

Nurse navigators may aid colon cancer screening follow-up

November 10 2014

Group Health patients with a positive screening test for colon cancer (a stool test or sigmoidoscopy) tended to be more likely to get the recommended follow-up test, a diagnostic colonoscopy, if nurse navigators contacted them than if they got usual care. This is according to "Results of Nurse Navigator Follow-up After Positive Colorectal Cancer Screening Test: A Randomized Trial" in the November-December *Journal of the American Board of Family Medicine*, led by Beverly B. Green, MD, MPH, a Group Health physician and a Group Health Research Institute associate investigator.

"The effect didn't reach statistical significance, partly because rates of screening and follow-up were already so high at Group Health—among the highest reported," said Dr. Green, who is also an associate clinical professor at the University of Washington (UW) School of Medicine. The reason follow-up rates were already so high at Group Health is that usual care includes a reminder system that alerts patients' doctors when follow-up testing is needed and hasn't been done.

"Our study showed that combining this systems approach with nurse navigation resulted in colonoscopy follow-up rates exceeding 92 percent," she said, "with 10 percent of that attributable to the nurse navigators."

In 2013 Dr. Green showed that [colon cancer screening](#) rates doubled at Group Health with systematic use of electronic health records. The new study is a follow-up trial within that larger Systems of Support to

Increase Colorectal Cancer Screening Study (SOS).

Group Health uses the electronic medical record to offer a yearly [stool test](#) or a colonoscopy every decade to patients of average risk of cancer of the colon and rectum. When the SOS trial was done, sigmoidoscopy was also an option that patients could choose for screening.

Dr. Green has shown that systematically mailing stool tests to patients each year is a promising way to help prevent disparities in [colon cancer](#) screening.

"Screening for [colorectal cancer](#) saves lives," Dr. Green said, "but only if people are screened—and if they receive prompt diagnostic testing to follow up on screening tests that suggest that cancer might be present." Around one in three people who have a positive stool test or positive sigmoidoscopy turn out to have either colorectal cancer or an advanced pre-cancer that can be removed during colonoscopy.

Provided by Group Health Research Institute

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