

# How to Implement an on-site Colorectal Cancer Screening Program

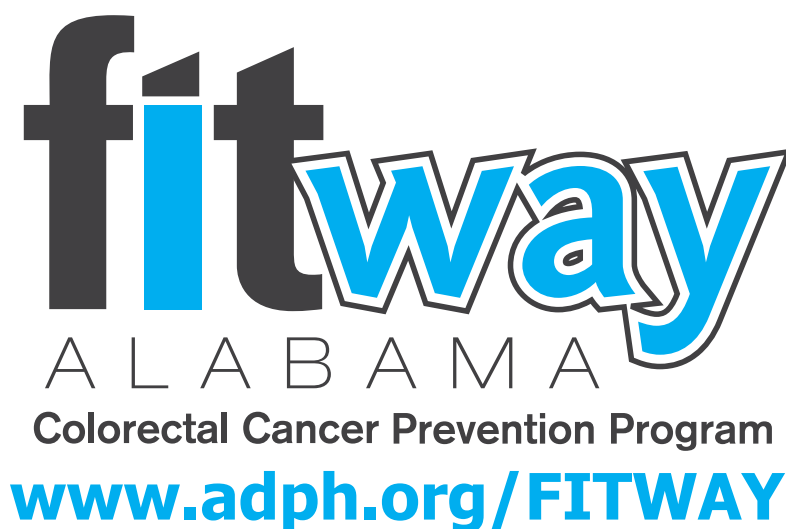
*A Toolkit for Worksites*

Colorectal Cancer (CRC) is the second leading cause of cancer death in Alabama. CRC can be **prevented** through screening, which allows physicians to find pre-cancerous polyps that can be removed before they cause cancer.

However, in Alabama nearly half of all CRC diagnoses are made at a late stage (Stage 3 or 4). Late stage CRC is expensive to treat: **the average cost of one year of treatment was estimated to be \$29,196 in 2009.**

Screening your employee population can prevent high healthcare costs and absenteeism, and most importantly it can save lives.

*The FITWAY Colorectal Cancer (CRC) Prevention Program has been funded since 2009 as part of the Centers for Disease Control and Prevention Colorectal Cancer Control Program (CRCCP). As one of 26 funded states, FITWAY seeks to increase CRC screening rates to 80 percent through population level approaches and evidence-based strategies. FITWAY works through guidance from Alabama's American Cancer Society (ACS) Roundtable partners and our Medical Advisory Board resulting in stronger efforts in worksites and in hospital systems.*

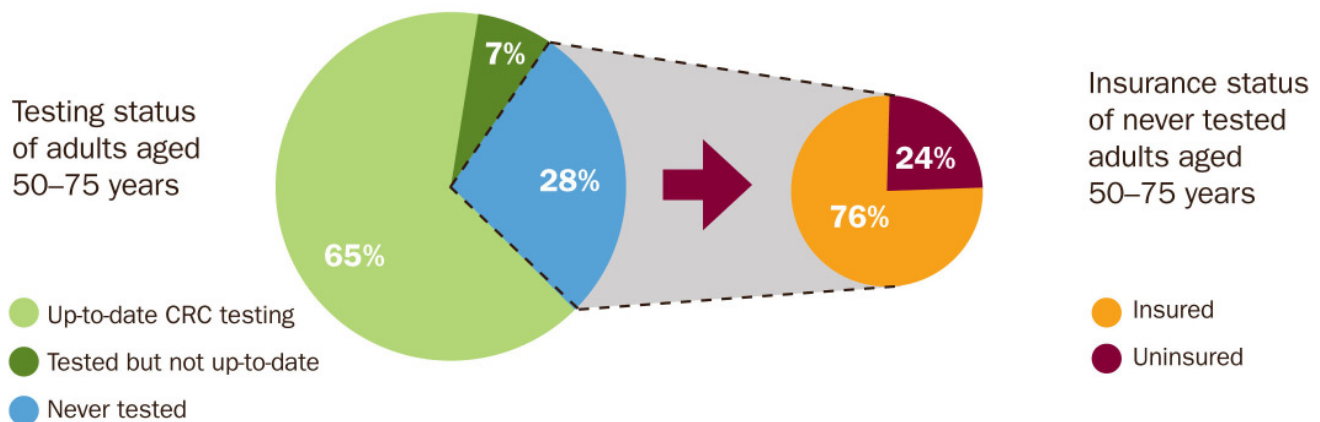


# Why Worksites?

Implementing an on-site CRC screening program is simple and inexpensive. Using new technology called FIT, screening can be added to the wellness resources already in place at your company. This alternative to colonoscopy is an annual take-home stool test, that detects 4 out of 5 cancers, even at a very early stage. The test can also tell you with 95 percent accuracy that you don't have CRC. It works by detecting hidden blood in the stool that can come from pre-cancerous polyps or cancer. If blood is detected the patient is referred for a diagnostic colonoscopy where polyps and even cancer can be removed. This toolkit will inform you about the FIT and how to offer it as part of your annual wellness screening or flu shot efforts. The FITWAY Colorectal Cancer Prevention Program offers free resources for employee education and screening including posters, postcards, and letters/email blasts; intake, screening, and results forms; and information on how to choose and order a screening test.

## Quick Facts

- In Alabama large employers carry the health cost risk
- 80.2 percent of Alabamians aged 50-75 who are not up-to-date on CRC screening have some form of health care coverage (nationally this figure is 76 percent, see pie chart below)
- Many employees have insurance coverage for diagnostic colonoscopies and treatment
- Employers cover not just employees, but also spouses and retirees
- Worksite screening...
  - Optimizes adherence to annual testing when paired with biometric screening or flu shots
  - Brings screening to the patient
  - Is ideal for people who do not have a medical home
  - Reaches men who are less likely to go to the doctor
  - Uses existing community structures for education about CRC and instruction



SOURCE: Behavioral Risk Factor Surveillance System, 2012

# Implementing your program step by step

**Step 1: Identify worksite's insurance coverage**

**Step 2: Identify screening resources**

**Step 3: Select a test**

**Step 4: Identify the employees who need screening**

**Step 5: Develop your program process**

**Step 6: Educate your employees**

**Step 7: Conduct screening activities**

**Step 8: Determine how test results will be shared**

**Step 9: Provide information regarding options for follow-up care**

**Step 10: Conduct program annually**

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## Step 1: Identify worksite's insurance coverage

It is important to know what types of CRC screening that your employee insurance plan will cover, and what co-pays or deductibles are associated with each test. When educating your population it is important to tell them that they have options when it comes to screening, and what costs may be associated with those options. Consider waving the co-pay for a colonoscopy whether for screening or for follow-up after a positive FIT during a certain month of the year, like March, which is CRC awareness month.

# Step 2: Identify screening resources

Regardless of what you already have in place for wellness screenings there is a way to implement CRC screening. The guide below shows sample processes depending on what you currently offer.

<b>If your wellness program includes:</b>	<b>Consider:</b>	<b>You will need:</b>
Incentives (or points toward incentives for reaching health goals)	An incentive for employees aged 50 to 75 who have been screened for CRC	A system to track who has completed screening. We have provided a sample form for physicians to complete on the following page.
An on-site clinic or staff nurse	Making fecal immunochemical tests (FITs) available in the clinic to eligible employees	To purchase tests from a medical supply distributor and assign staff to interpret test results
Annual biometric screening or flu shots	Offering FITs to employees at their screening or with their flu shot	or An arrangement with a laboratory company to provide test kits and process results
Any level of wellness services or insurance coverage	Providing an easy way for employees to schedule CRC screening with colonoscopy or FIT	Contact information for local primary care physicians and gastroenterologists

If you use an outside biometric or wellness provider ask them about adding CRC screening to your current package. The FIT is inexpensive, especially compared to the cost for colonoscopy and for cancer treatment.

**Frequently asked question:** *If I offer incentives how do I make this fair for employees who aren't eligible for CRC screening because of age?*

Consider combining CRC screening with another wellness goal or screening. For employees under age 50 you could incentivize cancer screenings as a whole. In this case employees would receive the incentive if they are up-to-date on all cancer screenings recommended for their age group including breast, cervical, and colorectal cancers.

# [Your Logo Here]

To whom it may concern:

I, \_\_\_\_\_ certify that \_\_\_\_\_ received

screening for colorectal cancer in the form of \_\_\_\_\_ on

\_\_\_\_\_. He/she should be screened again with

\_\_\_\_\_ by \_\_\_\_\_.

## Step 3: Select a test

### *Why the FIT?*

The fecal immunochemical test (FIT) is recommended by the U.S. Preventive Services Task Force as one of three recommended screening tests for colorectal cancer (CRC):

- Colonoscopy every 10 years
- Sigmoidoscopy every 5 years combined with a high-sensitivity fecal occult blood test (FOBT) or fecal immunochemical test (FIT/iFOBT) every 3 years
- High-sensitivity FOBT or FIT/iFOBT annually

A FIT/iFOBT is a take-home stool test that uses antibodies to identify small amounts of hidden blood in the stool from the lower gastrointestinal tract. Because this new technology only detects human globin, and does not react to food or medicines, it greatly reduces false positives. This makes the test very accurate.

FITs are a good option for worksites because you can bring the test to your employee in a low-stress, low-effort environment. This reduces barriers to screening like copays, the need for time off of work, the need for someone to drive the patient to and from a colonoscopy appointment, fear of an invasive procedure, or aversion to the bowel cleansing.

A FIT costs, on average, \$7 per test, but distributors may offer discounts. As the screening provider you could purchase the complete test including the collection device and instructions, an envelope to return the test by mail or drop-off, and a developer cassette to read the test with. The FIT is CLIA-waived and can be read onsite by staff with no clinical background. A primer on CLIA-waived tests is available at [www.cdc.gov/CLIA/Resources/WaivedTests/pdf/WaivedTestingBookletWeb.pdf](http://www.cdc.gov/CLIA/Resources/WaivedTests/pdf/WaivedTestingBookletWeb.pdf). You could also enter into an agreement with a laboratory to receive and read completed tests. In this case the lab could handle follow-up or notify the wellness director of positive tests for appropriate follow-up.

The FIT/iFOBT is only appropriate for employees who are at average risk for CRC cancer. Employees that have a history of CRC or a close relative with a history of CRC or have certain gastrointestinal diseases like Crohn's disease, ulcerative colitis, or Lynch syndrome should be screened by colonoscopy. In Step 4 of the toolkit there are sample forms for employees to fill out to determine whether they are average or high risk. We have also included guidance for high-risk employees, explaining their options.



## Step 4: Identify employees who need screening

FITWAY has designed sample forms that help track everyone who is educated about or receives CRC screening through your program. The form helps to identify employees that are average risk and receive a FIT test and those that are high risk and receive navigation to a colonoscopy. To obtain an editable copy of the form please contact Shea Keith at [shea.keith@adph.state.al.us](mailto:shea.keith@adph.state.al.us) (334) 206-5558 or Ashley Vice at [ashley.vice@adph.state.al.us](mailto:ashley.vice@adph.state.al.us) (334) 206-3336.

# FIT to FIT Comparison

Test	Specificity	Sensitivity	Accuracy	Number of Samples	Manufacturer	Method
Hemoccult ICT	99.1%	100%		1 to 3 samples	Beckman Coulter	Spatula
Consult iFOBT	>99%	50 ng/mL	98.9%	2 samples	Select Medical	Tube
OC-Light FIT	100%	98%		1 Sample	Polymedco	
Accutest iFOBT	96.7%	99.2%	98.3%	1 or 2 samples	Jant Pharmaceutical Corp.	
Hemosure iFOBT	96%	87%	>97%	1 sample	Hemosure Inc.	
iFOBT Clarity	95%	62.1%	99%	2 samples	Diagnostic Testing Group	
Care iFOBT	100%	99%	96.6%	1 sample	Epitope Diagnostics	Brush
InSure FIT	98%	87%		2 Samples	Enterix	

*Accuracy, Sensitivity, and Specificity claims reported on product insert. FITWAY does not guarantee manufacturer claims or recommend one test over another.*

## FIT Facts:

- A FIT costs approximately \$7, though special pricing may be available.
- Collection devices, cassettes, and mailer kits may be purchased separately and in different combinations.
- Medicare reimburses \$21.86 (CPT Code: G0328QW) for a completed FIT.



Never administer a FIT in office, at the time of a digital rectal exam as a screening test for colorectal cancer. Studies have shown that a single stool sample obtained at the time of an in-office digital rectal exam **may miss** up to 95% of cancers and significant adenomas.

# Collection Methods for Fecal Immunochemical Tests

**Wooden Spatula:** Spatula tests are collected in the same fashion as the old guaiac tests, where the patient collects a small amount of stool and spreads it onto a collection card. The card is allowed to air-dry, closed, and is put into a special mailing envelope to be mailed back to the doctor's office for testing. The office staff removes the specimen tab from the back of the collection card, places it on a testing device (kept refrigerated in the doctor's office along with the reagent drops), and applies the reagent drops. The test can be read after five minutes, with two visible lines indicating the presence of blood. **Note:** Multiple-day testing allows for greater detection of blood since polyps can bleed intermittently.

**Tube:** There are several FITs that use a tube to collect a stool sample. The collection tube for these kinds of FITs contains a small amount of liquid and has a plastic wand connected to its cap. Patients use the wand to poke their stool on multiple sites and return the wand to the collection tube. Typically the results of these tests are read using a plastic cassette which looks like a pregnancy test. When the collection tube is returned to the physician's office or lab, a staff member shakes the tube, opens a second cap on the tube, and drops liquid from it into a well on the cassette. After five minutes, the cassette can be read, with two visible lines indicating the presence of occult blood.

A benefit of these tests is that they do not require refrigeration. These tests may also be more appealing to patients because all of the fecal matter is contained in a tube and they have no soiled spatulas to discard. Additionally these products are designed as one-day tests, although many offer two-day test options.

**Brush:** There is also a type of test that requires patients to brush their stool in the toilet water with a long-handled brush. They then brush the water onto a card. The process for reading the test is similar to the process for reading a spatula test. Patients may prefer this test because they don't have to worry about keeping their stool out of the toilet water. This is a two-day test.

## FIT distributor representative contacts:

**Joe Lubisco, Jr., Accutest**  
(866) 682-7711, joe@accutest.net  
Accutest

**Bob Wootten, Hemosure, Inc.**  
(205) 699-2156  
bobwootten@earthlink.net  
Hemosure

**Cardinal Health, Inc.**  
(614) 757-5000  
Hemocult ICT

**Henry Schein Medical**  
(800) 472-4346  
Hemosure

**Jay Keene, McKesson  
Medical-Surgical**  
(334) 273-0554, MidSouth Alabama  
Hemosure, InSure, Consult, Clarity,  
Accutest

**Fisher Healthcare**  
(800) 766-700  
Clarity, OC Light FIT, InSure,  
Hemosure

**DDP Medical Supply**  
(800) 437-4455  
Hemosure, Accutest

**Karen Kaschak, McKesson  
Medical-Surgical**  
(404) 326-0564, North Alabama  
Hemosure, InSure, Consult, Clarity,  
Accutest

**Chris Kouris,  
MedTech Associates**  
(810) 599-5708  
Medicalchris2412@gmail.com  
InSure

**Bryan Pietri, Polymedco**  
(615) 870-4175  
bpietri@polymedco.com  
OC-Light FIT



***[Your Company Logo Here]***

## Colon Cancer Screening History Form

NAME: \_\_\_\_\_ CLOCK: \_\_\_\_\_ DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

**Medical History:** *Those answering **YES** to any of the following questions should receive recommendation for colonoscopy.*

1. Have you ever been diagnosed with colorectal cancer or pre-cancerous polyps?  
 Yes  No  Unknown
2. Has your mother, father, brother(s), sister(s) or child ever been diagnosed with colorectal cancer?  Yes  No  Unknown
3. Have you ever been diagnosed with inflammatory bowel disease (ulcerative colitis or Crohn's disease)?  Yes  No  Unknown
4. Are you currently having any of the following symptoms?  
 Unexplained, significant weight loss (10% or more of body weight)  
 Consistently narrow stools (for example: the size of a pencil)  
 Blood mixed throughout the stool (more than slight bleeding seen on tissue or in the bowl)

### **Colorectal Cancer Screening History:**

1. Have you ever had a colorectal cancer screening test?  Yes  No  Unknown  
If yes, which test?  Take-home FIT  Take-home FOBT (guaiac)  Sigmoidoscopy  
 Colonoscopy  Stool DNA  Don't know
2. When did you complete your last colorectal cancer screening?  
 1-2 years ago  5-10 years ago  
 2-5 years ago  Don't know

#### **FOR OFFICE USE:**

FIT Test Provided on: \_\_\_\_\_

Education only: \_\_\_\_\_ (No Test Given)

Participant does not meet average risk criteria. Provided information on Colonoscopy?  Yes  No

Educator's Name: \_\_\_\_\_

[Your Logo Here]

## So you're at increased risk for Colorectal Cancer...

If you have a family or personal history of polyps or colorectal cancer, or have certain gastrointestinal disorders like ulcerative colitis, Crohn's disease, or Lynch syndrome then take-home stool testing isn't enough to screen or protect you from colorectal cancer. Instead, you should discuss screening with your primary care provider or gastroenterologist.

Your doctor may recommend colonoscopy. This doesn't necessarily mean that you are more likely to get colorectal cancer. What it means is that your particular medical history makes the FIT and other modes of screening that find hidden blood insufficient to protect you. In some cases it is because your disorder causes bleeding that triggers a reaction in the test; in others it is because you need preventive measures more often than someone without your risk factors.

The best thing you can do to protect yourself from colorectal cancer is to see a doctor soon to make a future plan for your care.



# Step 5: Develop your program process

The process your program follows will vary based on the screening resources you already have in place. Earlier in the toolkit you identified those resources and the type of program available to you. The next step is to figure out details like dates, program duration, and follow-up procedures.

## *Sample process:*

### **If you have an on-site clinic or nurse...**

- Pick a time to host your program
  - March is Colorectal Cancer Awareness Month, and the FIT pairs well with your existing Fall Flu shot drive. You could also add the FIT to your annual biometric screening or health fair.
- Acquire tests
- Pick a location/complementary program where employees can receive the test
  - If you have an annual health fair or biometric screening consider handing out the tests in conjunction with the event
  - If you have an on-site clinic, set up certain dates and times for employees to fill out the form and receive a test or further referral to a colonoscopy
- Pick a return method for test
  - Establish a drop-off area or mailing address for employees to return test to site
- Begin educating employees about CRC and screening
  - Send out letters, postcards, or email blasts with information about CRC and the upcoming screening program
  - Put up posters in employee common areas with the dates for the program and information about CRC
  - Add event to employee events calendar
- Screening program begins
  - Employees fill out an intake form and receive a test
- Reminders and follow-up
  - At set periods (i.e. one week, one month) remind employees through email or postcards to return their tests
- Results
  - Send out results letters for employees with both positive and negative test results
  - Refer employees with positive results to a primary care physician or gastroenterologist for diagnostic colonoscopy
- Repeat
  - The FIT is an annual screening tool so your screening should be repeated every year.

### **If you don't have on-site clinical staff...**

- Pick a time to educate employees about CRC
  - Send out letters, postcards, or email blasts with information about CRC and employee screening options
  - Put up posters in employee common areas with information about CRC
- Help navigate employees to CRC screening
  - Provide ways for employees to seek CRC screening such as contact information for local primary care physicians or gastroenterologists
  - Consider waving the co-pay for screening
  - Consider providing incentives for employees who complete CRC screening

## Step 6: Educate your employees

Education is the best way to make sure your employees participate in a screening program. The most important message is that, unlike most cancers, CRC is preventable. FITWAY has educational materials available including posters, handouts, and factsheets. To obtain free copies of this material fill out the form on the following page and email it to [ashley.vice@adph.state.al.us](mailto:ashley.vice@adph.state.al.us) or fax it to 334-206-3797.

### Colorectal Cancer Basic Fact Sheet

[http://www.adph.org/colon/assets/basic\\_fact\\_sheet.pdf](http://www.adph.org/colon/assets/basic_fact_sheet.pdf)

### Educational Poster

<http://www.adph.org/colon/assets/AL.com.GetOutShell.AD.6.15.10.pdf>

### Educational Handouts

<http://www.adph.org/colon/assets/CCCARDS4810NEWEST.pdf>

The information in these materials, combined with information specific to your company and your screening program could be combined into a mass email or letter, informing employees about the screening program ahead of time.

## Step 7: Conduct screening activities

There are several ways to ensure that employees feel comfortable with the test, understand its importance, and return the FIT:

- **Make sure employees know the FIT is a test to screen for colorectal cancer.** It's possible that your employees have completed a guaiac stool test before. The FIT does not require diet changes, and can differentiate human blood from animal blood, food, and medication in your stool. Make sure to explain that the FIT is looking for colorectal cancer, and that it is very accurate at doing so.
- **Have a way for employees to ask questions about completing the test.** Instructions will be included with the FIT, but employees may have additional questions about how to complete the test. Include the phone number or email for clinical staff in your educational materials.
- **Consider a drop box and/or adding postage and a return address to the test mailer.** The more ways an employee has to return the test, the better your return rate will be. A drop box is a convenient way for patients to return the tests at work, but some employees may prefer a more private way to return the test. Having a mail-in option provides that privacy. Regardless of your return option, make sure employees know to put their name on the collection tube included in the FIT kit. Adding matching numbers on the test device and intake form may also help avoid confusion.

## Step 8: Determine how results will be shared

FITWAY has provided a sample letter for both positive and negative test results. You may also consider asking employees to include a home or cell phone number on the collection tube so that clinical staff can follow up with employees that have positive test results. In an average risk population, fewer than four per 100 tests are expected to be positive.

To obtain an editable copy of the letter please contact Shea Keith at [shea.keith@adph.state.al.us](mailto:shea.keith@adph.state.al.us) (334) 206-5558 or Ashley Vice at [ashley.vice@adph.state.al.us](mailto:ashley.vice@adph.state.al.us) (334) 205-3336.

# [Your Logo Here]

## Colon Cancer Screening Results

Dear \_\_\_\_\_,

Date \_\_\_\_\_

Thank you for participating in our 2014 health screening. The results of your colorectal cancer screening test (FIT – Fecal Immunochemical Test), completed on \_\_\_\_\_ are

- Negative
- Positive

As a reminder, FIT is an annual screening recommended for people of average risk for colorectal cancer, age 50 - 75. Colorectal cancer is preventable through the removal of polyps. Colorectal cancer also is very treatable when detected during the early stages. An appropriate screening is the only way to accurately detect polyps or cancer in its earliest stages.

If your test results are positive, we strongly encourage you to schedule a colonoscopy as a follow-up. Call your family doctor today to discuss this. If you need help scheduling this appointment, please let us know.

Please spread the word of the importance of screening for colorectal cancer to your friends, loved ones and work colleagues. Although this cancer is very treatable, it remains the 2<sup>nd</sup> leading cause of cancer deaths in Alabama. Thanks again for your participation in our 2014 health screening. For any questions, please do not hesitate to call me at xxx-xxx-xxxx.

Sincerely,



# Free Material Request

Date: \_\_\_\_\_

Ship to: \_\_\_\_\_

Phone: \_\_\_\_\_

Item Description	Quantity
<b>PATIENT EDUCATION CARDS (5.5 x 8.5")</b>	
Sock Puppets/CRC Can Affect anyone	
Boxing Glove/Fight Back	
Jazz Men/Celebrate Life	
Flower/Celebrate Life	
Get out of your shell/Get screened	
<b>INVITATIONS TO BE SCREENED (Postcard)</b>	
Sock Puppets/CRC Can Affect anyone	
Dove/Celebrate Life	
Boxing Glove/Fight Back	
Jazz Men/Celebrate Life	
<b>REQUEST TO RETURN SCREENING KIT (Postcard)</b>	
Sock Puppets/CRC Can Affect anyone	
Dove/Celebrate Life	
Boxing Glove/Fight Back	
Jazz Men/Celebrate Life	

**To order items please return this form via fax or email to  
334-206-3797 or fitway@adph.state.al.us**

For more information on Colorectal Cancer (CRC) Screening topics like using CRC as a clinical quality measure, the increased risk of CRC for patients with diabetes, methods and best practices for FIT implementation, and types of FITs available visit the FITWAY website at [www.adph.org/colon](http://www.adph.org/colon).

## **Step 9: Provide information regarding options for follow-up care**

A list of local preferred medical providers if appropriate, or primary care providers and gastroenterologists will be helpful for the clinical staff who conduct follow-up for positive test results. Not all employees will have a medical home, so patient navigation may be very helpful.

Two entities, the American College of Gastroenterology and the American Gastroenterological Association, have online databases that patients can search for a doctor by zip code.

American College of Gastroenterology:

<http://patients.gi.org/find-a-gastroenterologist/>

American Gastroenterological Association:

<https://secure.gastro.org/GILocator/locator.asp>

## **Step 10: Repeat program annually**

The FIT is an annual screening test. To ensure that CRC is prevented or diagnosed at an early stage, the test needs to be administered once per year. Consider finding ways to alert employees who have recently turned 50 that this becomes an important part of their wellness and health maintenance.