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Non-Invasive Test Optimizes Colon Cancer Screening Rates

Underserved populations need options for colorectal cancer screening if screening rates are to be improved, study finds

Organized mailing campaigns could substantially increase colorectal cancer screening among uninsured patients, a study published in the August 5 online edition of *JAMA Internal Medicine* reveals. The research also suggests that a non-invasive colorectal screening approach, such as a fecal immunochemical test (FIT) might be more effective in promoting participation in potentially life-saving colon cancer screening among underserved populations than a colonoscopy, a more expensive and invasive procedure.



Samir Gupta, MD

The study was led by Samir Gupta, MD, MSCS, an associate professor of clinical medicine and gastroenterologist at the University of California, San Diego School of Medicine and Veterans Affairs San Diego Healthcare System, and conducted by UT Southwestern's Division of Digestive and Liver Diseases, Simmons Cancer Center, and the Moncrief Cancer Institute, in close collaboration with John Peter Smith (JPS) Hospital in Fort Worth, Texas.

As part of the study, uninsured patients not up-to-date with screening between the ages of 54 to 64 years and cared for by a safety-net health system were sent mailed invitations to use and return a no-cost FIT, or encouraged to undergo a colonoscopy through a mailed invitation to schedule one at no cost. In addition, both groups received telephone follow-up to promote test completion.

The study showed that FIT participation tripled, and colonoscopy participation doubled in the study sample of nearly 6,000 patients, when compared to usual care strategy for colorectal screenings. According to Gupta, the difference was much bigger than expected, and the findings could have health policy implications.

He noted that the findings raise the possibility that large-scale public health efforts to boost screening may be more successful if non-invasive tests, such as FIT, are offered over colonoscopy.

“Physicians shouldn’t necessarily assume that use of colonoscopies is the best and only way to reduce colon cancer rates,” Gupta said. “What we should ask is, what type of screening is most acceptable to underserved populations? This is because the best predictor of colorectal cancer screening outcomes may be getting any test, rather than which test is done.”

“Now, the question to be studied further is whether superior participation can be maintained in the FIT group, because the test must be repeated every year, and how adherence rates will impact overall screening effectiveness and cost,” added senior author Celette Sugg Skinner, PhD, associate director of Population Research & Cancer Control for the Simmons Cancer Center at UT Southwestern Medical Center in Dallas.

JPS, where the study was conducted, consists of said 13 community- and hospital-based primary care clinics, and a tertiary care hospital that provides services to residents of Fort Worth and Tarrant County, Texas. To serve the uninsured, JPS offers a medical assistance program for uninsured residents of Tarrant County that provides access to primary and specialty care, including surgery and cancer care.

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