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Colorectal Cancer Screening Capacity

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Introduction

- Colorectal Cancer (CRC) 2nd leading cancer death
- Leading among non-smokers
- 1/3 of population doesn't meet screening guidelines
- Rural population more disparity
  - Less frequent screening
  - Higher mortality rates
  - Decreased access

Purpose

- Replicate components of national Survey of Endoscopic Capacity-2 (SECAP2)
- Evaluate the state of South Dakota's current CRC screening practices and capacity
- Identify deficits in CRC screening infrastructure
- Provide baseline information
- Suggest initiatives to increase CRC screening, service enhancement, healthcare provider education, and policy development.

Methods

- Community –based participatory research and a descriptive survey.
- Provider list included all healthcare facilities in the state of SD that offered any type of CRC screening.

Procedure

- Research assistants made phone calls
- E-mails were used
- Participants were mailed the survey
- Facilities were not identified
- IBM SPSS (2013) was used for data analysis.

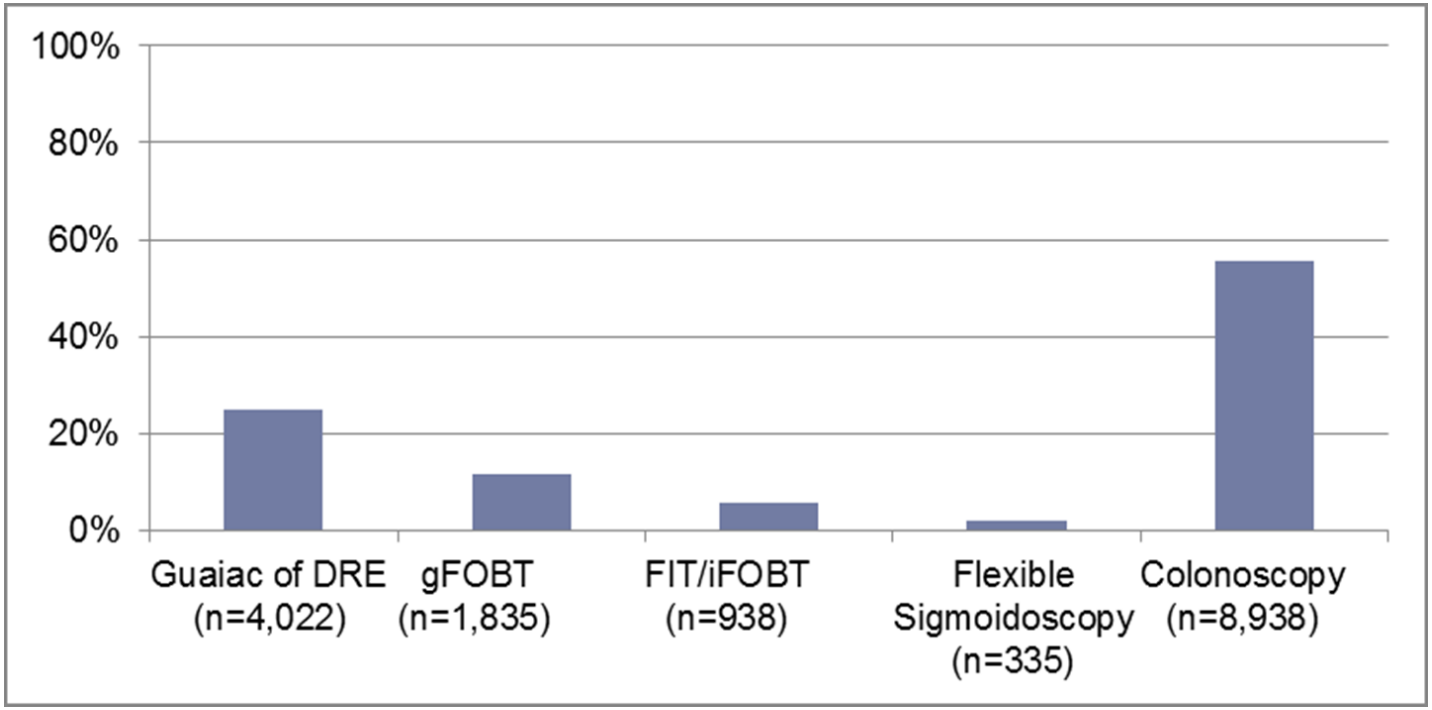
Screening Methods: Stool Samples

- Stool Samples: Yearly
- Digital Rectal Exam (DRE) Sample in Office: *Not recommended*
- Three sample guaiac-based 3-card fecal occult blood test (gFOBT)
- Three sample Fecal Immunochemical Test (FIT or iFOBT

Screening: Structural Exams Detect Cancer & Polyps

- Flexible Sigmoidoscopy (every 5 years)
- Colonoscopy (every 10 years)
- Double-contrast barium enema (every 5 years)
- Computed Tomographic Colonography (CTC) (every 5 years)

Completed CRC Screening Procedures by Type



Results

- 87 respondents, 47 family practice
- "GetScreenedSD" CRC program 64% participation
- Written protocol & standards for screening: 5%
- Percent of Facilities Offering Screenings:
  - DRE 63%
  - gFOBT 62%
  - FIT/FOBT 51%
  - Flexible Sigmoidoscopy 19%
  - Colonoscopy 32%

Limiting Factors

- Lack of providers (38%) and time for colonoscopy (33%)
- Technical difficulties with colonoscopy (48%)
- Poor bowel preparation (33%)
- DRE: 21% insufficient nursing staff, not recommended; switched to FIT
- FIT: Cost, no shows or cards not returned, limited follow-up
- 56% phone call-up
- Time a barrier for education

Recommendations

- Healthcare provider education on clinical practice guidelines
- Develop CRC screening protocols and educational resources for healthcare facilities Public education on the importance of CRC screening
- Educate healthcare providers and systems about colonoscopy quality measures

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