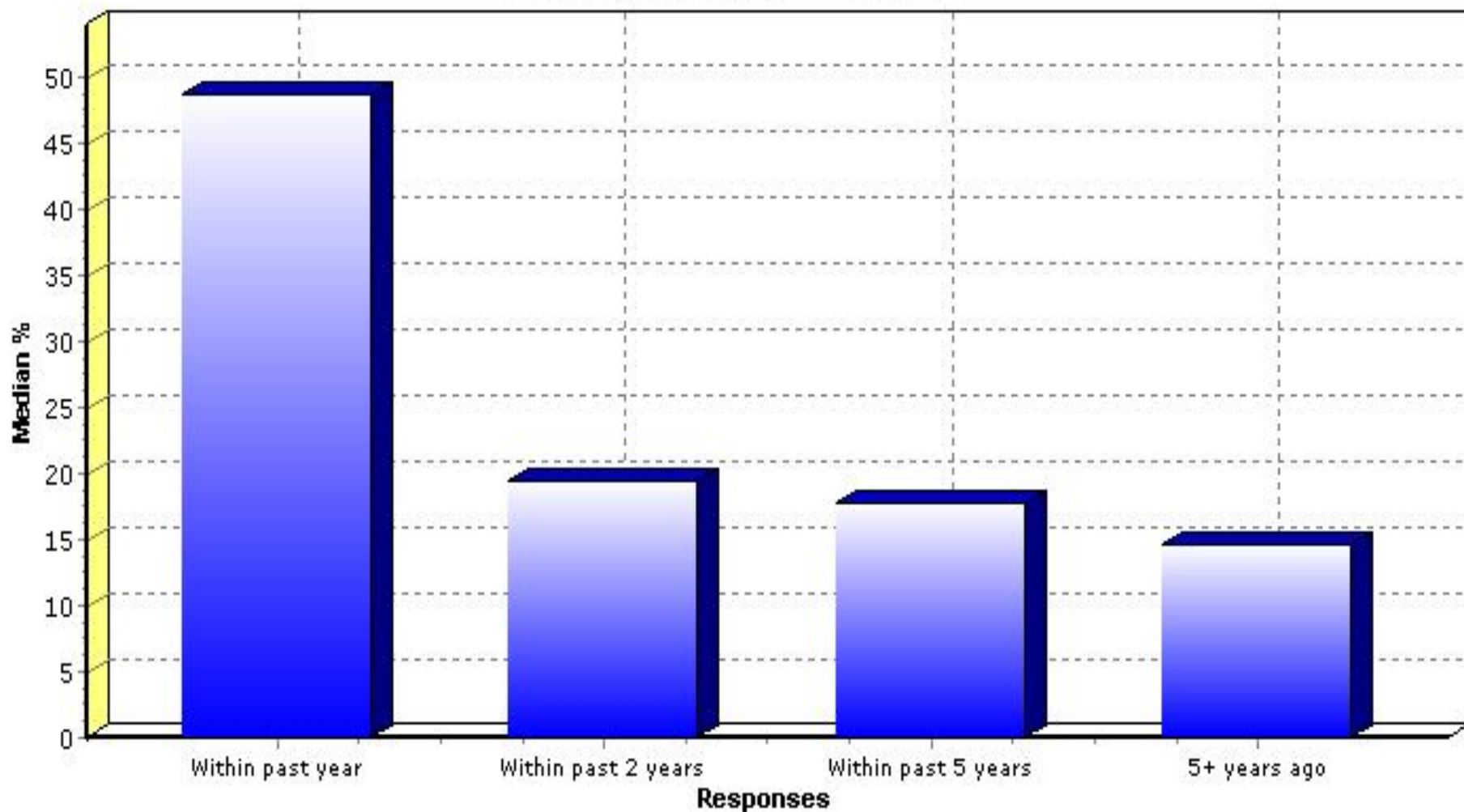
BRFSS

Used Home Blood Stool Test Kit Nationwide - 2002



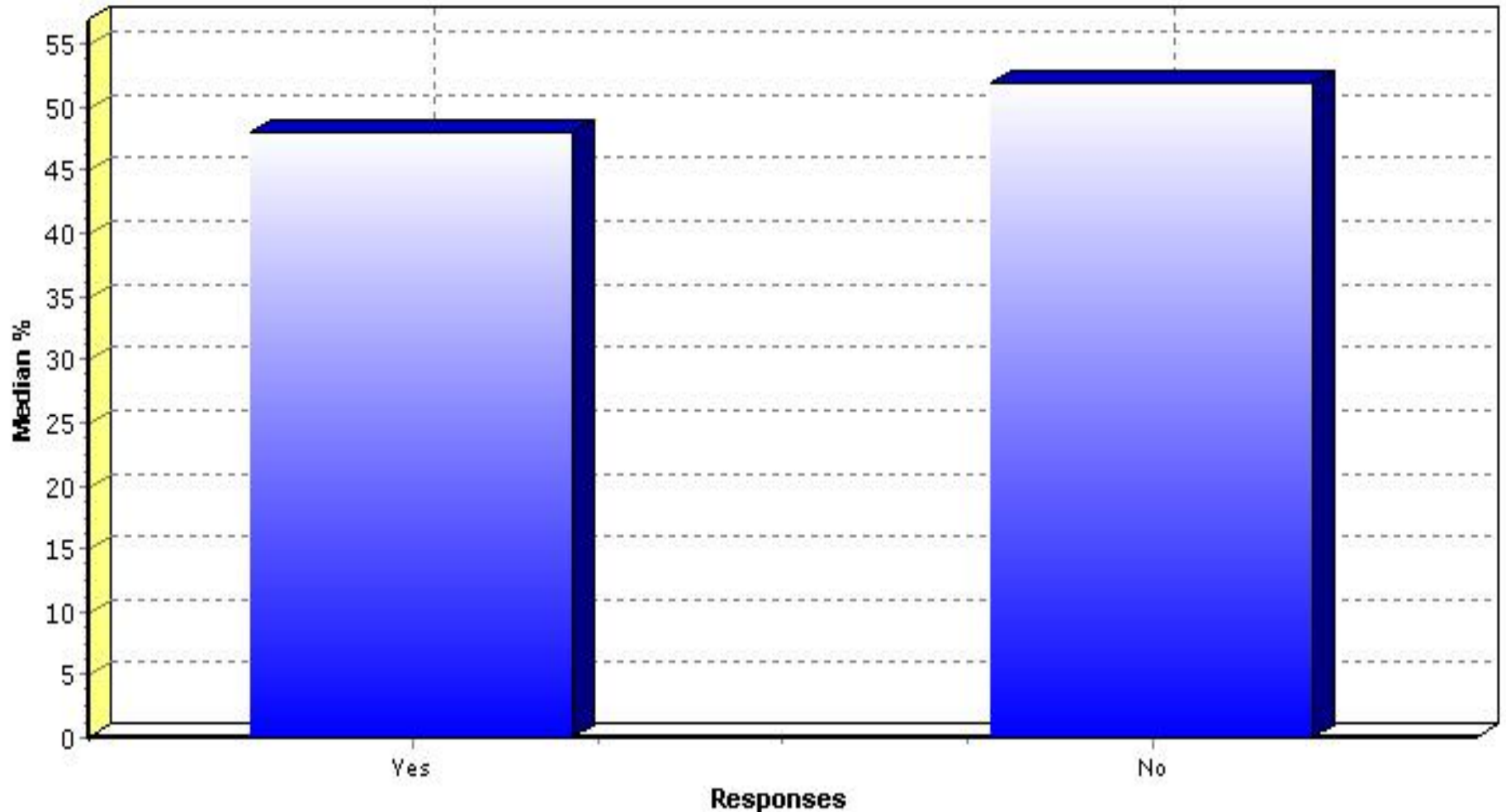
BRFSS

Time Since Last Blood Stool Test With Home Kit Nationwide - 2002



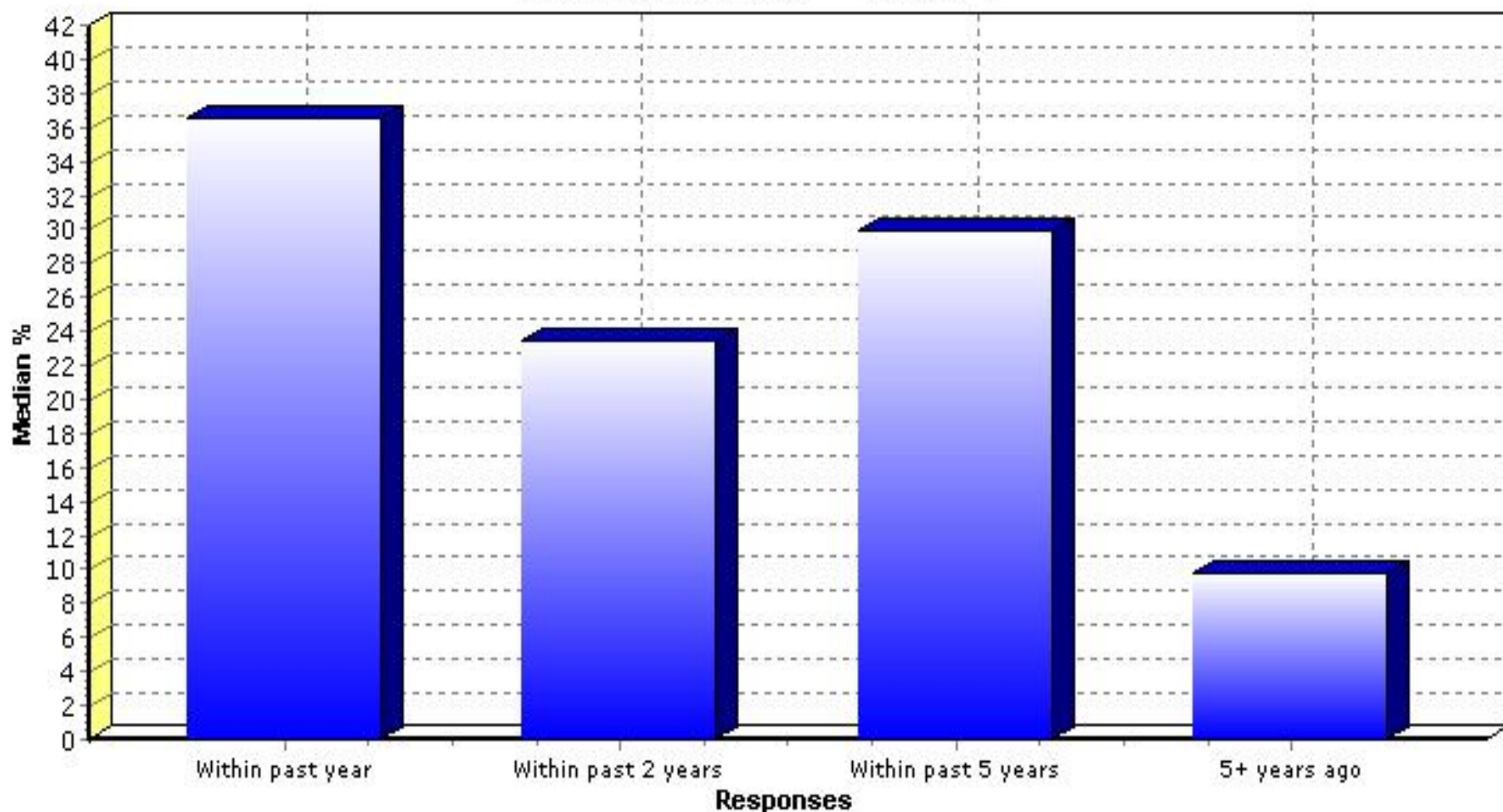
BFRSS

Had Sigmoidoscopy or Colonoscopy Exam Nationwide - 2002



BRFSS

Time Since Last Sigmoidoscopy or Colonoscopy Exam Nationwide - 2002



Some Interesting Findings

- Nadel et al(2005)- a third of physicians who ordered or performed FOBT used only the single office test and 41% used both in home and office test. For follow-up of positive tests, 30% of physicians ordered repeat FOBT. Only 53% of patients had colonoscopy for followup of positive FOBT, 23% had flex sig
- Ko et al (2005) – analyzed claims for outpatient services for Washington state Medicare beneficiaries in 2000 and found 9% had FOBT and 7% had invasive tests such as FS, Colo, BE. FOBT was more common in women than in men, in beneficiaries aged 70-74 and in rural than in urban residents. Invasive tests were more common in men, age 70-74 and in urban residents

More Interesting Findings

- Ioannou et al (2003) – showed that a routine doctor's visit was one of the strongest predictors of CRC screening (OR=3.5, $p < .001$)
- Schwartz et al (2004) showed that 87% of US adults over age 40 believe routine screening is a good idea, 74% believe finding cancer early saves lives and 53% believe screening usually reduces the amount of treatment needed when cancer is found
- Thompson et al (2000) – showed that delegating screening tasks to support staff (LPNs) in the Puget Sound Health Care System resulted in a significant ($p < .001$) increase in FOBT screening

Conclusions

- Despite evidence that screening is effective, screening rates in the US remain relatively low - about a third had FOBT and about 30% had flex sig or colo in past 2 years (many were diagnostic)
- Insurance coverage for screening has had a relatively small effect on increasing screening rates
- Physicians and their staffs need to be more proactive in encouraging their patients to participate in an appropriate screening program, in using the tests as recommended and in following the recommended guidelines for diagnostic follow-up.