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FIT vs Colonoscopy: Using social determinants to optimize colorectal cancer screening in a urban underserved population

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Statement of problem or question: Will improved shared decision making around FIT or colonoscopy screening based on social determinants improve colorectal cancer (CRC) screening completion rates in underserved populations?

Objectives of program/intervention: To compare screening completion rates of FIT vs colonoscopy in an urban underserved population To improve CRC screening completion rates

Description of program/intervention: A retrospective analysis reviewed baseline colon cancer screening rates in resident clinic patients seen between January and February 2017. The intervention was to encourage residents to discuss the pros and cons of FIT and colonoscopy for CRC screening allowing patients to choose their preferred modality. A prospective cohort study reviewed charts from September 1 to Dec 31st 2017 to assess completion of screening. Primary endpoint: overall CRC screening rate.

Measures of success: Overall CRC screening rates pre and post intervention were assessed. A subgroup analysis of FIT and colonoscopy completion rates was performed pre and post intervention.

Findings to date: The study population consisted largely of Afro-Caribbean patients, 50 years and older with average risk factors at a resident clinic in an urban safety net institution. Of the 52 patients reviewed in the baseline analysis, 9 (17%) FIT and 43 (71%) colonoscopies were ordered, with completion rates of 78% and 26% respectively, and an overall rate of 34%.

Post-intervention, 42 patients agreed to screening between October and December 2017. Of these 42 patients, 30 chose FIT (71%) and 12 favored colonoscopies (29%). Due to the short follow up period, no colonoscopies were completed, however, 73% of FIT testing was still able to be performed. The overall post-intervention completion rate was 52%.

	Pre Orders	Pre Completion	Post Orders	Post Completion
FIT	9 (17%)	78%	30 (71%)	73%
Colonoscopy	43(83%)	26%	12 (29%)	0%
Totals	52	34%	42	52%
FIT	9 (17%)	78%	30 (71%)	73%

Key lessons for determination: Although colorectal cancer (CRC) is the third most common cancer among men and women and is projected to cause more than 50,000 deaths in 2017, only 62.6% of adults 50 years and older were screened. Access, insurance/immigration status, education, and ethnicity impact cancer screening. Urban underserved populations are disproportionately affected by these barriers.

Subjects who chose FIT testing were more likely to complete testing compared to those who chose colonoscopy. While colonoscopy is often offered as a first line for CRC screening, it may not be ideal for patient populations that have more socioeconomic barriers. The U.S. Preventive Services Task Force Guidelines consider both modalities equally valid for CRC screening. This study demonstrates that improving shared decision-making between patients and providers can decrease barriers to screening, and improve CRC completion rates.

Biography

Gordon Taylor Moffat has his experience in Life Sciences with an Honors in Biology with training in Radiology. His passion for science and interest in microbiology lead him to pursue and obtain a Doctor of Medicine. Currently he is working at the State University of New York Brooklyn Health Sciences Center in Internal Medicine and the forthcoming Medicine Chief Resident. His professional interests include: Medical Oncology, Hospice and Palliative Medicine, and Geriatric Medicine. He is currently working on research projects at Memorial Sloan Kettering Cancer Center in Manhattan, New York that are expected to be published. He is also a candidate for the Alpha Omega Alpha Honor Medical Society Postgraduate Fellowship Award.

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