

Provider Bulletin

Update on Colorectal Cancer Screening for Access Advantage Medicare Members

Our most recent HEDIS results demonstrated some improvement in our colorectal cancer (CRC) screening rates, from 38.4 to 43.5%. But there is still room to improve: nationwide only 62 to 64% of eligible adults received CRC screenings in 2008^{1,2}. Screening rates are lowest among Hispanics, those with lower incomes or less than a high school education, those without health insurance those with no physician visits in the past year^{1,2,3,4}.

To that end, we've begun a project that we hope will improve patients' willingness to have CRC screening and should require little of the provider's time. This project will supplement our ongoing efforts to boost preventive health care services, including the CRC Quality Improvement Project described in the July 2011 Provider Bulletin.

Current clinical guidelines support the use of CRC screening in persons aged 50 to 75 years via colonoscopy every 10 years, flexible sigmoidoscopy every 5 years combined with high-sensitivity fecal occult blood testing (FOBT) every 2.5 to 3 years, or annual high-sensitivity FOBTs^{5,6}. Colonoscopy remains the gold standard, but its sensitivity is based on studies of experienced examiners in research settings and may not be as good in community practice. In addition, complications following colonoscopy must be considered. Serious complications are seen in 250 patients per 1000 procedures, including perforations, bleeding, cardiovascular events, and death^{5,7}.

According to the US Preventive Services Task Force (USPSTF), all three of the above screening methods can detect early-stage cancer and adenomatous polyps and are equally effective in terms of life-years gained, assuming strict adherence to these protocols^{5,6}. When complication rates of colonoscopy are considered, use of less invasive testing may reduce the need for colonoscopy, thereby reducing risks associated with screening. For all of the above reasons, the use of annual FOBTs for CRC screening is an effective option.

There are two types of high-sensitivity FOBTs currently available. The standard guaiac test has been replaced with more sensitive versions such as the Hemoccult SENSА. The other type of FOBT uses fecal immunochemical testing (known as FIT tests). Because immunochemical tests use antibodies specific to human hemoglobin rather than measuring peroxidase activity they are somewhat better at detecting colonic bleeding^{3,7}. FITs require no dietary or medication modification, are more sensitive and specific than guaiac tests, and have been found to improve patient acceptance of testing when compared with guaiac tests^{8,9,10}. Results of sensitivity and specificity of the two types of tests are summarized below³.

For Colorectal Cancer			For Advanced Adenomas		
Test	Sensitivity	Specificity	Test	Sensitivity	Specificity
FIT	82%	97%	FIT	30%	97%
SENSА	64%	90%	SENSА	41%	91%

Colorado Access partnered with Lab Corp to mail FOBTs to eligible Access Advantage Medicare members. The kits include a FIT test, which requires using a brush to collect two samples and a mailer to return the tests to the lab. Results will be sent to patients' assigned PCPs who can then follow-up with their patients.

Eligibility for screening is determined by applying the following HEDIS criteria:

1. Members who are between 50 and 75 years old, and
2. Have been enrolled with Colorado Access for at least 1 year, and
3. Have no history of colorectal cancer or colectomy as identified in our system, and
4. Have no claims on file for interventions that are approved (by the USPSTF and NCQA) for CRC Screening:
 - a. Colonoscopy every 10 years, or
 - b. Flexible sigmoidoscopy every 5 years, or
 - c. FOBT every year.

We recognize that some of the patients who will receive this intervention may not have seen their assigned PCPs. Others may have received screening but we haven't received a claim for it. Yet others may have had CRC screening at a health fair or when enrolled with another health plan prior to joining Colorado Access. Nonetheless, we hope to reach many of your patients who could benefit from having this test, and ask for your support of this outreach effort.

¹ Vital Signs: Colorectal Cancer Screening Among Adults Aged 50--75 Years --- United States, 2008. MMWR 59(26);808-812, July 9, 2010. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5926a3.htm?s_cid=mm5926a3_w

² Colorectal Cancer Screening --- United States, 2002, 2004, 2006, and 2008. MMWR Supplements, January 14, 2011 / 60(01);42-46. http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a8.htm?s_cid=su6001a8_w

³ Screening for Colorectal Neoplasms With New Fecal Occult Blood Tests: Update on Performance Characteristics. Allison JE *et al.* J Natl Cancer Inst 2007;99: 1462-70. <http://jnci.oxfordjournals.org/content/99/19/1462.full.pdf+html>

⁴ Doubeni CA, *et al.* Primary Care, Economic Barriers to Health Care, and Use of Colorectal Cancer Screening Tests Among Medicare Enrollees Over Time. Ann Fam Med 2010;8:299-307. doi:10.1370/afm.1112. <http://www.annfammed.org/cgi/reprint/8/4/299>

⁵ U.S. Preventive Services Task Force. Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement. AHRQ Publication 08-05124-EF-3, October 2008. <http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm>

⁶ Evaluating Test Strategies for Colorectal Cancer Screening—Age to Begin, Age to Stop, and Timing of Screening Intervals. Zuber AG *et al.* AHRQ Publication No. 08-05124-EF-2. Rockville, Maryland, Agency for Healthcare Research and Quality, March 2009. <http://www.ncbi.nlm.nih.gov/books/NBK34013/>

⁷ Screening for Colorectal Cancer: An Updated Systematic Review. AHRQ Publication No. 08-05-05124-EF-1, October 2008 <http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colcanes1.pdf>

⁸ New fecal occult blood tests may improve adherence and mortality rates. Kumaravel V *et al.* Clev Clinic J Med 78(8):515-20, August 2011. <http://www.ccjm.org/content/78/8/515.full.pdf+html>

⁹ The immunochemical faecal occult blood test leads to higher compliance than the guaiac for colorectal cancer screening programmes: a cluster randomized controlled Trial. Federici A. *et al.* J Med Screen 2005;12:83–88. <http://jms.rsmjournals.com/content/12/2/83.full.pdf+html>

¹⁰ Emerging Technologies in Screening for Colorectal Cancer: CT Colonography, Immunochemical Fecal Occult Blood Tests, and Stool Screening Using Molecular Markers. LevinB *et al.* CA Cancer J Clin 2003;53:44-55. <http://onlinelibrary.wiley.com/doi/10.3322/canjclin.53.1.44/pdf>