

Centralized mailings can improve CRC screening adherence

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(HealthDay)—A centralized program which includes mailings can

increase the time in compliance with colorectal cancer (CRC) screening guidelines, according to a study published online July 28 in *Cancer*.

Beverly B. Green, M.D., M.P.H., from Kaiser Permanente Washington in Seattle, and colleagues randomized 4,675 individuals aged 50 to 74 years to receive usual care, which included clinic-based strategies to increase CRC screening (arm 1), or, in years one and two, to receive mailings with a call-in number for colonoscopy and mailed fecal tests (arm 2), mailings and brief telephone assistance (arm 3), or mailings and assistance with nurse navigation (arm 4). In years three and five, active-intervention subjects who were still eligible for CRC screening were randomized to mailings being stopped or continued. The authors compared the proportion of follow-up time in compliance with CRC screening guidelines over five years (covered time) for those assigned to any intervention and those assigned to usual care.

The researchers found that intervention participants had more adjusted covered time over five years compared with usual care participants (incidence rate ratio, 1.31; covered time, 62.1 versus 47.5 percent). Almost all additional covered time was accounted for by fecal testing.

"In a health care organization with clinic-based activities to increase CRC screening, a centralized program led to increased CRC screening adherence over five years," the authors write. "Longer term data on [screening](#) adherence and its impact on CRC outcomes are needed."

More information: [Abstract](#)
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