

Increasing Colorectal Cancer Screening in Wyoming

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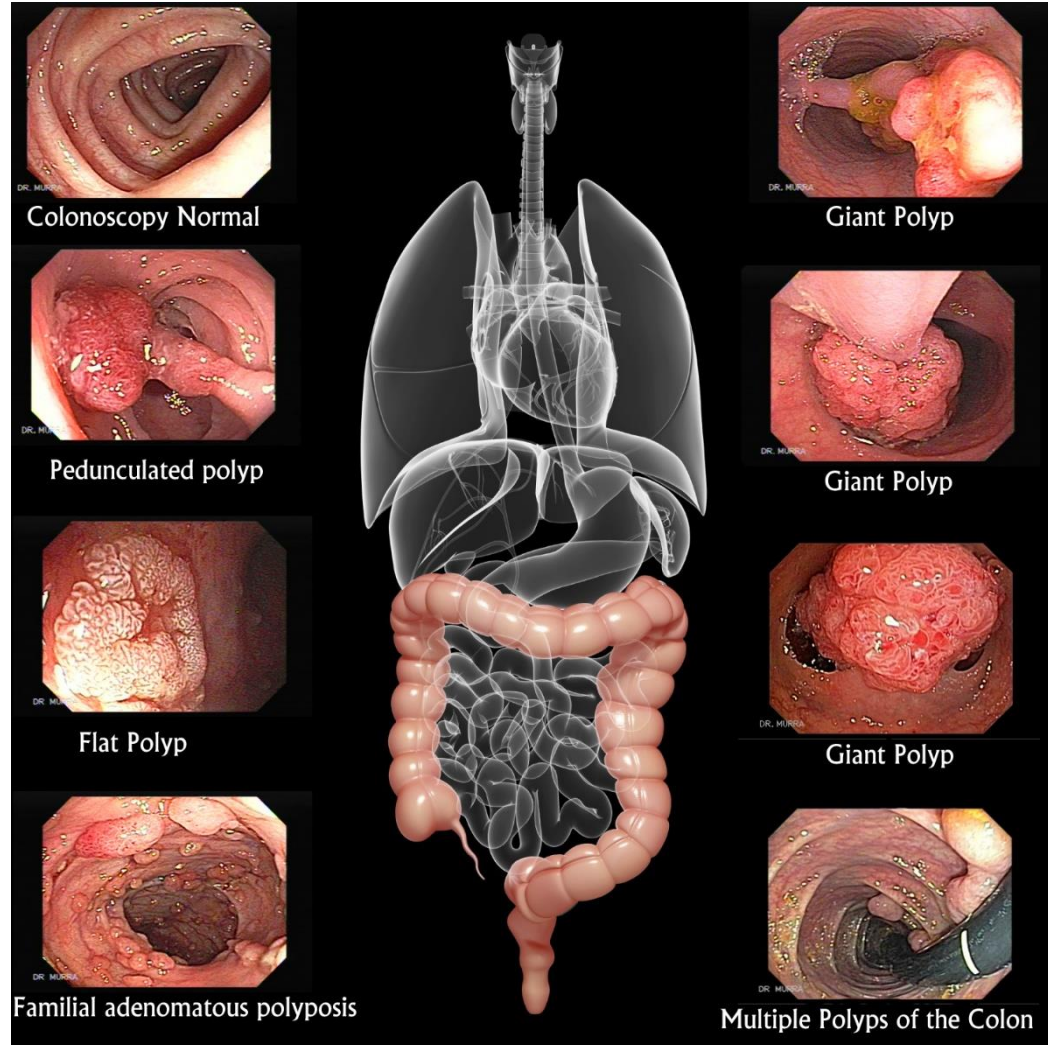


Overview

- What is colorectal cancer?
- What are risk factors for colorectal cancer?
- Wyoming colorectal cancer data
- Colorectal cancer screening recommendations and tests
- Increasing colorectal cancer screening rates in your clinic
- Wyoming Colorectal Cancer Screening Program
- Wyoming FIT Kit Program



Colorectal Cancer



Colorectal Cancer Risk Factors

- Age
 - Average age of diagnosis is 68 in men and 72 in women
 - The proportion of cases diagnosed in individuals younger than age 50 increased from 6% in 1990 to 11% in 2013. Most of these cases (72%) occur in people who are in their 40s.
- Gender
 - 30% higher rates in men, but common in both men and women.
- Race/Ethnicity
 - African Americans have the highest incidence and mortality rates of all groups in the U.S. and Asian/Pacific Islanders have the lowest.



Colorectal Cancer Risk Factors

- Behavioral Risk Factors
 - Alcohol consumption
 - Obesity
 - Physical inactivity
 - Red meat consumption
 - Processed meat consumption
 - Smoking
- Familial risk
 - Family history
 - Genetic abnormalities

*ACS Colorectal Cancer Facts & Figures 2017-2019



2015 Wyoming Cancer Surveillance Data

	Male	Female	Total
Invasive Cases of Colorectal Cancer in WY	108	88	196
In Situ Cases of Colorectal Cancer in WY	4	3	7
WY Incidence Rates (/100,000)	33.9	26.4	30.0
US Incidence (/100,000)	44.2	33.5	38.4
Colorectal Cancer Deaths in WY	45	45	90
WY Mortality (/100,000)	14.6	13.0	13.9
US Morality (/100,000)	16.4	11.7	13.8



Colorectal Cancer Screening in Wyoming

2016 Wyoming Behavioral Risk Factor Surveillance Survey Data Sigmoidoscopy or colonoscopy ever, age 50+.

Wyoming adults age 50 and older reporting having EVER had a sigmoidoscopy or colonoscopy.

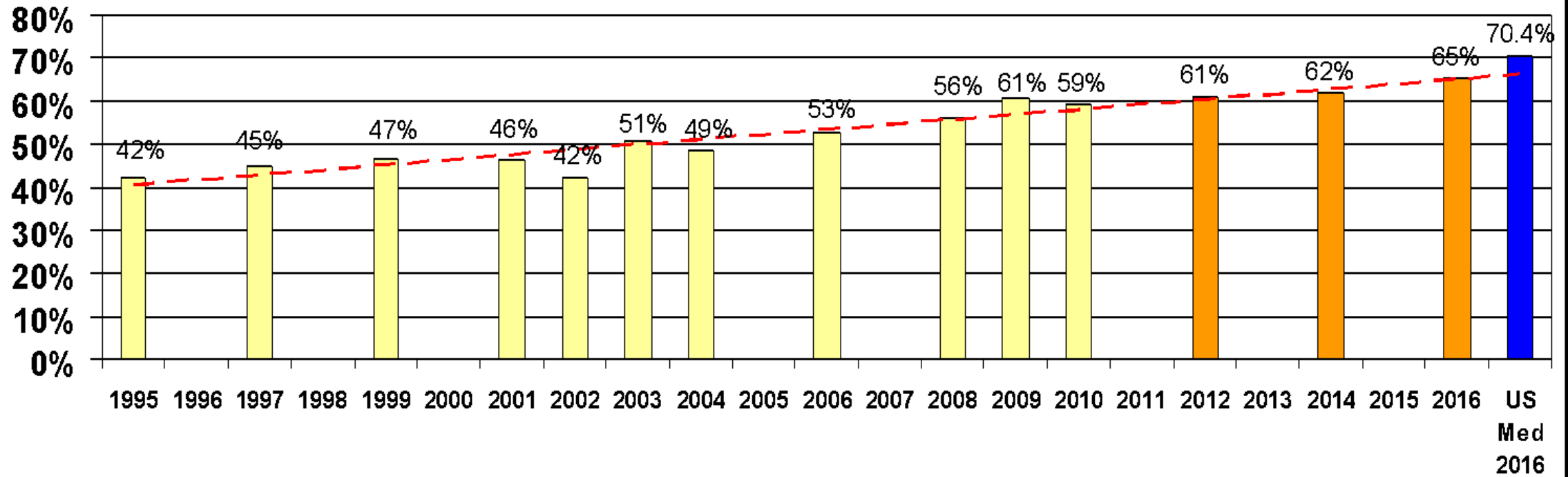
65.2%

Gender	Percent
Males	64.3%
Females	66.1%

Age (years)	Percent
50-59	50.7%
60-74	73.5%
75+	73.0%



Proctoscopy/Sigmoidoscopy/Colonoscopy Ever by Year (of Adults Age 50 and Older), WY BRFSS



Colorectal Cancer Screening Recommendations and Tests



Colorectal Cancer Screening Tests

What is the best screening test for colorectal cancer?

The test that gets completed!



Colorectal Cancer Screening Recommendations

The [United State Preventive Services Task Force \(USPSTF\)](#) recommends screening for colorectal cancer beginning at 50 years of age and continuing until 75 years of age.

- gFOBT or FIT every year
- Colonoscopy every 10 years
- Stool DNA every 3 years
- CT colonography every 5 years
- Flexible sigmoidoscopy every 5 years, or option of flexible sigmoidoscopy every 10 years, plus FIT every year



Stool Tests

- Guaiac FOBT (gFOBT) uses a chemical to detect heme, a component of the blood protein hemoglobin. Because the guaiac FOBT can also detect heme in some foods (for example, red meat), people have to avoid certain foods before having this test.
- Fecal immunochemical (or immunohistochemical) test (FIT, also known as iFOBT) uses antibodies to detect human hemoglobin protein specifically. Dietary restrictions are typically not required for FIT kits.

Note: Stool tests SHOULD NOT be completed in office via Digital Rectal Exam (DRE)



Stool Tests

Test Type	Pros	Cons
Guaiac-based fecal occult blood test (gFOBT)	<ul style="list-style-type: none">•No direct risk to the colon•No bowel prep needed•Sampling done at home•Inexpensive to administer	<ul style="list-style-type: none">• Can miss many polyps and some cancers• False-positive test result is possible• Pre-test diet changes are needed• Needs to be completed every year• Colonoscopy will be needed if abnormal
Fecal immunochemical test (FIT)	<ul style="list-style-type: none">•No direct risk to the colon•No bowel prep needed•No pre-test diet changes•Sampling done at home•Fairly inexpensive	<ul style="list-style-type: none">• Can miss many polyps and some cancers• False-positive test result is possible• Needs to be done every year• Colonoscopy will be needed if abnormal

Reimbursement for Stool Tests

Payer/Test Type	Reimbursement
Wyoming Medicaid/FOBT	\$4.09
Wyoming Medicaid/FIT or iFOBT	\$20.00
Medicare/FOBT	\$4.38
Medicare/FIT or iFOBT	\$19.64

*Cost to purchase tests and lab fees may vary



Colonoscopy

For this test, the doctor looks at the entire length of the colon and rectum with a colonoscope; a thin, flexible, lighted tube with a small video camera on the end.

Special instruments can be passed through the colonoscope to biopsy (sample) or remove any suspicious-looking areas such as polyps, if needed.



Colonoscopy

Test	Pros	Cons
Colonoscopy	<ul style="list-style-type: none">• Can usually look at the entire colon• Can biopsy and remove polyps• Done every 10 years• Can help find some other diseases	<ul style="list-style-type: none">• Can miss small polyps• Full bowel prep needed• Costs more on a one-time basis than other forms of testing• Sedation is usually needed• You will need someone to drive you home• You may miss a day of work• Small risk of bleeding, bowel tears, or infection



Newer Technology & Other Screening

- Stool DNA – A stool DNA test looks for certain abnormal sections of DNA from cancer or polyp cells. Cologuard[®], the test currently available, also tests for blood in the stool.
- CT Colonography (virtual colonoscopy) - This test is an advanced type of computed tomography (CT or CAT) scan of the colon and rectum.



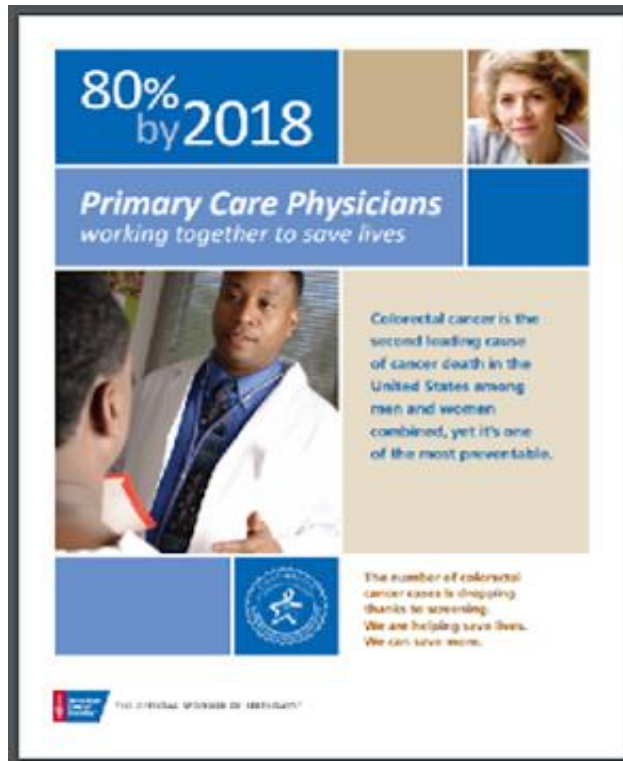
Other Screening Tests

Test	Pros	Cons
Stool DNA test (Cologuard)	<ul style="list-style-type: none">• No direct risk to the colon• No bowel prep needed• No pre-test diet changes• Sampling done at home	<ul style="list-style-type: none">• Can miss many polyps and some cancers• False-positive test result is possible• Should be completed every 3 years• Colonoscopy will be needed if abnormal• Still fairly new – possible insurance reimbursement issues
CT colonography (virtual colonoscopy)	<ul style="list-style-type: none">• Fairly quick and safe• Can usually see the entire colon• Completed every 5 years• No sedation needed	<ul style="list-style-type: none">• Can miss small polyps• Full bowel prep needed• False-positive test result is possible• Cannot remove polyps during testing• Colonoscopy will be needed if abnormal• Still fairly new – possible insurance reimbursement issues

Resources to Increase Colorectal Cancer Screening



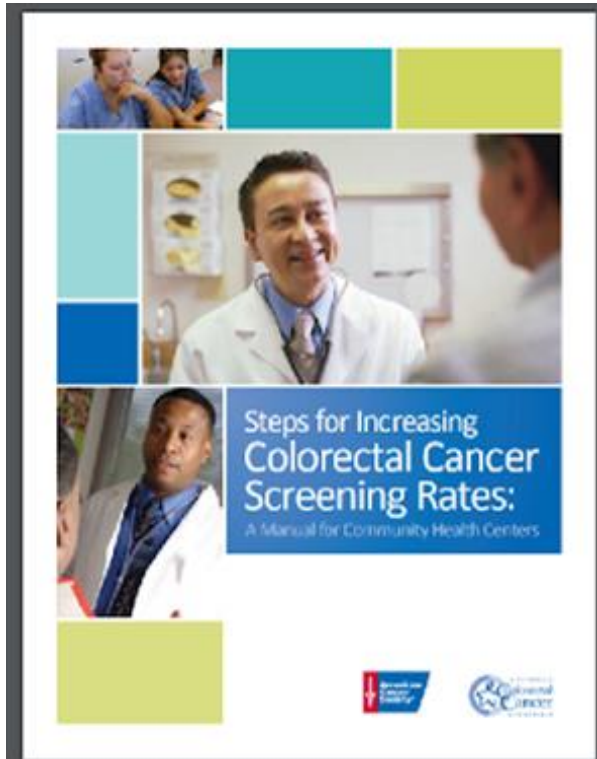
Increasing CRC Screening in your Clinic



- Importance of provider recommendation
- Know clinic and provider screening rates
- Set goals
- Understand screening options
- Understand insurance coverage



Increasing CRC Screening in your Clinic



- Make Plan
- Assemble a Team
- Get Patients Screened
- Coordinate Care across the Continuum



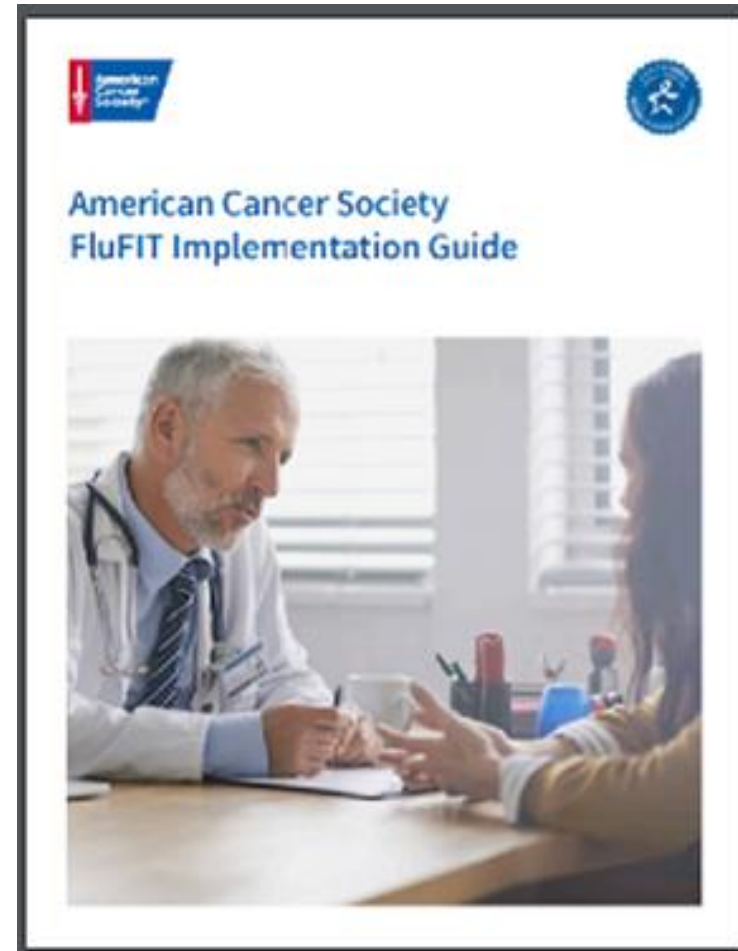
Using Evidence-Based Interventions

The Community Preventive Services Task Force (CPSTF) recommends multicomponent interventions to increase screening for colorectal cancer.

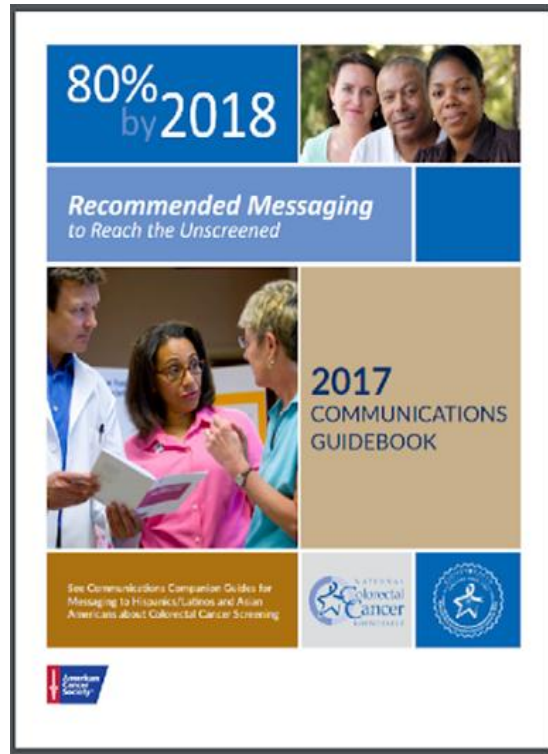
- Interventions to increase community demand: client reminders, client incentives, small media, mass media, group education, and one-on-one education
- Interventions to increase community access: reducing structural barriers and reducing client out-of-pocket costs
- Interventions to increase provider delivery of screening services: provider assessment and feedback, provider incentives, and provider reminders



Using Evidence-Based Interventions



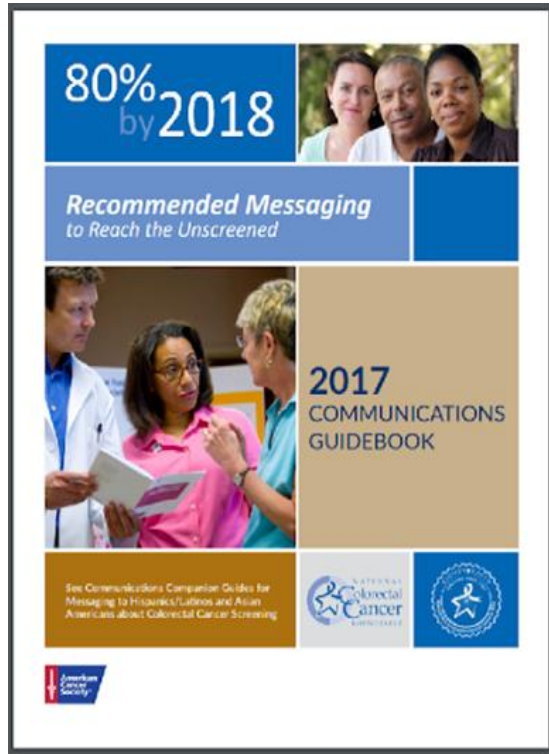
Increasing CRC Screening Through Messaging



- How to reach the unscreened
- Addressing barriers to screening
- Motivating the unscreened
- Tools to reach target populations
- Messaging for priority populations
 - Newly insured
 - Financially challenged
 - Insured Procrastinators/Rationalizers
 - African Americans
 - Hispanics



Increasing CRC Screening Through Messaging



[Radio and TV Scripts](#)

[Infographics](#)

[Social Media Messages](#)

[Banner Ads](#)

[Medical Office Slides](#)

[Sample CEO Champion Letter](#)

[Sample Email from a Hospital to Staff](#)


[Sample Email from a CEO to Employees](#)

[Guidance on Evaluating 80% by 2018 Messaging](#)

[Colorectal Cancer Awareness Month Social Media Toolkit](#)



Increasing CRC Screening in your workplace



80% Screening Goal
What Can Employers Do to Advance the Shared Goal to Screen 80% of Adults Ages 50 or Older for Colon Cancer?

- Adopt corporate goals
- Educate employees
- Engage insurance provider(s)
- Create a screening-friendly environment
- Reduce stigma



Programs to Increase Colorectal Cancer Screening for Underinsured and/or Uninsured Populations



Wyoming Integrated Cancer Services Program

The Integrated Cancer Services Program (ICSP) reimburses participating healthcare providers for breast, colorectal, and cervical cancer screening services provided to enrolled clients throughout Wyoming.

ICSP also works to implement the Wyoming Cancer Plan, facilitates the work of the Wyoming Cancer Coalition, manages the Wyoming Radon Program, and manages regional Wyoming Cancer Resource Services contracts throughout the state.



Wyoming Colorectal Cancer Screening Program

The Wyoming Colorectal Cancer Screening Program is funded through tobacco settlement funds set aside by the Wyoming Legislature. This program reimburses participating healthcare providers for colorectal screening tests, including colonoscopies, to enrolled clients.

Clients with a positive FIT kit may be referred to the program to determine eligibility for the Wyoming Colorectal Cancer Screening program.



Wyoming Colorectal Cancer Screening Program

Wyoming Colorectal Cancer Screening Program eligibility criteria:

Applicants must be:

- Age 50 years or older.
- A gross household income at or below 250% of the Federal Poverty Guidelines.
- Uninsured or underinsured.
- A Wyoming resident for at least 1 year.

Program application and additional program information can be found at

www.health.wyo.gov/cancer



Wyoming FIT Kit Program

The Wyoming FIT Kit Program increases the availability of colorectal cancer screening through stool tests to Wyoming clients, specifically those clients who are uninsured or underinsured, and live in frontier communities and may not have access to screening services.

The program is administered by the Wyoming Department of Health Integrated Cancer Services Program through support from the American Cancer Society.



Wyoming FIT Kit Program

Who can partner with the program to distribute FIT kits?

Providers, clinics, and organizations including those that work with uninsured, underinsured, and hard to reach populations specifically those with limited access to colorectal cancer screening services, can partner with the program to distribute kits.



Wyoming FIT Kit Program

Clients receiving FIT kits through the program must:

- Be a Wyoming resident
- Be age 50-75
- Have not had colonoscopy in the last 10 years
- Have not had a stool test (FIT/FOBT) in the last year
- No history of bleeding ulcers or hemorrhoids
- No current symptoms, including bleeding or blood in the stool
- A person of average-risk for colorectal



Clients should also be:

- Uninsured/underinsured, or have low likelihood to receive colorectal cancer screening through any other method
- Geographically isolated with limited access to screening options.



Wyoming FIT Kit Program

Responsibilities of partners of the FIT Kit Program

- Provide client education
- Distribute FIT kit with instructions for how to complete test
- Follow-up with client if test isn't completed within 3 months
- Receive test results from ICSP program
 - Normal results: ICSP will send a letter to the client
 - Abnormal results: partners will follow-up with client about test results and schedule additional screening. Report follow-up screening results to ICSP



Summary

- Screening can prevent colorectal cancer and reduce colorectal cancer mortality.
- Multiple types of screening tests, provide options
- Resources available to increase screenings in clinics
- Resources available for messaging in communities
- Programs are available for uninsured/underinsured clients



Questions & Contact Information

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Wyoming Colorectal Cancer Screening Program

1-800-264-1296

<https://health.wyo.gov/cancer>

