

Improving Rates of Colorectal Cancer Screening at Family Medicine Center

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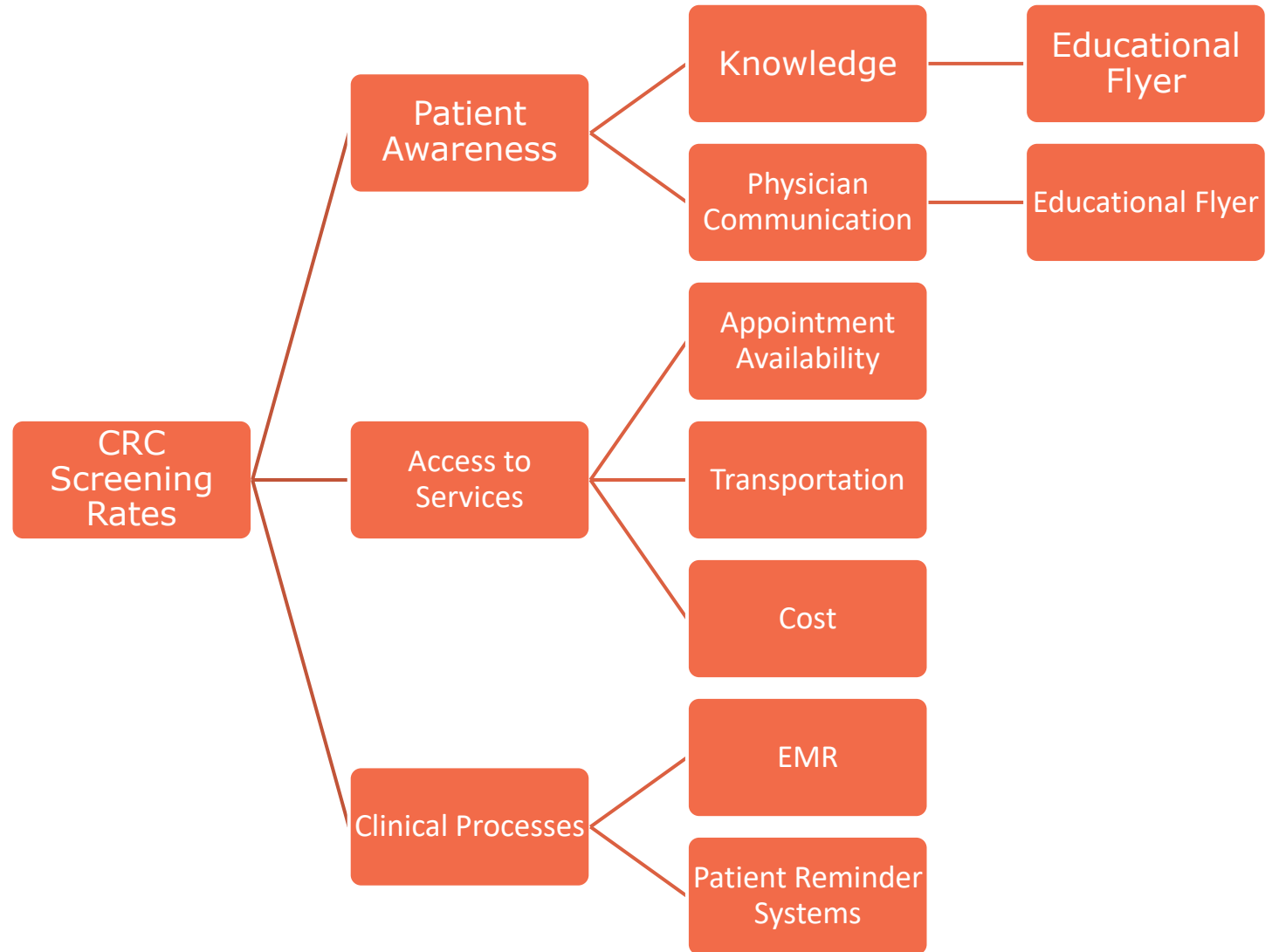
Prisma Health USC Columbia Family Medicine Residency

Introduction

- Colorectal cancer (CRC) remains a leading cause of cancer-related death in the US, despite being highly preventable through routine screening.
- USPSTF recommends regular screening for average-risk adults beginning at age 45.
- CRC screening remains underutilized due to factors such as limited patient awareness, uncertainty about screening options, and inadequate education during clinical encounters.

Project Aim

- **Aim:** Increase CRC screening rates at FMC by 5% over a 5-month period (09/2025 - 1/2026)
- **Intervention:** distribution of flyers to patients that explain the different modalities of CRC screening along with a linked PDF (additional info including FAQs and referral process)



Project Aim

- **Primary Outcome:** change in CRC screening completion rates before and after the intervention.
- **Secondary Outcome:** descriptive analysis of demographic and clinical characteristics across the clinic population that is eligible for CRC screening
 - Including age, race, preferred language, and smoking status

Methods

- Developed flyer
- Obtained data clearance, deemed as NHSR
- Obtained baseline completion rate data and demographic data
- Implemented flyer distribution and tracking log in clinic
- Chart review of patients who received flyer
- Obtained updated completion rate

Colorectal cancer: Know your screening options

PRISMA
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45 Begin colorectal cancer screenings no later than age 45.

90% When found early, colon cancer has a five-year survival rate of 90%.

2 Colon cancer is the second leading cause of cancer deaths in South Carolina.







Source: National Center for Health Statistics, Centers for Disease Control and Prevention

50% African Americans are 50% more likely to die of colon cancer than other races.

Source: SC Department of Health and Environmental Control

2,300 Estimated number of colon cancer cases in our state in 2019.

Source: American Cancer Society

	FIT (InSure [®] ONE™)	Stool DNA (Cologuard [®])	Colonoscopy
Advantages	<ul style="list-style-type: none"> Can be done at home Not invasive No bowel prep required No sedation needed Looks for blood in the stool 87% accurate in correctly identifying colorectal cancer 	<ul style="list-style-type: none"> Can be done at home Not invasive No bowel prep required No sedation needed Looks for blood and DNA changes in the stool 92% accurate in correctly identifying colorectal cancer 	<ul style="list-style-type: none"> Examines the entire colon and rectum Polyps can be removed at the time of procedure Biopsy can be performed if needed Preferred option with a family history of colon cancer Up to 93% accurate in correctly identifying colorectal cancer
Disadvantages	<ul style="list-style-type: none"> Requires two small stool samples from two separate bowel movements Unable to detect some polyps and cancers Colonoscopy recommended if blood is found in stool sample 	<ul style="list-style-type: none"> Requires submitting a full bowel movement Unable to detect some polyps and cancers Colonoscopy recommended if DNA changes or blood is found in stool 	<ul style="list-style-type: none"> Invasive Tear in lining of colon is possible (<1% chance) Bowel prep required Sedation needed
How often do I get screened?	Every year 	Every three years 	Up to 10 years (discuss with your provider) 
How do I complete the exam?	Performed at home and mailed to a lab 	Performed at home and mailed to a lab 	Performed at a hospital 
Insurance	<ul style="list-style-type: none"> Screening cost covered by most insurance providers Check with your insurance provider for specific costs 	<ul style="list-style-type: none"> Screening cost covered by most insurance providers Check with your insurance provider for specific costs 	<ul style="list-style-type: none"> Screening cost covered by most insurance providers Check with your insurance provider for specific costs

Please **Scan the QR code** or follow the link below for more info regarding colon cancer screening options, the referral process, and frequently asked questions.



<https://qr-codes.io/6Nki40>

COLON CANCER SCREENING OPTIONS

Understanding your choices

Who Needs Colon Cancer Screening?

Colorectal cancer screening is recommended for people ages **45 and older**, as the risk of developing colorectal cancer increases with age. People with a **family history** of colorectal cancer, certain **genetic conditions**, or a **personal history of polyps or inflammatory bowel disease** may need to start screening earlier or complete more frequent screenings.

Why Complete Colon Cancer Screening?

Regular screening can help detect early signs of cancer or polyps, which can be treated before cancer develops. It's important to talk to your healthcare provider to determine the right screening plan for you.

What Are the Different Types of Screening?

Colonoscopy

- Examines the entire colon
- Polyps can be removed during the procedure
- Usually repeated **every 10 years**

A colonoscopy is a **procedure** used to examine the inside of the colon (large intestine) for abnormalities like polyps, tumors, or signs of cancer. During the procedure, a doctor uses a flexible tube called a colonoscope, which is inserted through the rectum into the colon. The colonoscope has a camera at the end that allows the doctor to view the colon on a monitor. The procedure is completed under sedation to ensure comfort.

Colonoscopy can also allow the doctor to remove polyps or take tissue samples (biopsies) if needed.

Generally, it is recommended to repeat a colonoscopy every 10 years. However, if polyps or other concerning lesions are found, then you will likely be recommended to repeat the procedure sooner. It is important to follow-up with your doctor regarding this.

Cologuard

- Non-invasive stool test
- Detects DNA markers and blood
- Recommended **every 3 years**

Cologuard is a **non-invasive screening test** that is used to detect signs of colorectal cancer or precancerous polyps. It works by analyzing a stool sample for DNA markers and blood that may be associated with colon cancer or polyps.

Cologuard looks for abnormal DNA and hidden blood in your stool, which can be signs of colorectal cancer or precancerous growths (polyps). If you have these markers in your stool, it could indicate that further testing is needed.

Completion Process: Once ordered by your doctor, you will receive a kit through the mail that contains a container and instructions for collecting a stool sample at home. You will then send the sample and kit back to a lab for analysis. The results are usually available within 2–3 weeks, and your doctor will discuss the findings with you.

Cologuard is generally recommended every 3 years for individuals aged 45 and older who are at average risk for colorectal cancer.

Important: If your Cologuard test result is positive, it means the test found potential signs of cancer or polyps in your stool. A positive result doesn't necessarily mean you have cancer, but you will need to follow up with a colonoscopy for further evaluation. The colonoscopy will help your doctor confirm whether cancer or polyps are present and determine the next steps for treatment if needed.

FIT Testing

- Detects hidden blood in stool
- Simple at-home collection
- Generally recommended **annually**

FIT testing (Fecal Immunochemical Test) is a **non-invasive screening test** used to detect hidden blood in the stool, which can be a sign of colorectal cancer or other conditions like polyps.

Completion Process: You are given a kit with instructions for collecting a stool sample at home. You collect the sample from one bowel movement using a swab or collection device provided in the kit. The sample is then sent back to the lab for testing. Results are typically available within 1–2 weeks, and your doctor will discuss the findings with you.

FIT is generally recommended to be done once a year for individuals at average risk of colorectal cancer. If you have risk factors, your doctor might suggest more frequent testing or other screening methods.

Important: A positive FIT result means that blood was detected in the stool, which could indicate the presence of colorectal cancer, polyps, or other issues. However, a positive result does not confirm cancer.

Referral Process

- If you are due for colorectal cancer screening and **would like to move forward with a colonoscopy**, please contact your doctor for a referral to Gastroenterology. Once you have been referred, you will receive a call from the gastroenterology office regarding scheduling.
- If you have been referred, but **have not received a call from the Gastroenterology office** (or missed the calls), please contact your primary care office.
- If your doctor has ordered Cologuard testing, and you have any questions regarding the completion process, please contact **Cologuard Customer Care Center at 1-844-870-8870**

Frequently Asked Questions

Would I be sedated for a colonoscopy?

Yes, the most common form of sedation for colonoscopies is conscious sedation. This involves giving medications that relax you and help you feel drowsy, but keep you awake and aware during the procedure. You may not remember much of the procedure afterward. This type of sedation is usually administered through an IV.

Are colonoscopies painful?

Most people do not experience pain during a colonoscopy. The sedatives used for the procedure will make you relaxed and comfortable, and you may even be drowsy or fall asleep. While you might feel some pressure during the procedure as the colonoscope moves through your colon, it's usually not painful. Once the sedation wears off, some people may experience mild bloating, cramping, or gas. This usually goes away within a few hours. In rare cases, you might experience blood in your stool (especially if polyps were removed during the procedure)

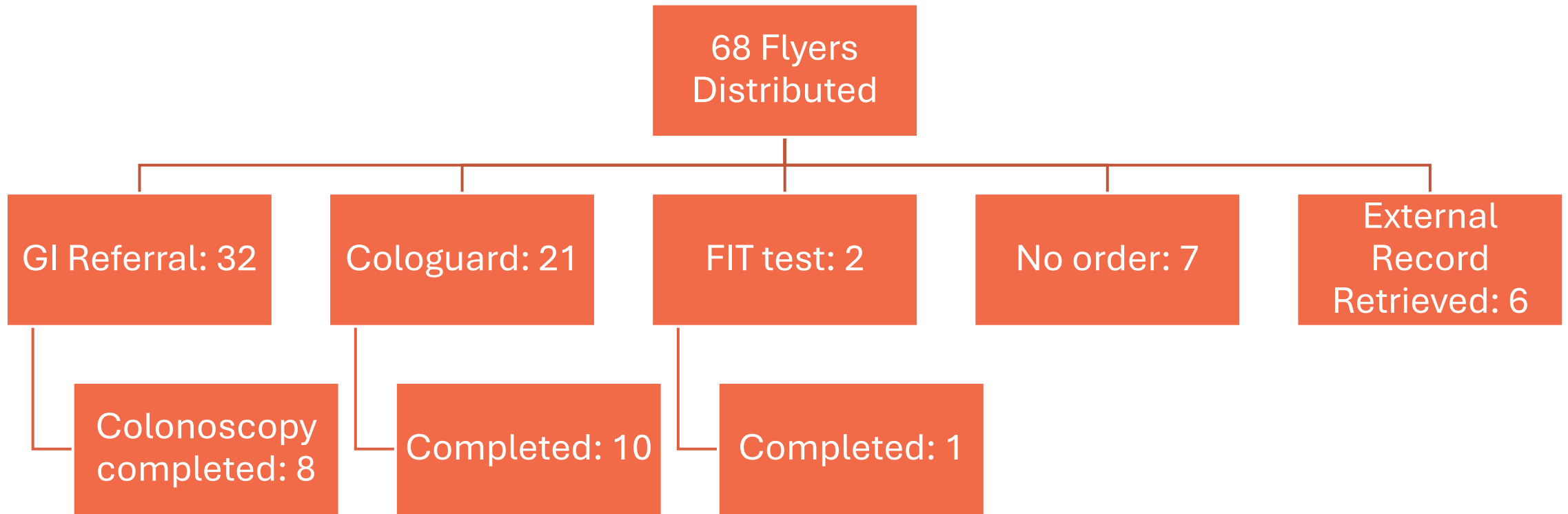
Do I have to drink the prep before my colonoscopy?

The preparation, or "bowel prep", for a colonoscopy is very important, as it ensures that the colon is clean so the doctor can see clearly. The prep process usually involves taking a prescribed laxative the day before your procedure. This medication will cause diarrhea to empty your intestines completely. It is important to follow the prep instructions provided by your Gastroenterologist.

Is Cologuard an alternative to colonoscopy?

Cologuard is an alternative to colonoscopy for screening purposes, but it is not a complete substitute. Cologuard can be a convenient and less invasive screening option, but if it comes back positive, a colonoscopy is needed for a definitive diagnosis. For some people, especially those with a higher risk of colorectal cancer, a colonoscopy may be preferred as a primary screening method. It's important to discuss with your doctor which option is best for you.

Outcomes



64 QR code scans

Results

- As of 9/1/25:
 - CRC completion Rate: 59.9%
- As of 2/1/26:
 - CRC Completion Rate: 62.41%
- **Improvement in screening completion by 2.51%**

Statistical Analysis

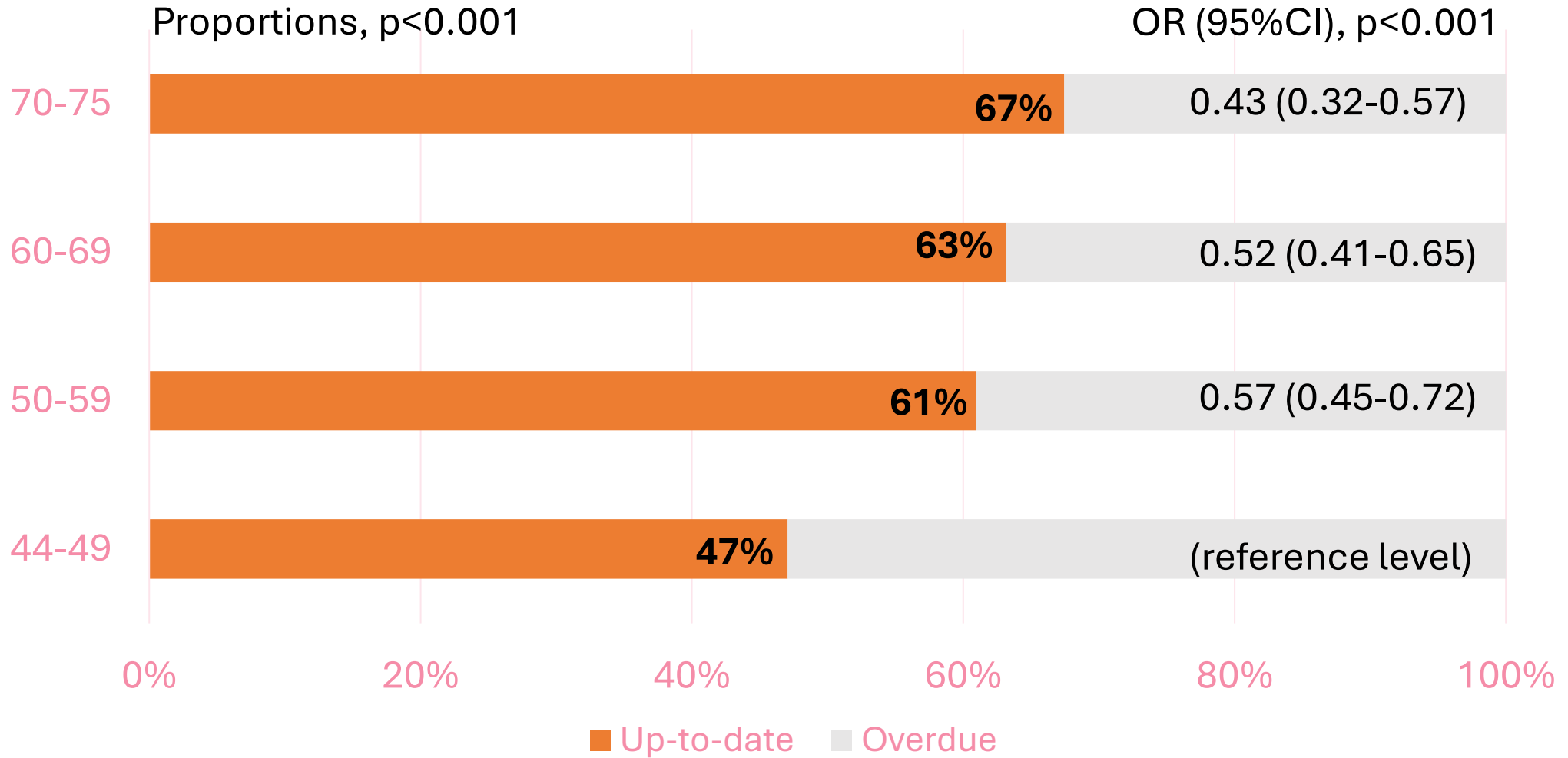
- For patients seen in the prior 6-month period that were **eligible for CRC screening (n=2,827)**:
 - **1,066 patients due for screening**
 - 1,046 listed as "Overdue"
 - 20 listed as "Postponed"
 - 50 additional patients listed as "Due Soon"

Statistical Analysis

- Used **Chi Square Test of Independence** and **Logistic Regression** for each variable (age, race, language, smoking status)
 - Proportions of the "Overdue" population compared to proportions of the "Up-to-Date" population

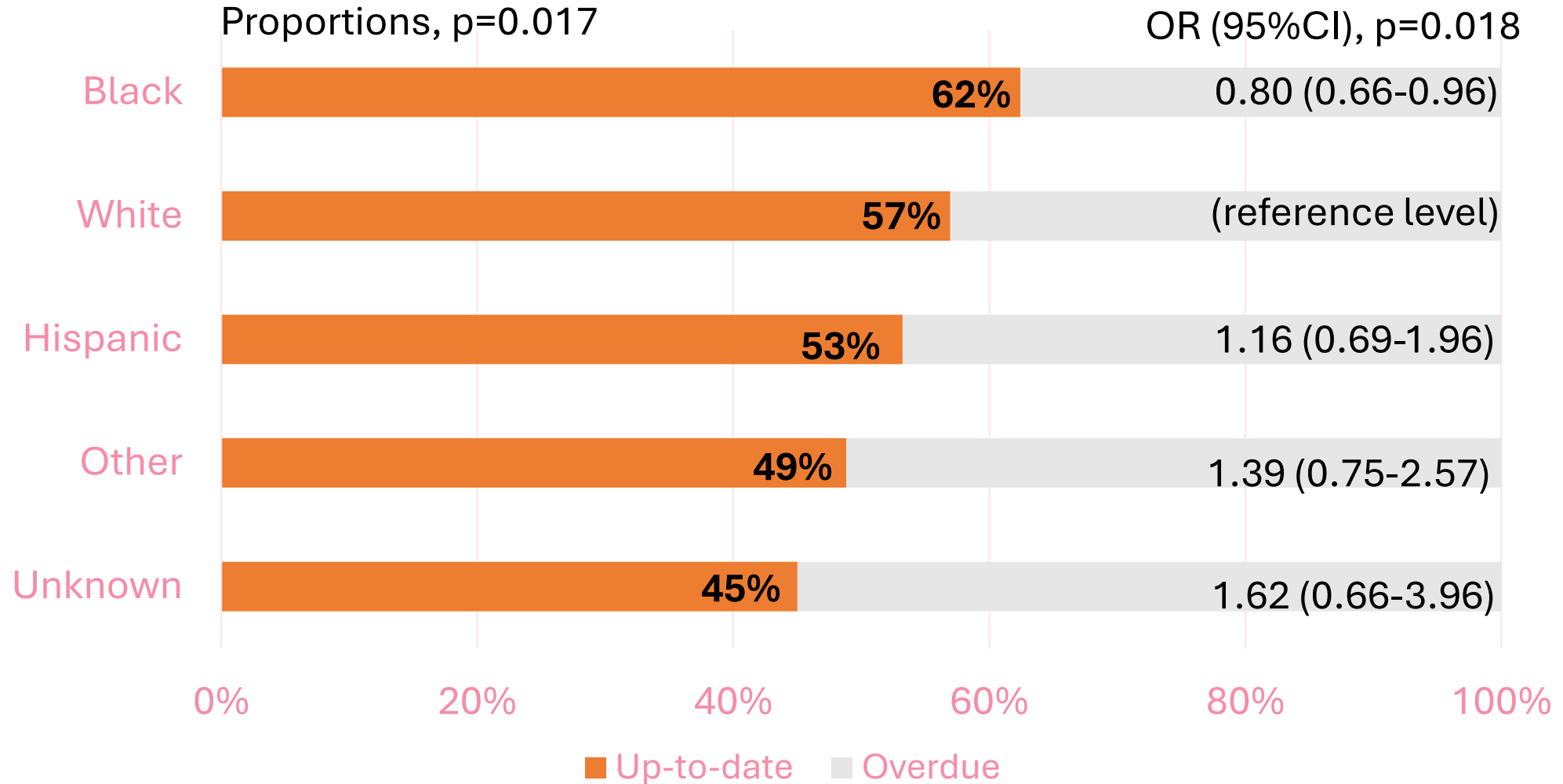
Statistical Analysis

Age



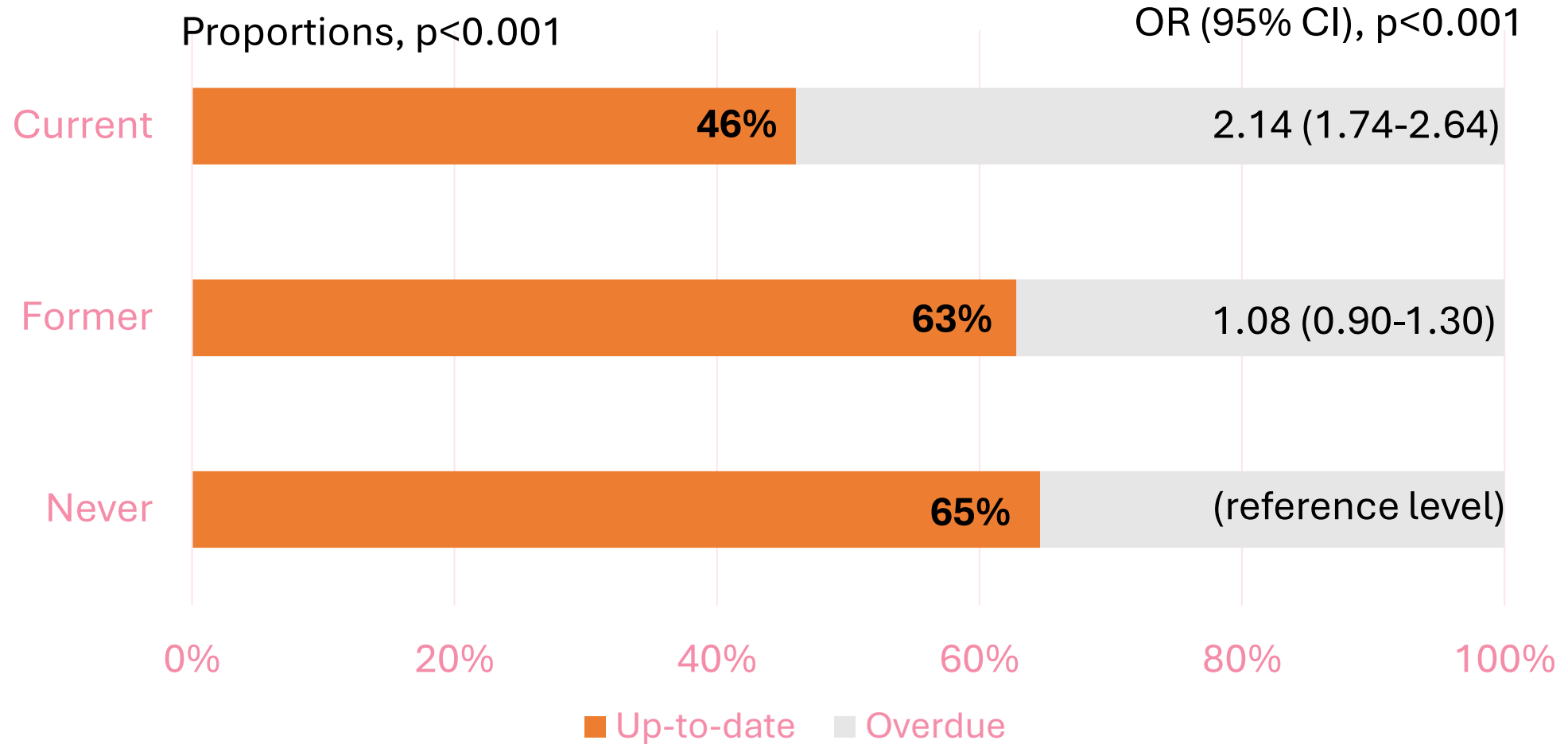
Statistical Analysis

Race



Statistical Analysis

Smoking Status



Statistical Analysis - Preferred Language

% Up-to-Date on Screening:

- English: 60.7%
- Non-English 50.0%

There was **no statistically significant association** between preferred language and being due for CRC screening ($p = 0.381$)

Discussion / Future Directions

- This Intervention:
 - Part of a clinic-wide QI initiative
 - Low-cost, low-burden, with a measurable incremental benefit
- Could easily be tracked long-term
- Investigation of insurance status as a factor in screening completion
- Investigate SDOH data for those who are due for screening
- Does having an active MyChart increase chance of screening completion?

References

- American Cancer Society. *Colorectal Cancer Facts & Figures 2023*. American Cancer Society, 2023.
- Gadd N, Lee S, Sharman MJ, Obamiro K. *Educational interventions to improve bowel cancer awareness and for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement*. JAMA, 2021. screening in Organisation for Economic Co-operation and Development countries: A scoping review. *Prev Med Rep*. 2024 Feb 13;39:102653.
- Sarfaty, M. and Wender, R. (2007), *How to Increase Colorectal Cancer Screening Rates in Practice*. *CA: A Cancer Journal for Clinicians*, 57: 354-366.
- U.S. Preventive Services Task Force. *Screening*

Feedback / Questions