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FluFOBT:
A Proven Approach to Increase
Colorectal Cancer Screening

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American Cancer Society

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What is "FluFOBT"?

- FluFOBT is an evidence-based program that expands upon the impact of annual influenza vaccinations by offering colorectal cancer (CRC) screening resources at the time that the patient presents for the influenza vaccination.
- Annual flu shot visits are an opportunity to reach people who are in a "wellness" or preventive health mindset, many of whom also need CRC screening

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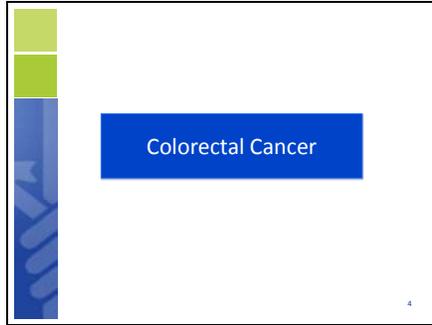
Objectives

This training will help to prepare you to educate your community and start a FluFOBT program. By the end of the training, you will be able to:

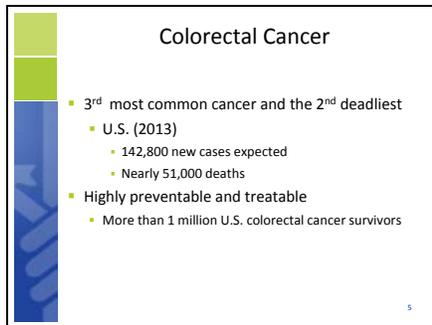
- Know the importance of colorectal cancer (CRC) screening for preventing disease or finding it early
- Understand how a FluFOBT program can increase screening and reduce the risk of CRC
- Assist in carrying out a FluFOBT program in your center

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To find state-specific incidence and mortality data review **Cancer Facts and Figures** at

<http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-036845.pdf>

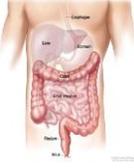
Studies estimate that at least half of all cases of colorectal cancer in the US could be prevented if everyone age 50 and older was screened according to current recommendations.

Screening in the US over the past 20 years has led to more patients being diagnosed with early stage disease (which has better survival rates). New medications and surgical techniques have led to people living longer after a diagnosis of colorectal cancer.

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Colon and Rectum

- The colon (large bowel or large intestine)
 - is a muscular tube about 5 feet long
 - absorbs water and salt from food
 - stores waste matter
- The rectum is the last 6 inches of the digestive system.



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Colorectal Cancer

- Cancer that begins in either the colon or rectum
- Often called simply “colon cancer”, or “CRC”
- Usually develops from pre-cancerous growth called a “polyp” in the lining of the colon or rectum.
- Finding and removing polyps can prevent CRC from occurring.

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Who Can Get Colorectal Cancer?

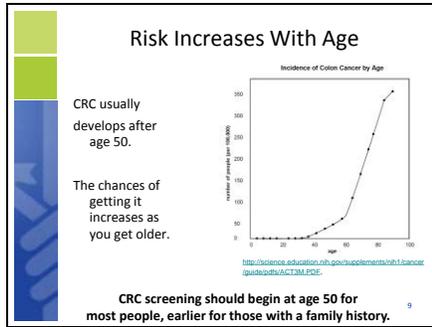


Anyone.

Men and women of all ages and races get CRC.
The good news is that screening can prevent some from getting the disease and dying from it.

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Graph obtained from <http://science.education.nih.gov/supplements/nih1/cancer/guide/pdfs/AC T3M.PDF>
Accessed 07/08/2013

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- ### Who's at High Risk of Colon Cancer?
- A personal history of
 - Polyps
 - Colorectal cancer
 - Inflammatory bowel disease
 - Ulcerative colitis
 - Crohn's disease
 - A family history of
 - Colorectal cancer or polyps
 - Hereditary colorectal cancer syndrome
- People with these conditions may need different screening. Check with a provider before giving an FOBT kit.*
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People with the risk factors shown here may need to begin screening at an earlier age or be screened more often.

These recommendations depend on their particular risk profile. Please refer to ACS guidelines on screening those at increased and high risk for specific recommendations.

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- ### Screening (or testing)
- **Screening** tests are done for people who don't have symptoms ("asymptomatic"). Screenings are part of routine health care – like checking blood pressure. They should be done at regular intervals.
 - **CRC Screening** tests look for early cancer or pre-cancer (polyps) of the colon and/or rectum.
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Why Test?

There are two aims of testing:

- 1. Prevention**
Find and remove polyps to prevent cancer
- 2. Early Detection**
Find cancer in the early stages, when best chance for a cure



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Why Testing is Important

People can't feel abnormal growths (polyps or early cancer) growing inside of them.



The only way to find them is by getting tested.

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Screening Tests

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Colorectal Cancer Screening Tests

There are a number of tests for CRC, but in the U.S. nearly all testing is done by:

- (1) Looking inside the colon
 - Colonoscopy

or

- (2) Looking for hidden (occult) blood in the stool
 - Fecal Occult Blood Test (FOBT)
 - Fecal Immunochemical Test (FIT)

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Other tests recommended by the ACS include flexible sigmoidoscopy, CT colography (sometimes called “virtual colonoscopy”), and barium enema.

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Colonoscopy

- Allows doctor to directly see inside entire bowel
- Can remove most polyps
- If normal, repeat every 10 years
- Some patients aren't willing to have as a screening test
- Access limited for some due to insurance status, cost, geography

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Colonoscopy: A **colonoscope** is a long, lighted flexible scope that is inserted through the rectum. Allows the doctor to see the lining of the entire colon. The colonoscope is also connected to a video camera and display monitor so the doctor can closely examine the inside of the colon.

If a small polyp is found, the doctor may remove it. Polyps, even those that are not cancerous, can eventually become cancerous. For this reason, they are usually removed. This is done by passing a wire loop through the colonoscope to cut the polyp from the wall of the colon with an electrical current. The polyp can then be sent to a lab to be checked under a microscope to see if it has any areas that have changed into cancer.

If the doctor sees a large polyp or tumor or anything else abnormal, a **biopsy** will be done. In this procedure, a small piece of tissue is taken out through the colonoscope. Examination of the tissue can help determine if it is a cancer, a noncancerous (benign) growth, or a result of inflammation.

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Stool Testing (FOBT and FIT)

Polyps and cancer often leak only small amounts of blood which can't be seen (hidden or "occult" blood).

Fecal Occult Blood Tests (FOBT) and Fecal Immunochemical Tests (FIT) can find this small amount of blood in the stool.

If blood is found in the stool the patient needs a colonoscopy.

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Bleeding from cancer or polyps is often intermittent, so every patient with a stool test that is positive for blood should be evaluated with colonoscopy.

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FOBT and FIT

Variety of brands and collection methods.
Some require patients collect samples on cards.



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FOBT and FIT

Others require stool samples be placed in a tube.



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The slide features a decorative vertical bar on the left with green and blue segments. The text is centered, and the image shows a Hemasure FIT (Stool) kit box and a collection tube.

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FluFOBT

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The slide features a decorative vertical bar on the left with green and blue segments. The text 'FluFOBT' is centered in a blue box.

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How does a FluFOBT program work?

- Health center staff provide FOBT kits to eligible patients when they get their annual flu shot
 - Either a high sensitivity FOBT or a FIT kit can be used for the FluFOBT Program
- Patient completes FOBT **at home** and returns kit to doctor's office or mails kit to the lab for processing

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The slide features a decorative vertical bar on the left with green and blue segments. The text is centered, and the image shows a Hemasure FIT (Stool) kit box and a collection tube.

Discuss the pairing of flu and FOBT

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Why try FluFOBT?

- Many people receiving flu shots also need CRC screening.
- Studies show FluFOBT
 - is well accepted by patients
 - leads to higher CRC screening rates (including studies in community health centers)
- Many sites use FluFOBT to begin process of incorporating CRC screening into routine practice outside of Flu season.
- Can help centers reach their performance goals.

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How To Set Up Your Flu-FOBT Program

- Put your team together
 - Select a champion to coordinate your efforts
 - Select team members and staffing levels

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Details on these and the following steps can be found in the ACS FluFOBT Program Implementation Guide at www.cancer.org/flufobt

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Program Set Up (continued)

Train your team

- Your training should include information on:
 - The importance of flu shots and CRC screening
 - How to organize your workflow
 - Assessing eligibility
 - Talking points to educate patients about FOBT and completing the test
 - Record keeping and follow up of patients who receive FOBT kits

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Details on these and the following steps can be found in the ACS FluFOBT Program Implementation Guide at www.cancer.org/flufobt

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Program Set Up (continued)

- Choose times and locations for your program and advertise them
 - When to start
 - Where to hold the program
 - How to advertise
- Design a patient flow and management plan
 - Offer Flu-FOBT in line BEFORE giving the flu shot
 - Assess eligibility

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Program Set Up (continued)

- Develop systems to support follow up for those patients who received FOBT kits
 - Provide clear instructions
 - Provide a return envelope for kits
 - Reminder phone calls and/or postcards
 - Follow up care
- Get started, implement your Flu-FOBT program

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CRC Screening Eligibility & FluFOBT

When should a patient be offered a FOBT kit during the FluFOBT program?

- Patient –
 - Is 50 years or older...
 - Has not had a colonoscopy in the last 10 years...
 - Has not had an FOBT test in the past year...

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Stool tests (FOBT or FIT) need to be repeated every year to be effective.

If someone has a normal colonoscopy exam they do not need another colonoscopy for 10 years. They do not need any other CRC screening (like FOBT or FIT) during that 10 year period.

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Who is NOT eligible for FluFOBT?

When should a patient **NOT** be offered a FOBT kit during the Flu-FOBT clinic?

- Patient is –
 - Less than age 50
 - Had a colonoscopy in the last 10 years
 - Had an FOBT test in the past year

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NOT eligible for FluFOBT (continued)

Other patients who may not be appropriate for FluFOBT are those who:

- Have a personal history of Crohn's Disease or Ulcerative Colitis
- Have a personal history of polyps or colorectal cancer
- Have a family history of polyps or cancer in a family member younger than age 60
- Are currently experiencing rectal bleeding, blood in stool or other symptoms

**If these risk factors or symptoms are identified the patient should be directed to a provider for an assessment and appropriate diagnostic or screening recommendations*

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Talking with Patients about CRC

- It is important to educate your patients about the importance of CRC and the FOBT
- It is very important to remind patients to complete and return the FOBT kit (with instructions for doing so) at the time the kits are distributed
- Reminders are imperative, especially if the patient has not returned the kit within 14 days
- If FOBT is positive – patient needs a colonoscopy
- If FOBT is negative – needs to repeat test every year

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Discuss useful points to share with patients regarding facts about CRC and screening as well as FOBT kits

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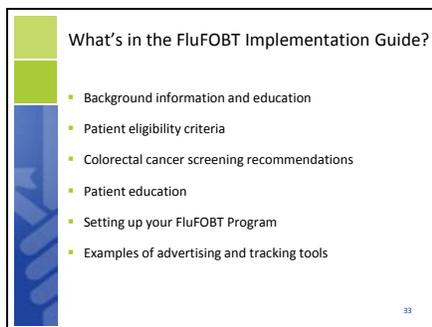


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The FluFOBT/FluFIT program was initially developed by a team of researchers at the University of California at San Francisco (UCSF), led by Dr. Michael Potter. Resources, materials and details about their program can be found at their website.

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Discuss why the ACS program implementation guide was developed and the goals of the guide

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Acknowledgments

- Michael Potter, MD and his FluFIT development team, collaborators and funders (CDC, NCI, the San Francisco Bay Area Collaborative Research Network, San Francisco Department of Public Health, and Kaiser Permanente)
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- National Colorectal Cancer Roundtable

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