

FluFOBT: A Proven Approach to Increase Colorectal Cancer Screening

THE OFFICIAL SPONSOR OF BIRTHDAYS.®





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



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



Colorectal Cancer

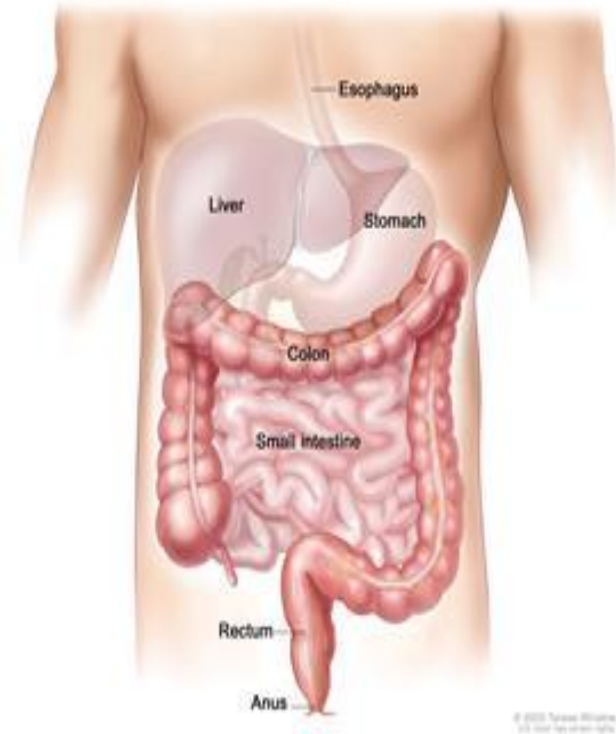


Colorectal Cancer

- 3rd most common cancer and the 2nd deadliest
 - U.S. (2013)
 - 142,800 new cases expected
 - Nearly 51,000 deaths
- Highly preventable and treatable
 - More than 1 million U.S. colorectal cancer survivors

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.





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.

Who Can Get Colorectal Cancer?



Anyone.

Men and women of all ages and races get CRC.

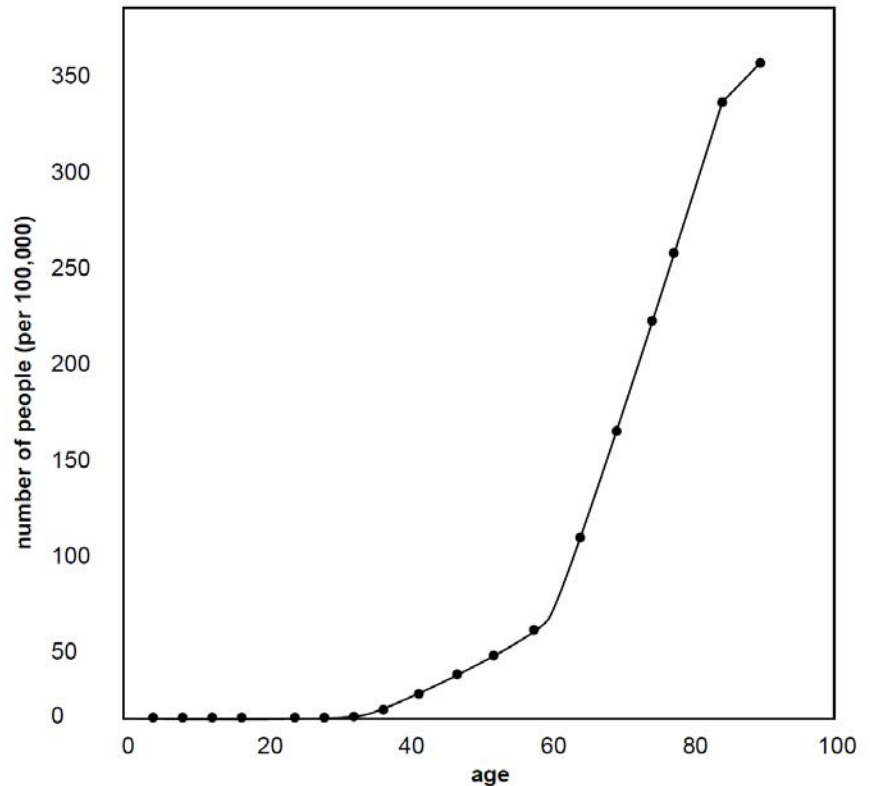
The good news is that screening can prevent some from getting the disease and dying from it.

Risk Increases With Age

CRC usually develops after age 50.

The chances of getting it increases as you get older.

Incidence of Colon Cancer by Age



<http://science.education.nih.gov/supplements/nih1/cancer/guide/pdfs/ACT3M.PDF>.


CRC screening should begin at age 50 for most people, earlier for those with a family history.



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.*



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.

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



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.



Screening Tests



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

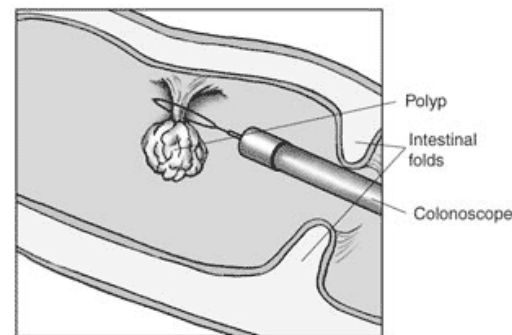
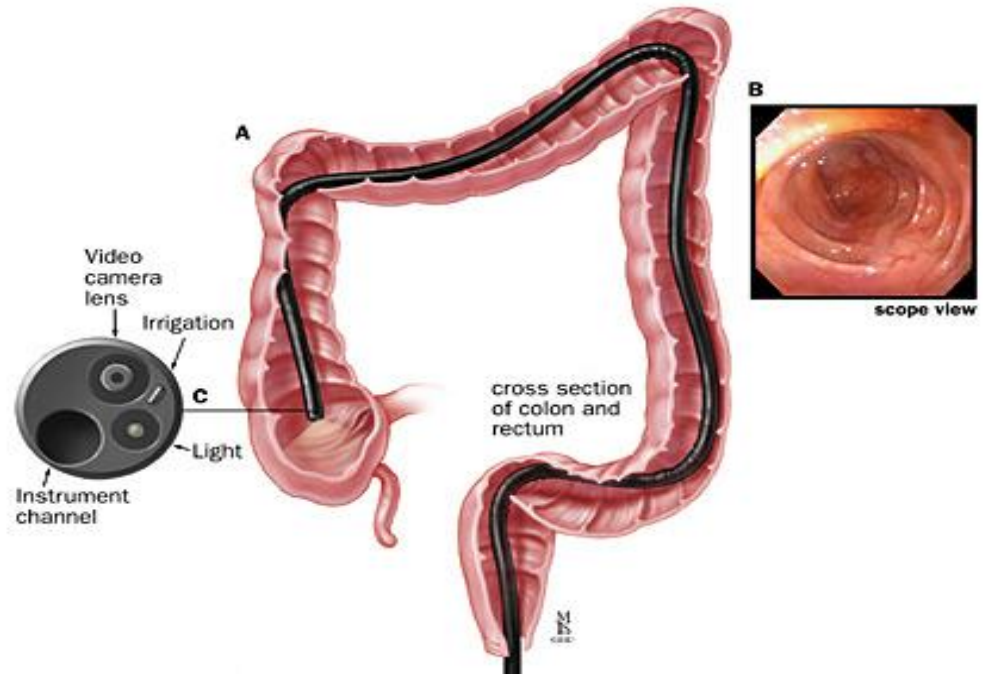
or


(2) Looking for hidden (occult) blood in the stool

- Fecal Occult Blood Test (FOBT)
- Fecal Immunochemical Test (FIT)

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





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.

FOBT and FIT

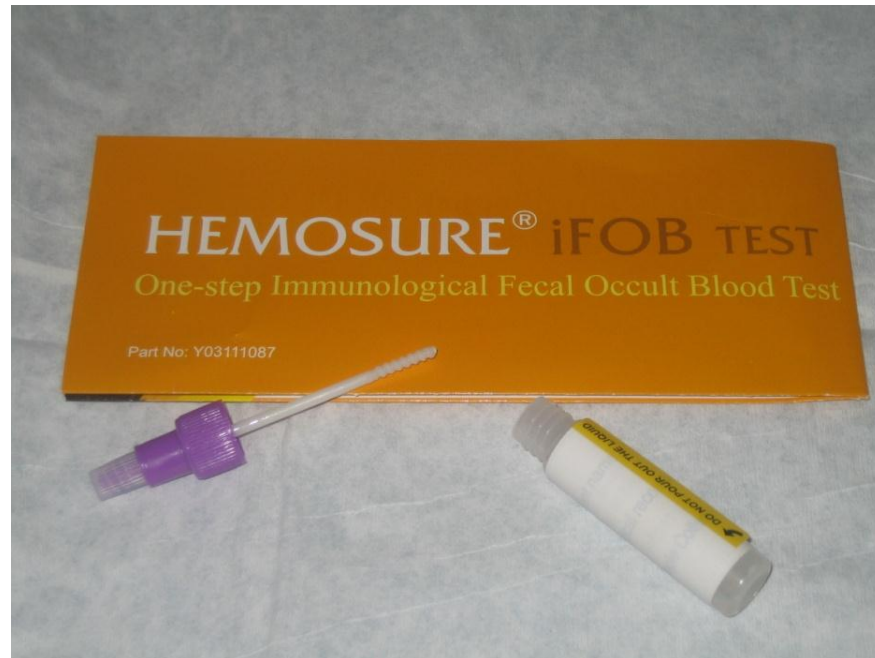
Variety of brands and collection methods.

Some require patients collect samples on cards.



FOBT and FIT

Others require stool samples be placed in a tube.





FluFOBT



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



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.



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



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



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



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



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...



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



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

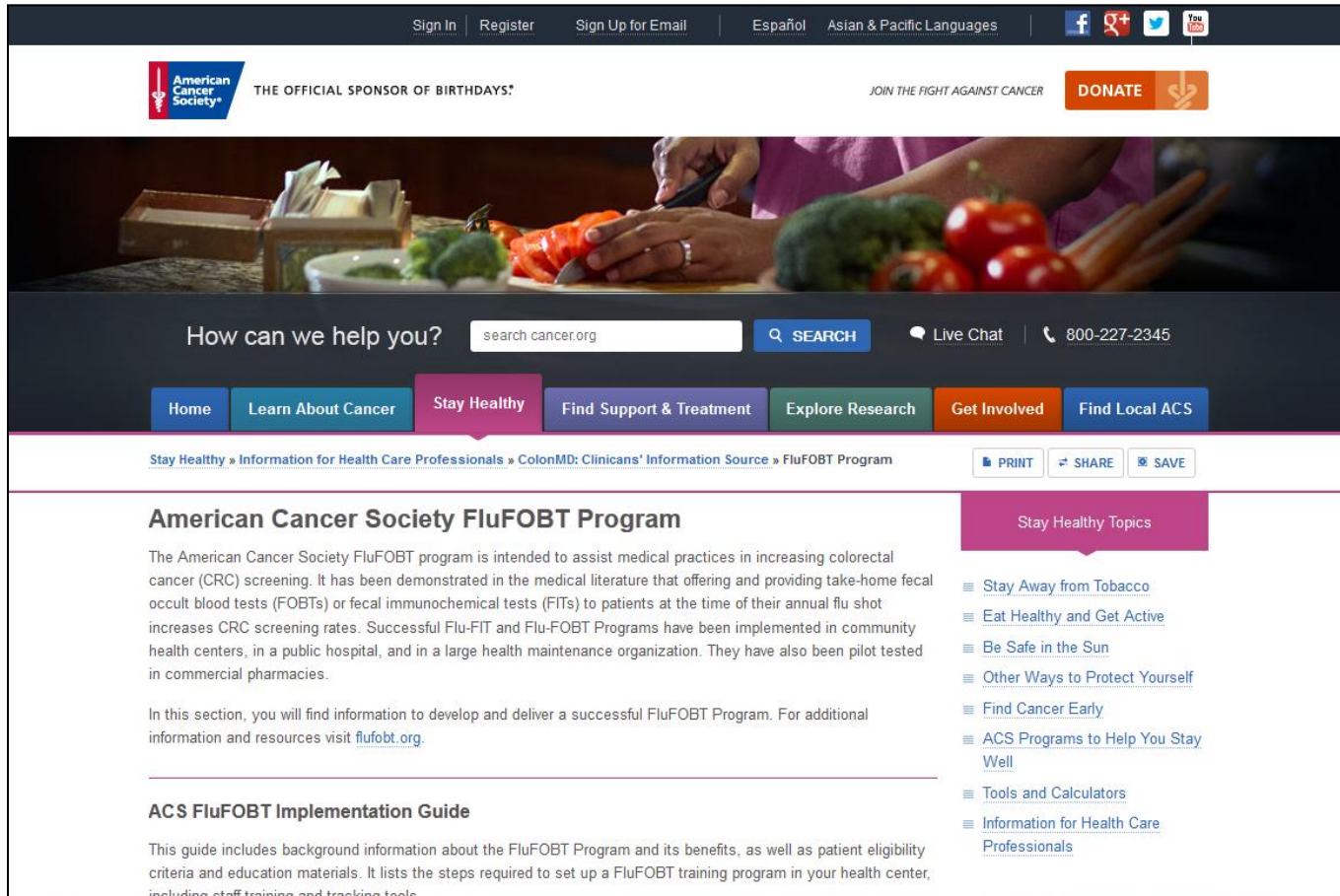
**If these risk factors or symptoms are identified the patient should be directed to a provider for an assessment and appropriate diagnostic or screening recommendations*



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

ACS FluFOBT Implementation Guide and Materials



The screenshot displays the American Cancer Society website. At the top, there are navigation links for 'Sign In', 'Register', 'Sign Up for Email', 'Español', and 'Asian & Pacific Languages'. Social media icons for Facebook, Google+, Twitter, and YouTube are also present. The main header features the ACS logo, the text 'THE OFFICIAL SPONSOR OF BIRTHDAYS*', and a 'DONATE' button. Below the header is a large image of hands preparing vegetables. A search bar and 'SEARCH' button are located below the image, along with 'Live Chat' and a phone number '800-227-2345'. A navigation menu includes 'Home', 'Learn About Cancer', 'Stay Healthy', 'Find Support & Treatment', 'Explore Research', 'Get Involved', and 'Find Local ACS'. The 'Stay Healthy' menu item is active, leading to the 'American Cancer Society FluFOBT Program' page. The page content includes a breadcrumb trail, 'PRINT', 'SHARE', and 'SAVE' buttons, a main heading, a descriptive paragraph, a sub-heading for the implementation guide, and a list of 'Stay Healthy Topics'.

Sign In | Register | Sign Up for Email | Español | Asian & Pacific Languages | f | g+ | t | You Tube

American Cancer Society® THE OFFICIAL SPONSOR OF BIRTHDAYS* JOIN THE FIGHT AGAINST CANCER DONATE

How can we help you? search cancer.org SEARCH Live Chat 800-227-2345

Home Learn About Cancer Stay Healthy Find Support & Treatment Explore Research Get Involved Find Local ACS

Stay Healthy » Information for Health Care Professionals » ColonMD: Clinicians' Information Source » FluFOBT Program PRINT SHARE SAVE

American Cancer Society FluFOBT Program

The American Cancer Society FluFOBT program is intended to assist medical practices in increasing colorectal cancer (CRC) screening. It has been demonstrated in the medical literature that offering and providing take-home fecal occult blood tests (FOBTs) or fecal immunochemical tests (FITs) to patients at the time of their annual flu shot increases CRC screening rates. Successful Flu-FIT and Flu-FOBT Programs have been implemented in community health centers, in a public hospital, and in a large health maintenance organization. They have also been pilot tested in commercial pharmacies.

In this section, you will find information to develop and deliver a successful FluFOBT Program. For additional information and resources visit flufobt.org.

ACS FluFOBT Implementation Guide

This guide includes background information about the FluFOBT Program and its benefits, as well as patient eligibility criteria and education materials. It lists the steps required to set up a FluFOBT training program in your health center, including staff training and tracking tools.

Stay Healthy Topics

- Stay Away from Tobacco
- Eat Healthy and Get Active
- Be Safe in the Sun
- Other Ways to Protect Yourself
- Find Cancer Early
- ACS Programs to Help You Stay Well
- Tools and Calculators
- Information for Health Care Professionals

www.cancer.org/flufobt

Other FluFOBT Information and Materials



The screenshot displays the website for fluFIT and fluFOBT. At the top, the fluFIT logo is on the left and the fluFOBT logo is on the right. Below the logos is a navigation bar with links for HOME, WHY DO IT, HOW TO DO IT (highlighted), STAFF TRAINING, PROGRAM MATERIALS, FAQ, PUBLICATIONS, and CONTACTS. The main content area features a 'HOW TO DO IT?' section with a 'Download PDF' icon. Below this is a paragraph explaining that setting up a program is not hard but requires careful planning and staff training. A '5 Simple Steps!' section follows, with an '[Expand All]' link. The steps are: 1. Put Together Your FLU-FIT or FLU-FOBT Team, 2. Choose Times and Places for FLU-FIT or FLU-FOBT and Advertise Them, 3. Patient Flow and Line Management Plan, 4. Develop systems to support follow-up of FIT/FOBT kits dispensed, and 5. Final Preparations. On the right side, there is a 'Program Materials' section with a photo of an elderly couple and a link to 'Downloadable FLU-FIT and FLU-FOBT Program Materials'. Below that is an 'FAQ' section with a link to 'Answers to frequently asked questions' and a small image of a document.

<http://flufobt.org>



What's in the FluFOBT Implementation Guide?

- Background information and education
- Patient eligibility criteria
- Colorectal cancer screening recommendations
- Patient education
- Setting up your FluFOBT Program
- Examples of advertising and tracking tools



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)
- Holly Wolf, PhD, MSPH and the Colorado Colorectal Screening Program.
- National Colorectal Cancer Roundtable