

OMED COLORECTAL CANCER SCREENING COMMITTEE MEETING
Saturday, May 19, DDW Washington, 2007
Presenter: Ron Meyers



World Organisation of
Digestive Endoscopy

**Increasing Colorectal Cancer Screening:
Research and Strategic Initiatives**

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DDW 2007

**Targeted and Tailored Interventions
to Increase CRC Screening**

Study Design

- Baseline survey (Preventive Health Model)
 - Primary care patients not up to date w/ screening
 - >60% women, >60% African American
- Random assignment to a study group (Control, Standard Intervention, Tailored Intervention, Tailored Intervention and Phone call reminder)
- Endpoint survey and chart audit

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Tailored Message - Susceptibility

- Construct: Susceptibility (low score)
- Message: "You might not know you are at risk for colorectal polyps and cancer. Colorectal polyps occur frequently in people over 50, and colorectal cancer is relatively common in this age group. Your risk for these conditions increases as you get older."

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Tailored Message - Susceptibility

- PHM Construct: Susceptibility (high score)
- Message: "It's good you know you are at risk for colorectal polyps and cancer. Colorectal polyps occur frequently in people over 50, and colorectal cancer is relatively common in this age group. Your risk for these conditions increases as you get older."

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Screening Use (N=1,546)

A total of 642 (42%) participants screened

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Screening Use

Baseline Survey
(N=1,546)

	(N=387)	(N=387)	(N=386)	(N=386)
2X Usual Care	Usual Care	Standard Print Letter • Letter • FIT kit • Reminder Letter	Tailored Print Letter • Tailored Letter • FIT kit • Reminder Letter	Tailored Print+Call Letter • Tailored Letter • FIT kit • Reminder call • Tailored reminder
	32%	44%	43%	47%
		p=0.002	p=0.004	p<0.001

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Screening Tests Used

Type of Test	N	(%)
SBT +/- FS, BE	202	(13.1)
Cx +/- SBT, FS, BE	362	(23.4)
FS +/- BE	77	(5.0)
None	<u>905</u>	<u>(58.5)</u>
Total	1,546	(100.0)

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Conclusions

- Exposure to SI, TI, and TIP interventions increased screening.
- Preventive Health Model variables predicted screening.
 - Sociodemographic background, past experience, worries and concerns, response efficacy, social influence, and screening preference.

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Tailored Navigation to Increase CRC Screening (N=154)

Pre- and posttest design

- Baseline survey
- Exposure to preference-based tailored navigation
 - Identify test closest to doing and facilitate performance of that test
- Endpoint survey and chart audit

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Decision Stage and Preference

- DA: Decided against screening (FIT, Cx)
- NHO: Never heard of screening
- UND: Undecided about screening
- DEC: Decided to do screening

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Overall Screening Preference at Baseline and Navigation

Baseline		Navigation	
Stage	N (%)	Stage	N (%)
DA	0 (0.0)	DA	0 (0.0)
NHO	3 (2.0)	NHO	0 (0.0)
UND	29 (19.2)	UND	9 (6.0)
DEC	<u>119 (78.8)</u>	DEC	<u>142 (94.0)</u>
Total	151 (100.0)	Total	151 (100.0)

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Preference for Stool Blood Testing (SBT) and Colonoscopy (Cx) at Baseline and Navigation

Baseline		Navigation	
Tests	N (%)	Tests	N (%)
SBT>Cx	18 (11.9)	SBT>Cx	30 (19.9)
SBT=Cx	59 (39.1)	SBT=Cx	11 (7.3)
Cx>SBT	<u>74 (49.0)</u>	Cx>SBT	<u>110 (72.9)</u>
Total	151 (100.0)	Total	151 (100.0)

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Screening Use (N=154)

A total of 73 (47%) participants screened

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Screening Tests Used

Type of Test	N	(%)
SBT only	25	(16.3)
SBT and Cx	3	(2.0)
Cx only	45	(29.2)
None	<u>81</u>	<u>(52.5)</u>
Total	154	(100.0)

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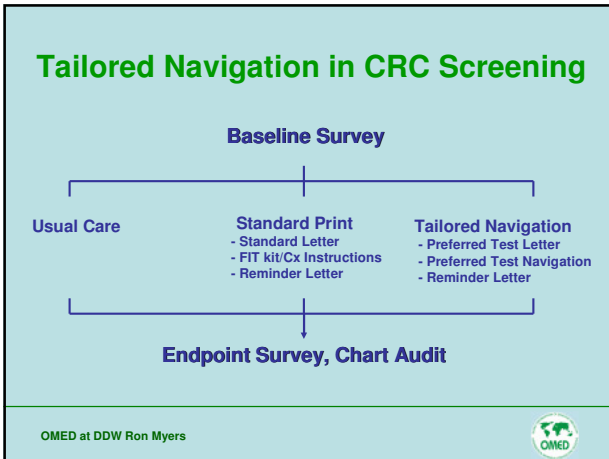
Conclusions

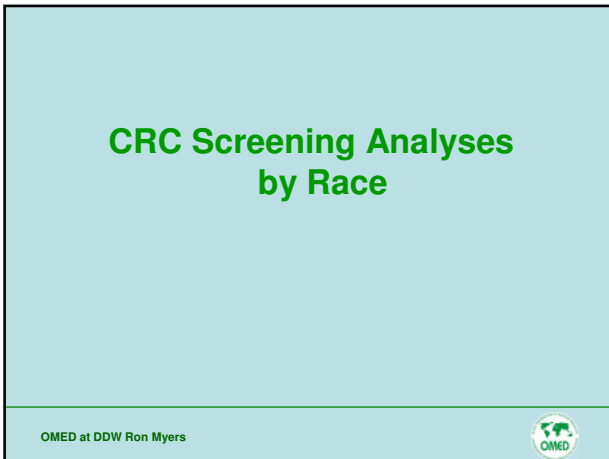
- Overall screening preference increased from baseline to navigation
 - SBT and Cx preference increased
 - Increase in Cx preference was more pronounced than increase in SBT preference
- Screening use increased from baseline
 - Use of Cx was greater than use of SBT

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Study 1: Screening Use by White Participants (N=708)


	Usual Care	Standard Print	Tailored Print	Tailored Print+Call
2X		<ul style="list-style-type: none"> Letter FIT kit Reminder Letter 	<ul style="list-style-type: none"> Tailored Letter FIT kit Reminder letter 	<ul style="list-style-type: none"> Tailored Letter FIT kit Reminder call Reminder letter
	32%	52%	50%	53%
		p<0.001	p=0.003	P<0.001

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Study 1: Screening Use by African American Participants (N=838)


2X	Usual Care	Standard Print • Letter • FIT kit • Reminder Letter	Tailored Print • Tailored Letter • FIT kit • Reminder letter	Tailored Print+Call • Tailored Letter • FIT kit • Reminder call • Reminder letter
	32%	40%	39%	46%
		p=0.16	p=0.178	p=0.005

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Study 2: Screening Use (N=154)


A total of 73 (47%) participants screened

- Whites (n=126): 56 (44%)
- Nonwhites (n=28): 17 (60%)

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Preference for SBT and Cx at Baseline and Navigation Among Whites

Baseline		Navigation	
Tests	N (%)	Tests	N (%)
SBT>Cx	14 (11.4)	SBT>Cx	24 (19.5)
SBT=Cx	48 (39.0)	SBT=Cx	5 (4.1)
Cx>SBT	61 (49.6)	Cx>SBT	94 (76.4)
Total	123 (100.0)	Total	123 (100.0)

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Preference for SBT and Cx at Baseline and Navigation Among Nonwhites

Baseline			Navigation		
Tests	N	(%)	Tests	N	(%)
SBT>Cx	4	(14.3)	SBT>Cx	6	(21.4)
SBT=Cx	11	(39.3)	SBT=Cx	6	(21.4)
Cx>SBT	13	(46.4)	Cx>SBT	16	(57.2)
Total	28	(100.0)	Total	28	(100.0)

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Screening Tests Used by White Participants

Type of Test	N	(%)
SBT only	19	(15.1)
SBT and Cx	2	(1.6)
Cx only	36	(28.5)
None	69	(54.8)
Total	126	(100.0)

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Screening Tests Used by Nonwhite Participants

Type of Test	N	(%)
SBT only	5	(17.9)
SBT and Cx	3	(10.7)
Cx only	9	(32.1)
None	11	(39.3)
Total	28	(100.0)

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Conclusions

- **Study 1 (Targeted & Tailored Interventions)**
 - Screening was higher among whites as compared to African Americans
 - Among whites, all interventions increased screening; among African Americans, only the TIP intervention increased screening

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Conclusions (continued)

- **Study 2 (Tailored Navigation Intervention)**
 - Overall screening preference increased for whites and nonwhites
 - Preference for SBT and Cx increased for whites and nonwhites
 - Preference increase for Cx was more pronounced for whites than nonwhites
 - Screening increased among whites and nonwhites
 - Cx use was more pronounced among whites than nonwhites

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Pennsylvania
Cancer Control Consortium
PAC³
THIRD ANNUAL SUMMIT
Lifespan of Survivorship: Impact Across
the Cancer Continuum
March 30, 2007



Toftrees Resort & Conference Center
State College, Pennsylvania

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What is the Pennsylvania Cancer Control Consortium (PAC³)?

An ever-growing group of volunteer individuals and organizations that...

- *Have a shared vision:* The cancer burden can be reduced through collaborative effort to implement and disseminate cancer research findings
- *Works to achieve a mission:* Implement the Pennsylvania Comprehensive Cancer Control Plan

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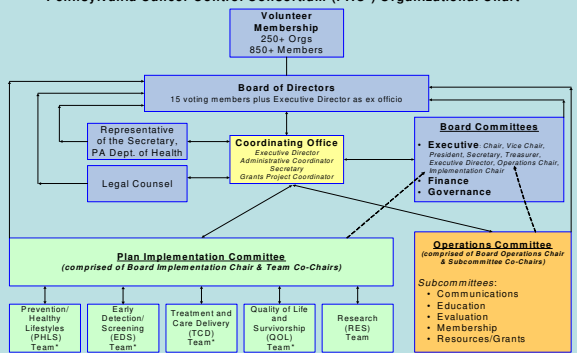
PAC³ Member Organizations

- Academic cancer centers
- Community cancer centers
- Other health care delivery organizations
- Health care providers and administrators
- Researchers
- Survivors/ advocates
- Community-based organizations
- Foundations
- Pharmaceutical companies/other businesses/ industry
- State government
- Insurers

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Pennsylvania Cancer Control Consortium (PAC³) Organizational Chart

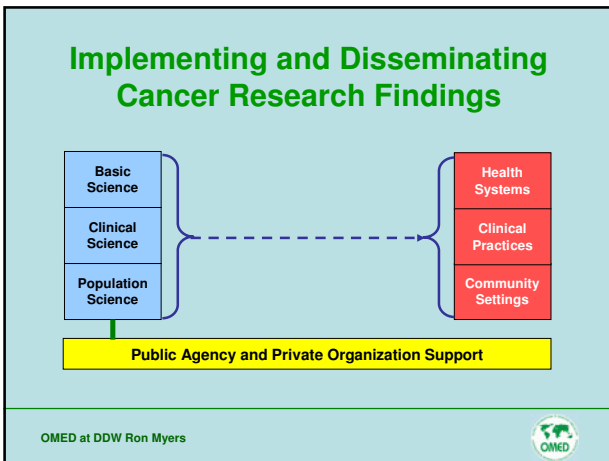


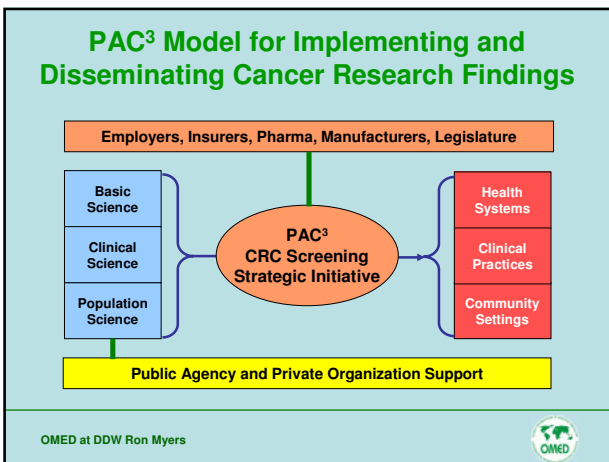
Note: Each Team to include representation from each cross-cutting area: Research, Cancer Information, Access/Disparities, and Advocacy

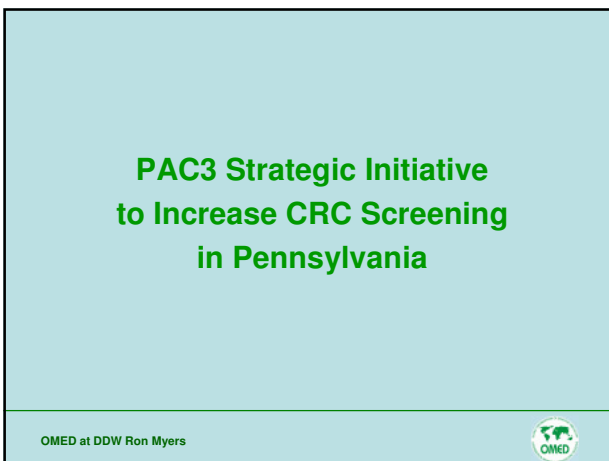
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Steps in Developing, Implementing, and Evaluating Strategic Initiatives

1. Determine priority strategic initiatives to be pursued
2. Solicit priority initiatives related to PC CCC Plan
3. Identify potential partners to provide support for initiatives
4. Convene a “dialogue” to obtain support

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Steps in Developing, Implementing, and Evaluating Strategic Initiatives (continued)

5. Identify member organizations to provide leadership for initiative proposal development
6. Facilitate development and review of proposals:
 - Define the problem
 - Identify best practices to address the problem
 - Outline a plan for implementing best practices
 - Describe a method for evaluating impact
 - Define resources needed

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Steps in Developing, Implementing, and Evaluating Strategic Initiatives (continued)

7. Select proposal to be supported
8. Provide resources lead organizations
9. Implement the initiative
10. Evaluate outcomes

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