

A recipe for increased colorectal cancer screening rates

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Screening for colorectal cancer (CRC) is cost-effective and saves lives by early detection. The ability to screen large numbers of individuals is especially important for states with tight health insurance budgets dealing with aging populations. However, in 2010 only 65 percent of US adults between ages 50 and 75 got the recommended screening. A University of Colorado Cancer Center study recently published in the *American Journal of Managed Care* demonstrates a systematic approach to improve screening rates.

"With an introductory phone call and then mailed testing kits, we saw CRC [screening rates](#) jump from 47 to 72 percent in three years. Those who were exposed to the outreach were almost four times more likely to screen," says Karin Kempe, MD, MPH, recent director of clinical prevention at Kaiser Permanente Colorado, a CU Cancer Center consortium partner.

Kempe and colleagues mailed 58,800 fecal immunochemical tests (FIT) to low-risk Kaiser members who were not up to date on screening for colorectal cancer. Members could either complete the [stool test](#) at home and mail it back or request colonoscopy through their provider. Of these hard-to-convince patients, 26,003 completed screening with FIT or colonoscopy. The increase in screening rates was especially high in those without recent primary or [specialty care](#) visits, suggesting that the protocol reached patients who may have been unaware of [screening recommendations](#) or who were not previously engaged in preventive care.

"What's especially exciting is that this first test seemed to be a foot in the door to further screening," Kempe says. Patients screened first through this study tended to migrate over time into the [colonoscopy](#) screening program.

Still, "while those groups that usually have lower rates of screening, such as African Americans or Latinos, did improve, their response was less than the in the white and [Asian populations](#). Our current efforts are aimed at tailored interventions to increase screening rates in these groups," Kempe adds.

"Along with colleagues Holly Wolf, PhD, MSPH and Tim Byers, MD, MPH, the American Cancer Society and the Colorado Colorectal Screening Task Force, we've been strong advocates for improving screening rates in Colorado. And, in fact, Colorado has been steadily improving in CRC screening," Kempe says. "But continued effort and investment in this area is definitely required."

There are prerequisites for instituting a system like this, says Kempe, including strategies to identify low risk members appropriate for FIT, and the ability to track and manage the results of a massive number of screening kits. But results of the current study indicate that, done carefully, a protocol of phone calls and mailed kits can increase colorectal cancer screening, likely resulting in lower costs and better medical outcomes for program participants.

Provided by University of Colorado Denver

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