

Colorectal Cancer Research and Evaluation Activities

Evaluation of an Intervention to Increase Colorectal Cancer Screening in Primary Care Clinics

Screening rates for colorectal cancer are low in the United States for several reasons, among them low public awareness of the benefits of screening, failure by many clinicians to recommend screening, and the absence of efficient physician and patient reminder systems in many primary care settings. To address this public health need, a multi-component behavioral intervention has been designed to increase colorectal cancer screening behavior among average-risk patients. Components include patient-focused and clinic-focused interventions, a combined patient and clinic-focused intervention, and a "usual care" group. Clinicians, clinic support staff, and average-risk patients will be targeted to increase colorectal cancer screening rates. Implementation of this intervention will occur in primary care clinics in two managed care organizations. The effectiveness of the different intervention strategies in increasing colorectal cancer screening in average-risk male and female patients will be evaluated. Preliminary research results are expected during 2006.

Geographic Distribution of Colorectal Cancer by Stage at Diagnosis and in Relationship to Endoscopy Facilities

Screening rates for colorectal cancer are too low. Unfortunately, access to sigmoidoscopy and colonoscopy may be limited, and diagnosis may be delayed if facilities offering these endoscopic procedures are not available. These factors illustrate the need to explore the relationship between the stage of colorectal cancer at diagnosis and the proximity of endoscopy facilities. Therefore, the geographic distribution of colorectal cancer at stage of diagnosis is being evaluated by

using geographical information system techniques that incorporate sociodemographic characteristics and proximity to endoscopy facilities. Preliminary results are expected in 2004, and final publication is expected in 2005.

Study of U.S. Endoscopic Capacity

A nationwide study has been designed to assess current national capacity to provide colorectal cancer screening and follow-up examinations using sigmoidoscopy or colonoscopy. This study estimates the number of endoscopies currently performed to detect colorectal cancer and then compares that number to the number needed if one considers the unscreened U.S. population. These findings will provide baseline data for policy makers and clinicians to use when planning for the increased use of colorectal cancer screening in the population. Preliminary study results were presented in 2003, and final published results are expected in 2004. The Centers for Disease Control and Prevention (CDC) is assisting three state health departments (Texas, Michigan, and Iowa) in replicating this assessment of capacity at the state level. Results from these assessments are expected in 2004. Six more states (Maryland, Massachusetts, Minnesota, New York, New Mexico, and Washington) have been added to the study, and results from these states are expected in 2005. These assessments will help individual states to plan for state-level activities in colorectal cancer screening.

Examining Complications of Colonoscopy

Currently, only limited data exist to evaluate the safety of colonoscopy in an asymptomatic population. Studies are under way at the University of Washington and at Kaiser Permanente of Northern

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For more information, please contact:

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California to assess the rate of complications when colonoscopy is used to detect colorectal cancer in asymptomatic patients. Thus, these studies will provide information on the safety of colonoscopy in colorectal cancer screening. Preliminary results from the two studies are expected in fall 2004, with final published results in 2005.

Strategies to Provide Hands-on Experience for Providers in Conducting Flexible Sigmoidoscopy

To learn how to perform flexible sigmoidoscopy safely and effectively, health care providers should receive hands-on training with patients, supervised

by an experienced endoscopist, before they perform the procedure independently. Arranging for such supervision can be difficult for busy physicians already in practice. The purpose of this project, conducted by researchers at the University of Colorado and the University of Alabama at Birmingham, is to develop and evaluate strategies that provide hands-on training for community physicians. The training has a didactic component and a skills development component using electronic and physical models, followed by a proctorship component with patients. Preliminary results of the training project are expected during 2005.