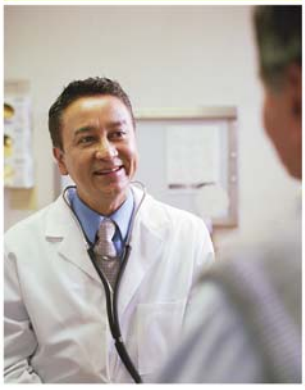

Flu-FIT Programs: Maximizing Opportunities for Colorectal Cancer Screening

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Today's Discussion

- Describe the need for innovative approaches to address colorectal cancer screening
- Describe the evidence-based Flu-FIT program
  - ✓ Research and Best Practices
- Review Flu-FIT materials and discuss keys to successful implementation.

US Colorectal Cancer Statistics

CA: Cancer J Clin, 2012;62:10-29, MMWR 2011;60:884-9; and *CA: Cancer J Clin,2014*;64:104-117.

- 3rd leading cause of cancer in adults
  - ✓ >140,000 new cases/yr
- 2nd leading cause of cancer death in adults
  - ✓ >50,000 deaths/yr
- US mortality reductions in last 35 years
  - ✓ 28.6/100,000 1976 → 16.7/100,000 in 2007
  - ✓ Half of the reduction is believed due to screening
- US incidence reduction of more than 30% in the last decade

American Cancer Society recommendations for colorectal cancer early detection

Beginning at age 50, both men and women at average risk for developing colorectal cancer should use one of the screening tests below:

- Tests that find polyps and cancer
  - ✓ Flexible sigmoidoscopy every 5 years*
  - ✓ Colonoscopy every 10 years
  - ✓ Double-contrast barium enema every 5 years*
  - ✓ CT colonography (virtual colonoscopy) every 5 years*
- Tests that mainly find cancer
  - ✓ Fecal occult blood test (FOBT) every year*,**
  - ✓ Fecal immunochemical test (FIT) every year*,**
  - ✓ Stool DNA test (sDNA)***

Colorectal Screening – USPSTF

- Which Tests: *(A Level)*
  - *Fecal Occult Blood Tests annually (preferably with high sensitivity guaiac tests or fecal immunochemical tests),*
  - *Flexible Sigmoidoscopy every 5 years with interval FOBT every 3 years, or*
  - *Colonoscopy every 10 years*
- When to Test
  - *Ages 50-75 (A Level)*
  - With discretion ages 76-85 (C Level)
  - Do not screen after age 85 (D Level)

Why Stool Testing Gets an "A" from USPSTF

When provided annually to average risk patients with appropriate follow up, high sensitivity guaiac fecal occult blood tests (HSgFOBT) or fecal immunochemical tests (FIT) can provide the *same number of life-years gained* as colonoscopy-only strategies.

Zauber AG et.al. Ann of Int Med. 2008, 149; 659-669

CRC Screening – How it saves lives

Adenoma **Carcinoma**

Most carcinomas develop. Goal is to find and remove advanced adenomas and early stage cancers.

What are some of the disparities?

(MWR 2011;61:41-5)

Other Disparities				
Age 50-64	55%		Age 65-75	68%
No HS diploma	45%		College graduate	67%
Foreign born (in US<10yrs)	21%		US born	61%
No source of care	21%		Has usual source	62%
No insurance	21%		Private/military	65%

Disparities by race and ethnicity

(CDC BRFSS data, 2012) US CRC Screening Rate (NHIS data): 59%

	Any FOBT last 12 mos	Lower Endoscopy last 10 yrs	Either Test
White (non-Hispanic)	9.2%	58.5%	61.5%
Black (non-Hispanic)	8.4%	53.0%	55.5%
Asian	6.9%	44.5%	45.9%
American Indian / Alaska Native	6.1%	46.5%	48.1%
Hispanic / Latino	5.6%	45.3%	47.0%

Why Do Flu/Fit

- Annual flu shot activities are an opportunity to reach many people who need colorectal cancer screening:
  - ✓ Each fall, millions of Americans get flu shots. Annual flu shot campaigns are an opportunity to reach people who are also due for colorectal screening.
- FIT and FOBT kits can be given to patients by flu shot clinic staff:
  - ✓ Many flu shot campaigns are run by nurses, pharmacists, or medical assistants.
- FLU-FIT and FLU-FOBT Programs increase colorectal cancer screening rates:
  - ✓ FLU-FIT and FLU-FOBT Programs have been implemented successfully in a variety of clinical settings.

Advantages of FOBT and FIT…

- Inexpensive and Accessible
- Can be offered by any member of the health team
- Can be done in privacy and at home
- Is non-invasive and has no risk of pain, bleeding, bowel perforation, or other adverse outcomes
- Only requires colonoscopy if abnormal
- Many patients prefer it.

But, creating a High Quality FOBT or FIT Program still Requires Work.

- Select and order FOBT or FIT kits appropriate for your setting
- Identify eligible patients, organized in-reach and outreach
- Train staff to communicate with patients using appropriate, often tailored test instructions for home use
- Assure high test completion rates, and implement high quality test processing procedures
- Assure annual test completion if normal
- Follow up abnormal results with colonoscopy

In "resource limited" settings: Assure Colonoscopy Access Before You Start

- If you give out 1000 FIT kits, then expect:
  - ✓ 500 kits to be returned (50% return rate)
  - ✓ 25 abnormal tests (5%) requiring colonoscopy follow-up.
- Additionally, you may identify patients with higher than average risk who should get colonoscopy instead of FIT

Flu-FOBT and Flu-FIT Programs: *Why Pair CRC Screening with Flu Shots?*

- Creates a screening opportunity for individuals not reached or responding to other methods.
- Engages non-clinician staff in an efficient, yearly cancer screening campaign, and promotes awareness of best practices to deliver FOBT/FIT
- Provides a message to clinic staff, patients and the community that "Just like flu shots, home stool tests should be done every year"

AND, *in the process, your clinical team will learn what it takes to a good job with FOBT and FIT.*

San Francisco General Hospital Family Health Center

Results – SFGH Flu Shot Clinic Randomized Trial

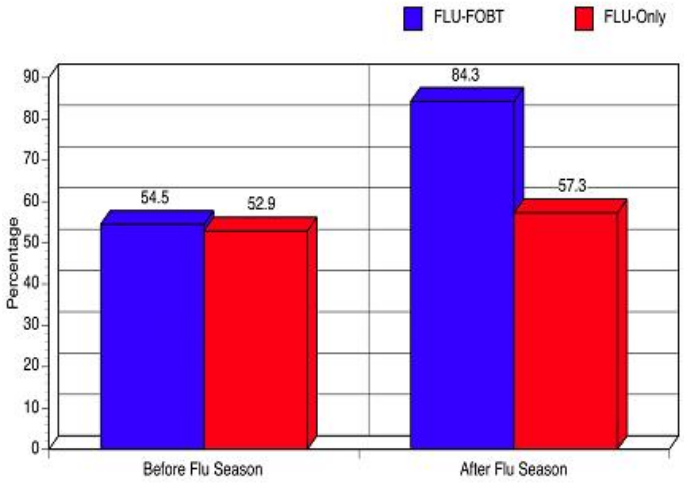
(*Ann Fam Med, 2009;7:17-23)*

Intent-to-treat analysis, all flu shot patients assessed for eligibility by research staff beforehand, with telephone reminders

	FLU Only Arm N=246	FLU-FOBT Arm N=268
CRCS Up-to-Date Before (Oct 2006)	52.9%	54.5%
CRCS Up-to-Date After (Mar 2007)	57.3%	84.3%
Change: p<0.001	+4.4 points	+29.8 points

CRCS up to date defined as having FOBT within 12 months, FSIG within 5 years or colonoscopy within 10 years

Change in Percentage of Patients up to Date with Colorectal Cancer Screening

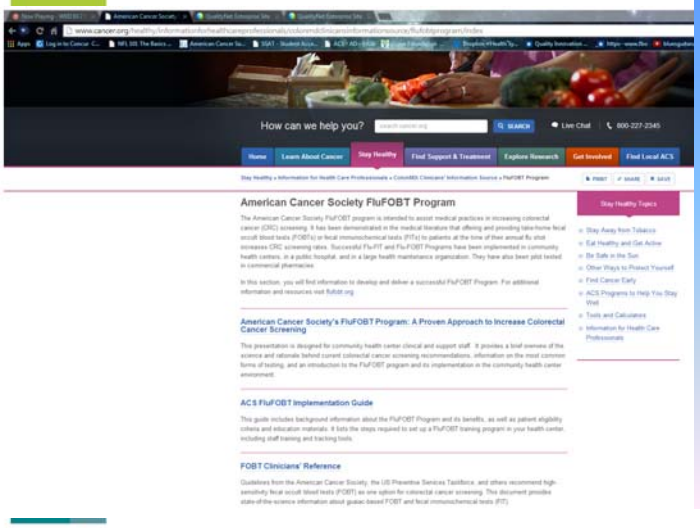


Flu-FOBT and Flu-FIT Dissemination Research Projects

- San Francisco Dept of Public Health
  - CDC R18 Grant (2008-2011) **"Translation of an Evidence-Based Colorectal Cancer Screening Intervention to Primary Care Settings Where Disparities Persist**"
- Kaiser Permanente Northern California
  - HMO Cancer Research Network (2008-2009) **"Preparation for the FLU-FIT Program at Kaiser Permanente Santa Clara"**
  - ACS Research Scholars Grant (2009-2012) **"Colorectal Cancer Screening During Annual Flu Shot Clinics at Kaiser Permanente"**
- Walgreens Pharmacies
  - Stewart Trust (2009-2010) **"Comparison of CRC education vs FIT distribution in an Annual Flu Shot Campaign"**

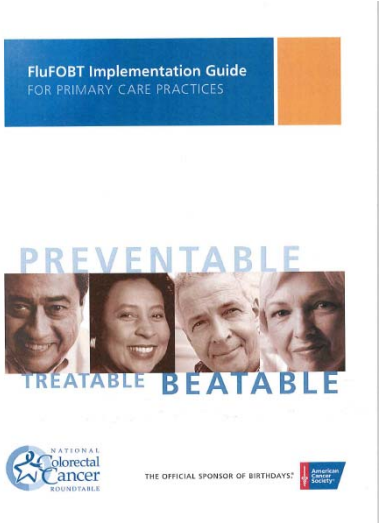
For More Information

Go to http://flufit.org or http://cancer.org/flufobt



- Videos on other materials on the project
- Training materials for staff
- Patient education materials and videos
- Demonstrations of the project and how it works
- Link to downloadable ACS FLU-FOBT Manual
- Link to NCI Research Tested Innovation Program website
- Link to AHRQ Innovations Exchange website
- Our Research Papers

FluFIT Implementation Guide



FLU-FOBT Program Components and Logic Model

Goal: *Increase colorectal cancer screening rates by offering home FOBT to eligible patients during annual flu shot activities*

Core Functional Component: Standing orders to allow non - physician clinic staff to offer flu shots and FOBT together to any clinic patient or health care client aged 50-75 who is seen during flu shot season.

Target Clinical Settings: Community health centers, pharmacies, managed care organizations , and other health care settings where flu shots are provided and where FOBT is offered for average risk colorectal cancer screening.

Program Planning & Advertising

- Designated clinic leader for the FLU-FOBT Program
- Program leader completes formal training online
- Program leader assigns clinic staff members to participate
- Clinic staff members complete formal training
- Clinic team approves implementation work plan
- Advertise program to patients with postcards and posters

Daily Implementation

- Daily supervision by program leader
- Trained staff offers program every day during flu shot season
- EHR used to assess FOBT eligibility when possible
- FOBT given to eligible patients before flu shot is given
- FOBT kits prepackaged with all selected program materials to facilitate patient understanding, test completion , and return of completed tests to the laboratory.

Tracking

- Flu shots and FOBT dispensed are recorded together and at the same time for tracking purposes

FOBT Completion

FOBT not Completed
- Postcards and phone call reminders as needed

FOBT Completed
- FOBT kit mailed by patients to lab with addressed, stamped mailing pouch
- Check results

Results Follow-up

Normal Test Results
- Notify patient and primary care provider
- Remind patient to repeat test in a year

Abnormal Test Results
- Notify patient and primary care provider
- Arrange for follow-up appointment and colonoscopy

Questions?

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