

Improving colon cancer screening/referrals based on current guidelines in an underserved area outpatient clinic.

Background

In 2021 in the US there was an estimated 1.8 million new cases of cancer and 600,000 cancer death, that means 5200 new cases per day and 1670 deaths. CRC is the 4th most common cancer diagnosed among adults and the 2nd leading cause of death from cancer. The ACS recommends that adults aged 45 years and older with an average risk of CRC undergo regular screening with either a high-sensitivity stool- based test or a structural (visual) examination, depending on patient preference and test availability. Screening with any one of multiple options is associated with a significant reduction in CRC.

Objectives:

The primary objective was to show that the intervention of choice leads to an improvement of percentage of the appropriate colorectal screening significantly. We also, wanted to educate residents and improve awareness of current guidelines for CRC screening.

Methods

We designed a prospective, interventional study and compared the percentage of patients screened or referred for screening older than 45 years old, before and after the intervention over a six-month period. Inclusion criteria were all Hispanic and non-Hispanic, at the age of 45 to 75 seeing in the clinic from January 1st, 2021, to July 1st, 2021. The initial and primary intervention was as ground round about Colorectal cancer screening on 08/25/21. The secondary intervention were informative flyers at the dictation and conference room at the clinic about FOBTx3, FIT and Colonoscopy options for screening. The expected duration of project was a year.

Results:

Pre intervention, the percentage of patients screened were about 50.09%, after our intervention the percentage increased to 60.49% with a p value of 0.0006