"Gross!!" – Patients Perceptions of Fecal Tests for Colorectal Cancer

Suzanne Cross, MPH and Bianca Fernandez, CHW

Funded by Knight Cancer Institute in collaboration with Columbia Gorge Health Council & OHSU

Background

Colorectal cancer (CRC) is Oregon's second leading cause of cancer deaths. CRC screening can support early detection and intervention, yet nationally, screening rates are only 60-65% for age eligible adults in the US.[1] Nationwide screening rates are significantly lower among minority groups including Hispanics, Asians, the uninsured, and those with a low socioeconomic status.[2]

The 2013 rate of CRC screening for Oregon Health Plan (OHP) members within the PacificSource Columbia Gorge Coordinated Care Organization (CCO) region was 10.3%. This represents a large regional health care disparity and an opportunity for targeted improvement, particularly because the number of OHP members in the 50-64 age range increased three times the rate of other groups following ACA expansion.

The US Preventative Services Task Force currently recommends annual screening using high-quality immunochemical fecal occult blood tests (iFOBT or "FIT") for average risk patients.[3] The American Cancer Society currently recommends iFOBT/FIT with follow-up colonoscopy for positive screens as the preferred approach to population screening. Implementing systems that enable stool based testing using iFOBT/FIT with colonoscopy follow-up can reach more people and help practices and health systems move toward the National Colorectal Cancer Screening Roundtable goal of 80% screened by 2018.[4] However, no studies to date have explored patient preferences for the varied iFOBT/FIT screening options currently on the market.

PacificSource Columbia Gorge CCO region has supported several clinic-based efforts to increase the proportion of OHP members who complete CRC screening.

We conducted this study to understand patient perspectives toward multiple fecal testing options and to identify an iFOBT/FIT option that could be regionally endorsed by practices, specialists, and other regional health system stakeholders.

Methods/Project Design

Participant Inclusion Criteria:

- 30 English and Spanish speaking adults between the ages of 50 and 75
- Currently enrolled in OHP, Medicare, Medicaid, or other government assistance program or are uninsured and reside in the PacificSource Columbia Gorge CCO region (i.e., Hood River, Wasco County)
- Have not completed an iFOBT/FIT kit in the past 3 years

Recruitment Process: We used a multimodal recruitment process

- Flyers were designed and disseminated through partner agencies who met at the CAP and CAC meetings. Flyers were revised based on learnings (see below).
- A public service announcement in the form of a radionovela is being written and edited to be aired on the community radio (RadioTierra).

Data Collection: Participants will be asked to complete 3-6 different FIT kits, providing user feedback through a two page survey, follow up phone call, and focus group. FIT kits will not be tested for results, however, the project staff will assist participants in getting their kit completed with their Primary Care Clinic.

PURPOSE:

Increase CRC screening rates by increasing knowledge of and access to iFOBT/FIT kits

- Identify preferred FIT kits for consumer study (CAP endorsement)
- Assess consumer (patient) experiences with and attitudes toward FIT kits
- Describe current clinic processes around CRC screening
- Assess clinician attitudes and practices regarding CRC screening and the role of FIT

Methods/Project Design continued

FIT Kit Selection: FIT kits were chosen based on by selecting all kits used in the Columbia Gorge CCO region and with one kit recommended by the STOP CRC study team.[6] The list was then presented to the Columbia Gorge Health Council (CGHC) Clinical Advisory Panel and approved (see Table).

Brand (Company)	Hemosure iFOB (Hemosure Inc)	Hemoccult ICT (Beckman Coulter)	InSure FIT (Enterix, Inc.)	One Step+ (Henry Schein)	QuickVue iFob (Quidel)	OC-Light (Polymedco)
Collection method	Flushable tissue provided to catch stool Collect 6 samples from stool Snap probe into bottle with liquid buffer	Patient must use plastic wrap, newspaper or container to catch stool above water Mix samples from stool onto dry-slide Dry overnight	Brush stool in toilet water, brush sample onto test card Discard brush using bag provided	Flushable tissue provided to catch stool; peel back tape backing and secure to toilet to create a sling that does not touch water. Collect 5 samples from stool, screw probe into bottle with liquid buffer	Flushable tissue provided to catch stool; peel back tape backing and secure to toilet to create a sling that does not touch water. Collect 5 samples from stool, screw probe into bottle with liquid buffer	Flushable tissue provided to catch stool; rests on water Scrape stool before it sinks into water Snap probe into bottle with liquid buffer
Collection tool	Grooved probe	Wooden spatula ("stick")	Brush	wooden stick	grooved probe into liquid	Grooved probe
Mailing	2-3 stamps	1 stamp	1 stamp	1 stamp	1 stamp	2 stamps
Language	Dual language instructions inside	English only, print off site for Spanish	English only, print off site for Spanish	Dual language instructions inside	Dual language instructions inside	English only, print off site for Spanish

Evaluation Plan

Survey: We are collected fixed response and open ended questions.

- Fixed response items explore: packaging, stool collection method, return process and storage, sample quantity, and feelings about the process
- Open ended questions explore: overall opinions, barriers and challenges.

Phone Interview and Focus Groups: Participants will also be invited to participate in a follow-up phone interview and an in person focus group to discuss their experience and to provide recommendations for testing options.

Preliminary Findings and Lessons Learned

FIT Kits:

- Do not require consumer product testing; manufacturers are very interested in the results of this study.
- Do not always come in multiple languages; when available Spanish instructions need to be manually printed and added to the kit.

Plain Language Learnings: Flyers were not adhering to plain language recommendations which include:

- More white space, less words
- Easier language, greater readability

"Direct translations does not always translate." We must translate the message but also make it culturally appropriate. Direct translation from English into Spanish can often increase the reading grade level of material. In partnership with Lorena Sprager and the team of community health workers at The Next Door, Inc. we made multiple edits and redesigned the recruitment flyers.

Participant feedback about FIT kits/Fecal testing process:

- "GROSS!" – Completing 6 different kits that each require 1-3 stool samples is taxing. One participant said he will likely not want to repeat a FIT kit again. We increased the compensation for the number of kits tested and surveys completed.
- Desire for test results is larger motivation than initially anticipated, especially within the Latino community.
- Flyers are not as effective as meeting announcements or personal invitation. We have attended classes held at senior centers, CAC, community meals, and agency partners.

Key Partners/Acknowledgements

This work would not have been possible without the following key partners:

- Knight Cancer Institute
- CGHC Consumer Advisory Council
- Kristen Dillon, MD, PacificSource
- Katie Corson, PhD, Contractor
- Gloria Coronado, PhD, Kaiser Permanente Center for Health Research
- Columbia Gorge Health Council (CGHC) Clinical Advisory Panel
- Melinda Davis, Phd, OHSU
- Robyn Pham, OHSU
- Coco Yackley, CGHC
- The Next Door, Inc.
- Lorena Sprager, Clear Language Group

References

1. Liss & Baker 2014, Shapiro et al., 2012, CDC 2013.
2. Liss & Baker 2014, Klabunde et al., 2011, Meissner et al., 2006, Holden et al., 2010
3. US Preventative Services Task Force. Final Recommendation Colorectal Cancer: Screening, October 2008. Accessed May 20, 2015..
4. Moiel & Thompson 2011, National Colorectal Cancer Roundtable (http://nccrt.org/), Accessed May 20, 2015.
5. Jones RM, Devers KJ, Kuzel AJ & Woolf SH. Patient-reported barriers to colorectal cancer screening: A mixed-methods analysis. Am J Prev Med. 2010; 38(5): 508–516.
6. Coronado et al. BMC Cancer 2014, 14:55 http://www.biomedcentral.com/1471-2407/14/55.