

# **BARRIERS TO COLON AND RECTAL CANCER SCREENING**

**THE VIRGINIA COLORECTAL CANCER  
ROUNDTABLE**

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# NO DISCLOSURES

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# OVERVIEW

- **Defining the problem: colorectal cancer**
- **Colorectal cancer screening rates and modalities**
- **Barriers to colorectal cancer screening**
- **Overcoming barriers**

# DEFINING THE PROBLEM: COLORECTAL CANCER

- **Prevalent**
- **Preventable**
- **Treatable**

# COLORECTAL CANCER: PREVALENT

- Estimated new cases 2015: 132,700
- All New Cancer Cases: 8.0%
- Estimated Deaths 2015: 49,700

NIH: Surveillance, Epidemiology, and End Results  
Program (SEER)

4

2

**4**

**4th most  
common type of  
cancer for men  
and women**

**2**

**2<sup>nd</sup> leading cause  
of cancer death**

# ESTIMATED NEW CANCER CASES 2015

1. Breast	231,840
2. Lung	221,200
3. Prostate	220,800
4. Colon and Rectal Cancer	<b>132,700</b>
5. Bladder	74,000

NIH: Surveillance, Epidemiology, and End Results Program (SEER)



# ESTIMATE CANCER DEATHS 2015

1. Lung	158,040
2. Colorectal	49,700
3. Breast	40,290
4. Prostate	27,540
5. Non-Hodgkins Lymphoma	19,790

NIH: Surveillance, Epidemiology, and End Results Program (SEER)

# RACE, ETHNIC, GENDER DISPARITIES: INCIDENCE

<b>MEN</b>	<b>Rates per 100,000</b>	<b>WOMEN</b>	<b>Rates per 100,000</b>
African American	63.8	African American	47.6
American Indian	51.7	American Indian	42.7
White	50.9	White	38.6
Hispanic	47.3	Hispanic	32.6
Asian	40.8	Asian	31.0
<b>TOTAL</b>	<b>51.7</b>	<b>TOTAL</b>	<b>39.1</b>

# RACE, ETHNIC, GENDER DISPARITIES: MORTALITY

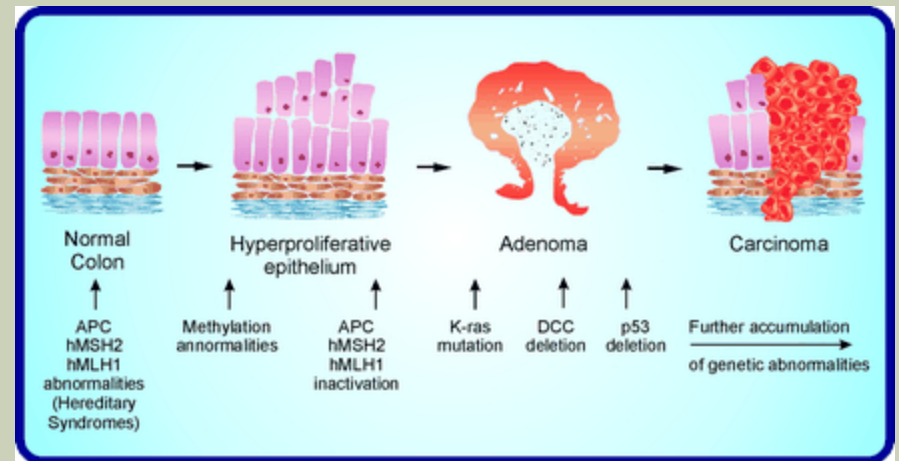
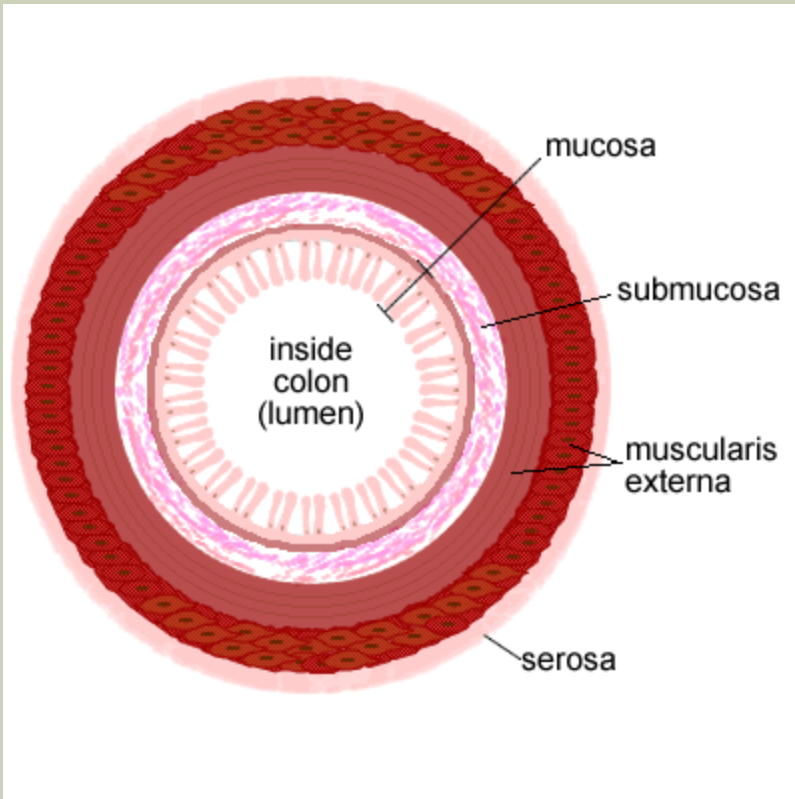
<b>MEN</b>	<b>Rates per 100,000</b>	<b>WOMEN</b>	<b>Rates per 100,000</b>
African American	29.4	African American	19.4
White	19.2	American Indian	15.4
American Indian	18.7	White	13.6
Hispanic	16.1	Hispanic	10.2
Asian	13.1	Asian	9.7
<b>TOTAL</b>	<b>19.6</b>	<b>TOTAL</b>	<b>13.9</b>

American Cancer Society. 4<sup>th</sup> ed. *Colorectal Cancer Facts & Figures:2014-2016*

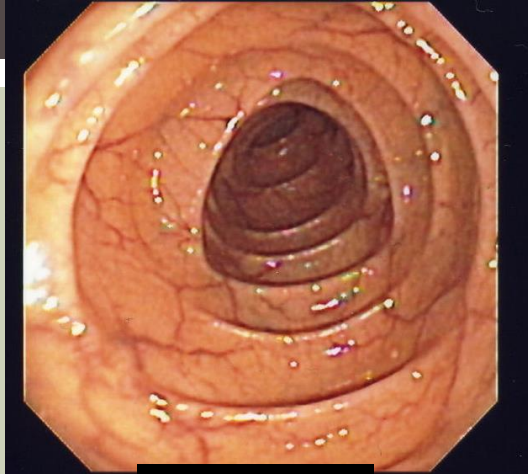
# COLORECTAL CANCER: PREVENTABLE

- adenoma to carcinoma pathway

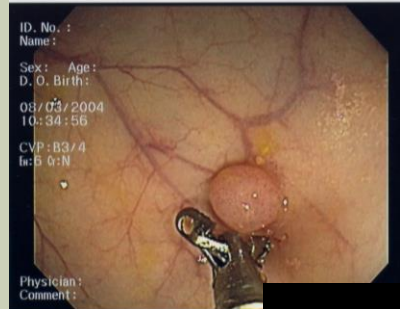
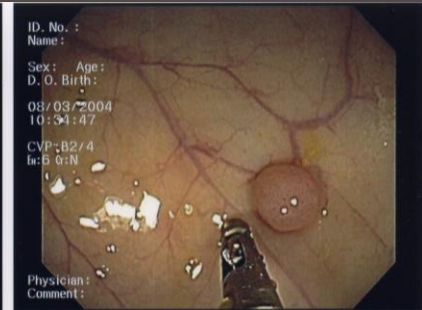
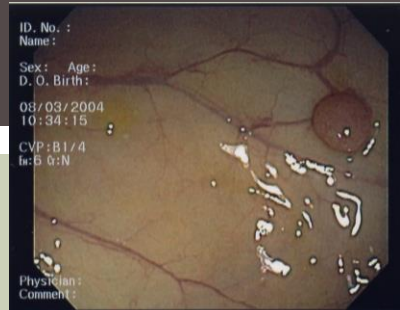
# ADENOMATOUS POLYP TO CANCER SEQUENCE



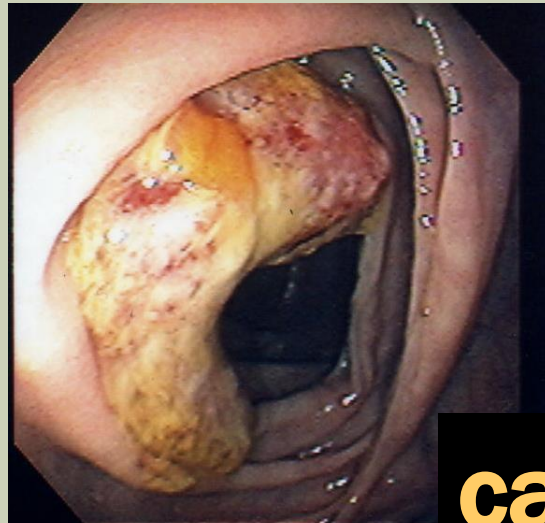
# POLYP TO CANCER SEQUENCE



**normal**



**adenoma**



# COLORECTAL CANCER: PREVENTABLE

- Screening
- Detect polyp
- Remove polyp before progressing to a cancer

# SCREENING

- FOBT/FIT
- Flexible sigmoidoscopy (FS)
- FOBT/FIT + FS
- Radiographic (ACBE, virtual colonoscopy)
- Colonoscopy



# SCREENING:

- Prevention
- Early detection

# COLORECTAL CANCER: TREATABLE 5 YEAR SURVIVAL BY STAGE

■ Stage 1,2:	90.1%
■ Stage 3:	70.8%
■ Stage 4:	13.1%
■ Overall	64.9%

NIH: Surveillance, Epidemiology, and End Results  
Program (SEER)

# IMPACT OF SCREENING FOR CRC: IMPROVED SURVIVAL

<b>YEAR</b>	<b>5 YEAR SURVIVAL %</b>
<b>1975</b>	<b>48.6</b>
<b>1985</b>	<b>58.0</b>
<b>1995</b>	<b>59.7</b>
<b>2007</b>	<b>66.5</b>

SEER 9. incidence & US Mortality 1975-2012

# CANCER SCREENING RATES

<b>Cervical</b>	<b>83.0%</b>
<b>Breast</b>	<b>72.4%</b>
<b>Colon and Rectal</b>	<b>58.6%</b>

CDC. Cancer Screening – United States, 2010. Morb Mortal Wkly Rep. 2012. Jan 27;61(3):41-5.

# COLORECTAL CANCER SCREENING PREVALENCE AMONG ADULTS AGE 50 YEARS AND OLDER BY STATE, 2012

	Screening Rate
<b>MASS (1)</b> , NH, VT, ME, RI, CT, DE, MN, WI	70.5 – 75.6%
<b>VIRGINIA (18)</b> , NY, PA, MD, DC, NC, GA, FL, MI, IA, UT, WA, CA	65.9 – 70.4%
WV, OH, KY, TN, SC, AL, IL, MO, SD, NE, KS, CO, OR, ID, HI	61.5 - 65.8%
AK, NV, AZ, NM, TX, OK, AR, LA, MS, IN, ND, MT, WY	57.1 – 61.4%

FOBT within past year; or, sigmoidoscopy or colonoscopy in past 10 years

# ■ Barriers to colorectal cancer screening

# REASONS FOR SCREENING DEFICIENCY

- Lack of awareness of need for colorectal cancer screening
- Lack of recommendation by health care provider
- Minorities, lower education level less likely to be screened, less likely to be recommended for screening

Wee et al. Factors associated with colon cancer screening: the role of patient factors and physician counseling. *Prev Med.* 41(1). July 2005. 23-29.

# TOP PATIENT REPORTED BARRIERS

Jones et al. Patient-reported barriers to colorectal cancer screening: a mixed-methods analysis. *Am J Prev Med.* 2010 May; 38(5):508-516.

■ Afraid/fear	10.1%
■ Lack of Knowledge	7.9%
■ Prep	7.9%
■ Pain	7.6%
■ Cost	6.0%
■ Afraid of Results	5.4%
■ Fear of Procedure	4.4%
■ Time Constraints	4.4%
■ Modesty	4.1%
■ No symptoms	4.1%



# STATE OF GEORGIA: BARRIERS, RACIAL DISPARITIES

- Physician recommendation for screening most important factor in being screened
- Significant racial difference in screening rates:
  - African-american: 50.4%
  - White: 63.4%
- Barriers:
  - African-american: insufficient time with a physician, cost
  - White: embarrassment

Wilkins et al. Racial Disparities and Barriers to Colorectal Cancer Screening in Rural Areas. J Am Board Fam Med. May-June 2012. 25 (3). 308-17.

# STRATEGIES TO OVERCOME BARRIERS: ONTARIO EXPERIENCE

- Screening rates low: 40%
- ColonCancerCheck- invitation mailed to all eligible persons to contact their family physicians to arrange CRC screening
- Brief, personalized letters from family physician were more effective than generic, detailed letter

**Tinmouth et al. A qualitative evaluation of strategies to increase colorectal cancer screening uptake. Can Fam Physician. 2011;57:e7-15.**

# OVERCOMING BARRIERS: PROVIDER RECOMMENDATION

- Make colorectal cancer relevant
  - Define the problem to solve: colorectal cancer
  - Prevalent, preventable, treatable
- Recognize who needs to be screened
- Address patient barriers

# OVERCOMING BARRIERS: INCREASE PATIENT AWARENESS

- **EVERYONE**
- Sporadic (NON-inherited) CRC is most common type: **75%**

# OVERCOMING BARRIERS: FAMILIARIZE WITH SCREENING RECOMMENDATIONS

- Average risk (no personal or family history):

**Age 50**

- High risk (1<sup>st</sup> degree family hx, personal hx):

**Age 40, or 10 years prior to diagnosis  
in 1<sup>st</sup> degree family member**

- Symptoms:

**Any age**

# OVERCOMING BARRIERS: IDENTIFYING AT RISK POPULATIONS

	<b>ABSOLUTE RISK (%) OF CRC BY AGE 79</b>
<b>No family history</b>	<b>4</b>
<b>1<sup>st</sup> degree family hx adenomatous polyp</b>	<b>8</b>
<b>1<sup>st</sup> degree family hx CRC</b>	<b>9</b>
<b>1<sup>st</sup> degree family hx CRC, diagnosed &lt;age 45</b>	<b>15</b>
<b>Multiple 1<sup>st</sup> degree family hx CRC</b>	<b>16</b>

<http://www.cancer.gov/types/colorectal/hp/colorectal-genetics-pdq>

# OVERCOMING BARRIERS: PROCEDURAL BARRIERS

- Bowel prep options
- Sedation options
- Time constraints
- Transportation issues
- Cost/insurance coverage

# H.R. 1220 – REMOVING BARRIERS TO COLORECTAL CANCER SCREENING ACT OF 2015

- 114<sup>th</sup> Congress
- Sponsor: Rep. Charles Dent (R-PA)
- Introduced: 3/3/2015
  
- Proposes covering 100% of cost of screening colonoscopy whether or not a polyp is removed



# OVERCOMING BARRIERS

- **Fight Colorectal Cancer's Call-on Congress Capitol Hill Briefing**
- **Congressional advisory committee:**
  - Rep. Rodney Davis (R-IL)
  - Rep. Charlie Dent (R-PA)
  - Rep. Mike Fitzpatrick (R-PA)
  - Rep. Leonard Lance (R-NJ)
  - Rep. Betty McCollum (D-MN)
  - Rep. Donald Payne, Jr. (D-NJ)

- **Thank you Cancer Action Coalition of Virginia!**