

26th Arkansas Cancer Summit
March 12, 2025

Colorectal Cancer (CRC) Screening: 80% is the Goal: Where do you FIT in?



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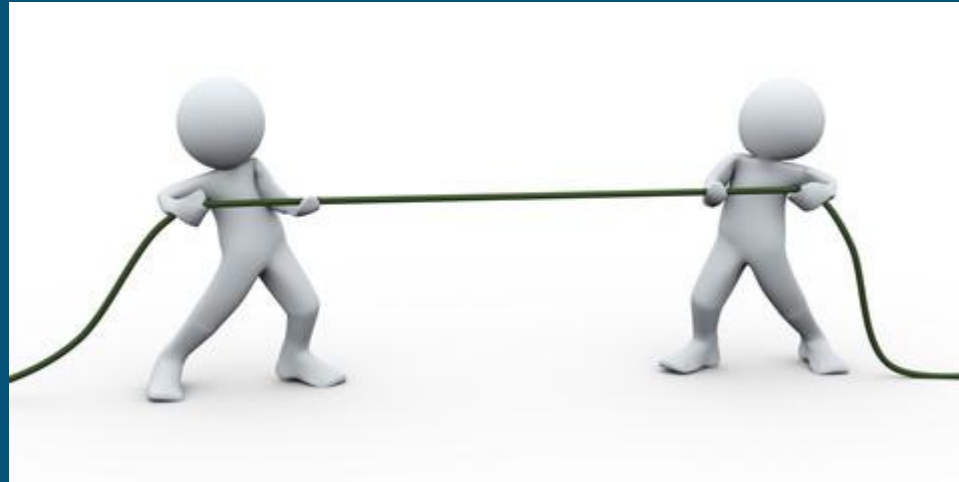
1st Choice Healthcare – Sandra Green,
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Disclosures

No **Conflict of Interest** to Disclose



Objectives

1. **Identify** key evidence-based interventions for improving CRC screening rates.
2. **Examine** common barriers to implementing these interventions.
3. **Recognize** the importance of communication, consistency, and compliance.
4. **Consider** your role in achieving 80% CRC screening rates and, in turn, saving lives.





#1 – **Communication:** Staff/Providers/Patients

Change: This will never be possible without **effective communication** among **ALL** staff/administration/providers.

Face-to-face discussions: Management should seek to discuss CRC protocol a minimum of **twice a month**, more **as needed**, and encourage emails **at any time**.

Provider to Patient: **Provider recommendation is the #1** intervention **shown to improve CRC screening participation**. CRC Screening should be mentioned **EVERY VISIT – In their ears, will cover their rears!**



#2 – Topics for Discussion:



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STANDING ORDER FOR COLORECTAL CANCER SCREENING

POLICY:

Under this standing order clinical staff with proper training may order a fecal occult blood test (FOBT), fecal immunochemical test (FIT), or hemoccult to screen for colorectal cancer for clients who meet these criteria.

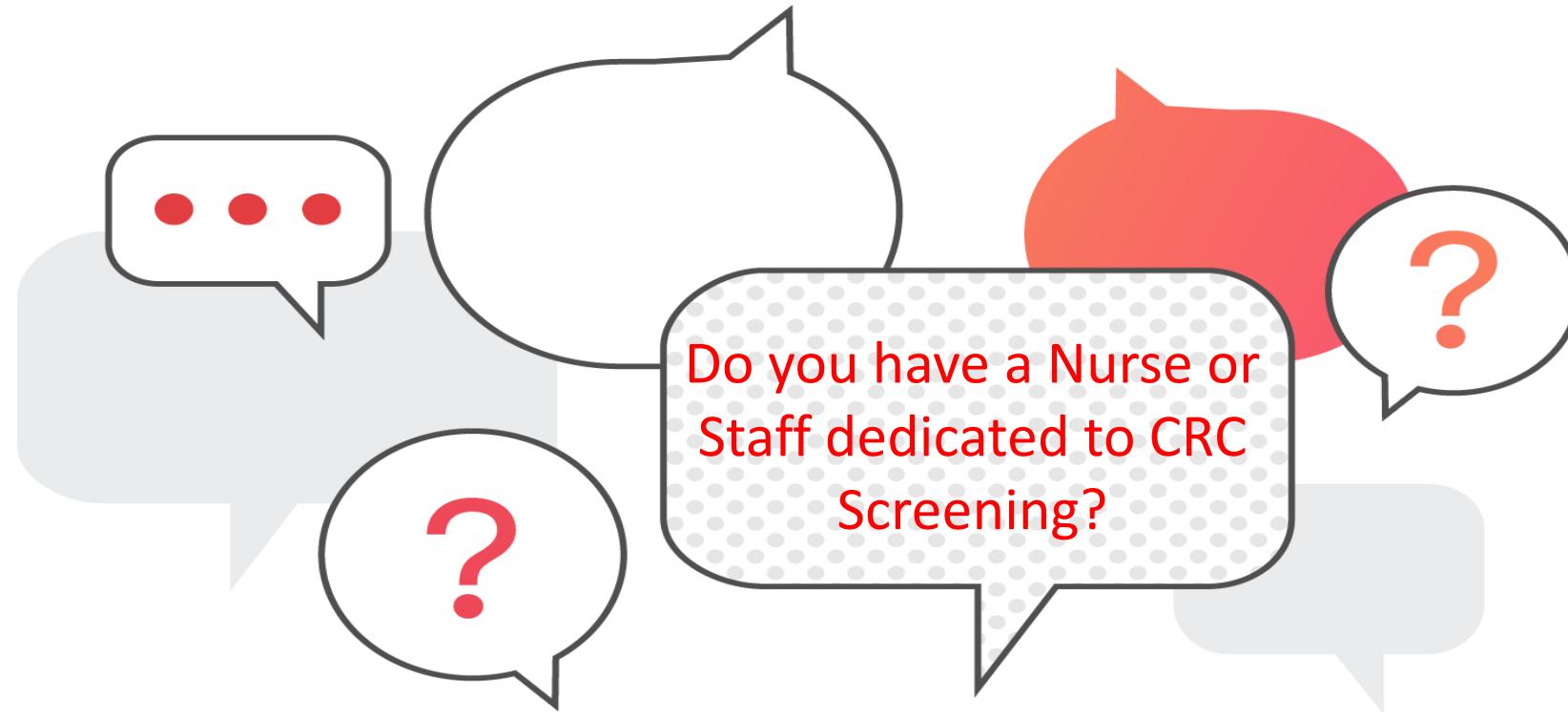
PURPOSE:

Colorectal cancer (cancer of the colon or rectum) often begins as polyps, which are small growths inside the lining of the colon. While most polyps are harmless, some may turn into cancer. Colorectal cancer is the third most common cancer found in men and women in the United States. The lifetime risk for developing colorectal cancer is roughly 1 in 20.

The main purpose of colorectal cancer screening is to detect occult or hidden blood that may be present in the stool. The presence of blood may or may not be a sign of cancer. If blood is found, a colonoscopy is needed to detect the cause of bleeding. Nine out of ten colorectal cancer deaths can be prevented through regular screening.



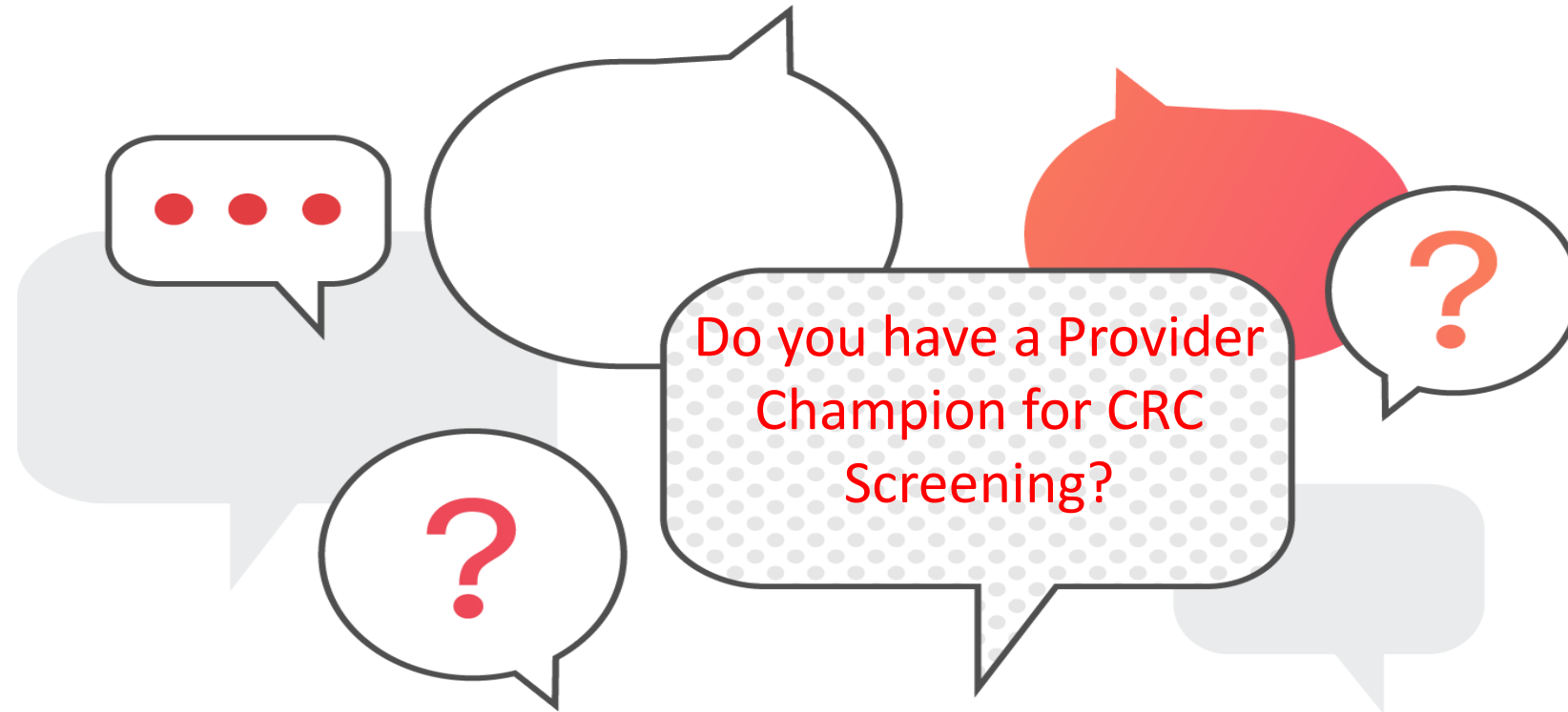
#2 – Topics for Discussion:



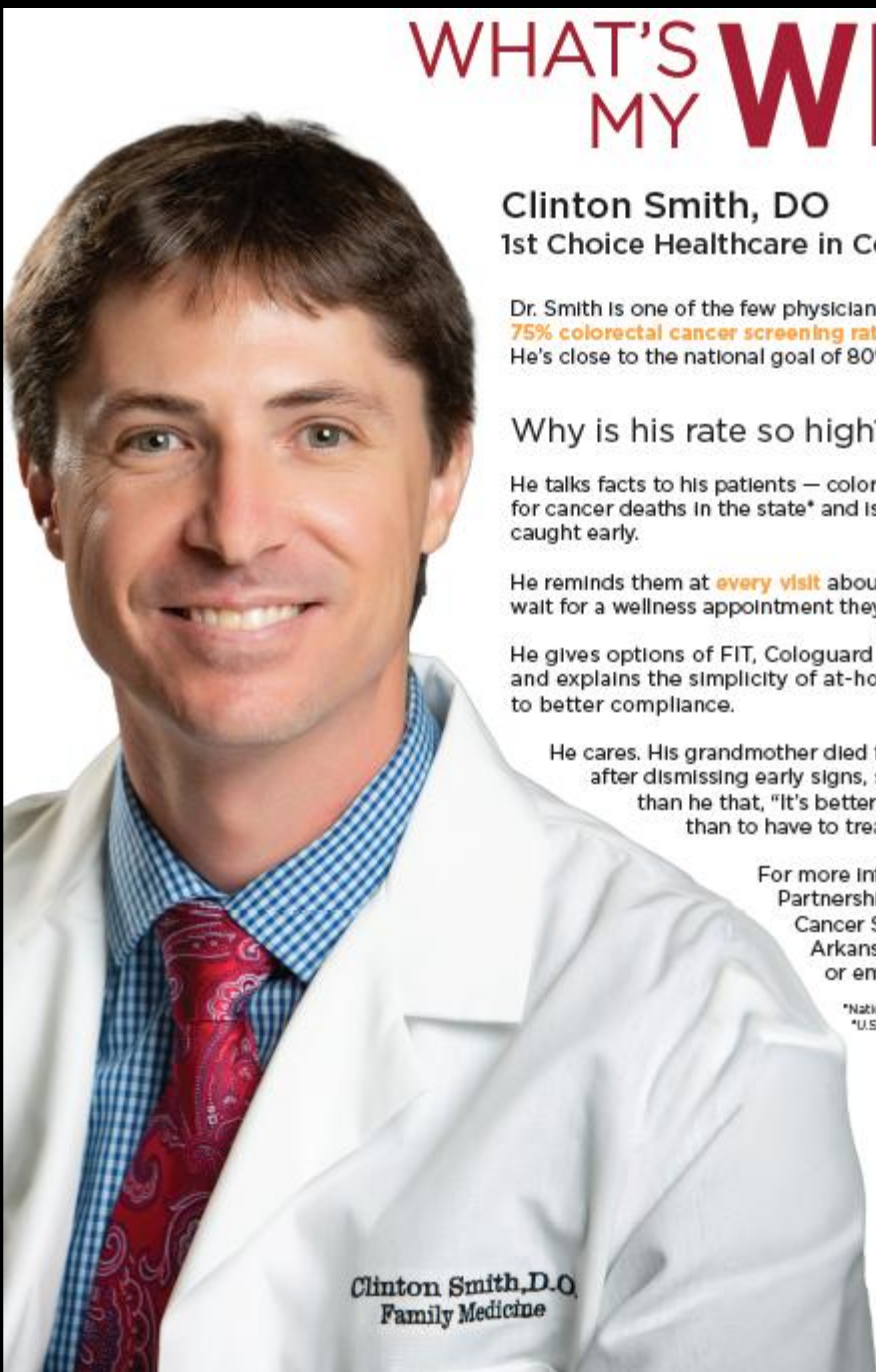
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WHAT'S MY WHY?

Clinton Smith, DO
1st Choice Healthcare in Corning, Arkansas

Dr. Smith is one of the few physicians in the state to reach a **75% colorectal cancer screening rate** with his patients. He's close to the national goal of 80%.*

Why is his rate so high?

He talks facts to his patients — colorectal cancer ranks 2nd for cancer deaths in the state* and is highly treatable if caught early.

He reminds them at **every visit** about screening, refusing to wait for a wellness appointment they may never book.

He gives options of FIT, Cologuard or colonoscopy and explains the simplicity of at-home tests, leading to better compliance.

He cares. His grandmother died from colorectal cancer after dismissing early signs, so no one knows better than he that, "It's better to prevent a problem than to have to treat it later."

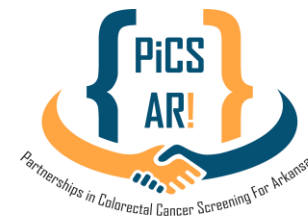
For more information, visit UAMS' Partnerships In Colorectal Cancer Screening for Arkansas at bit.ly/PICS-AR or email mcurtis@uams.edu.

*National Colorectal Cancer Roundtable
*U.S. Cancer Statistics Working Group

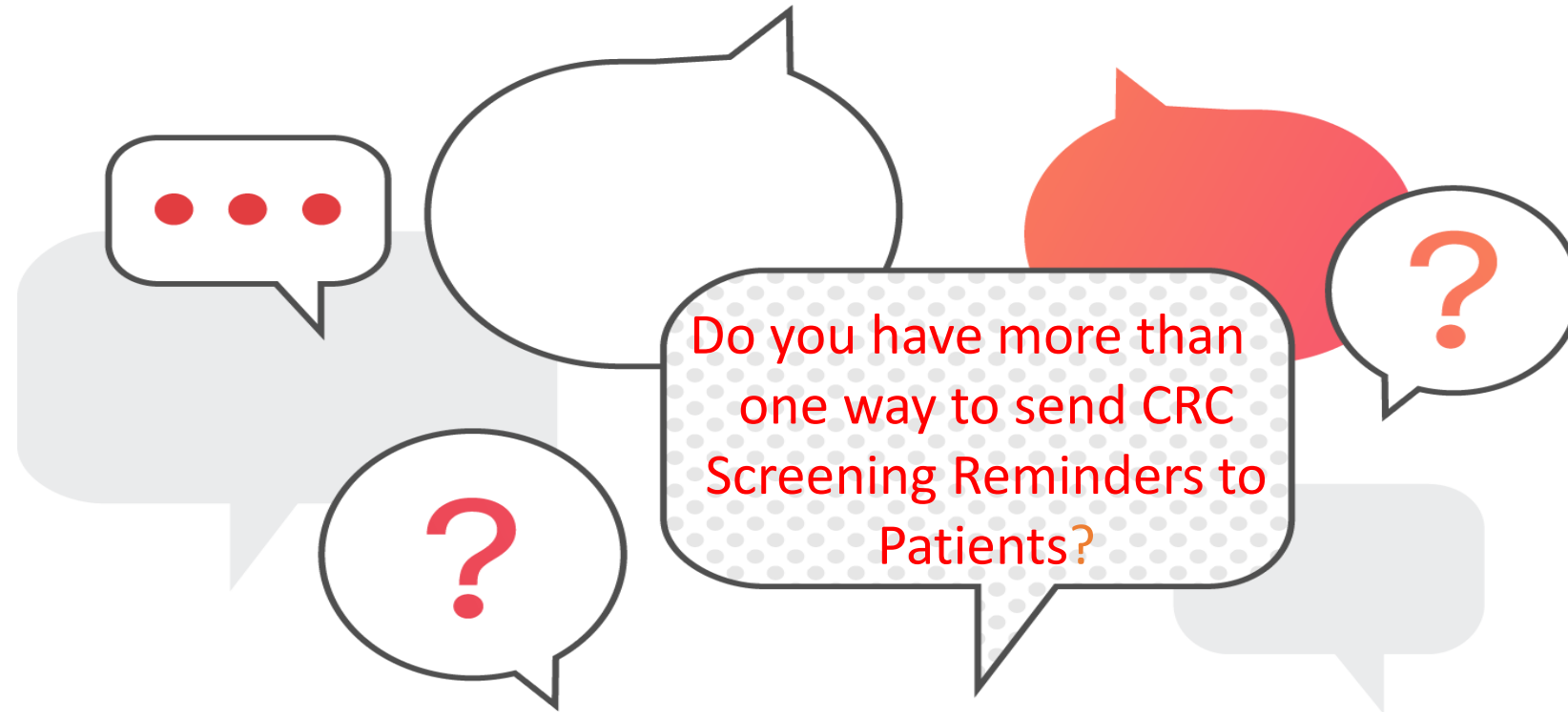
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PiCS AR!
Partnerships in Colorectal Cancer Screening For Arkansas

Clinton Smith, D.O.
Family Medicine



#2 – Topics for Discussion:



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REMiNDER

It's time for your colorectal cancer screening.



1ST CHOICE HEALTHCARE
Respecting around you

The key to preventing colorectal cancer is regular screening starting at age 45.*

*New age recommendation for screening per 2021 U.S. Preventive Services Task Force

Call our 1st Choice Clinic at 870-886-5507 to set up your appointment, or go to our patient portal at 1stchoice-ar.org.

1st Choice Healthcare
201 Colonial Drive
Walnut Ridge, AR 72476

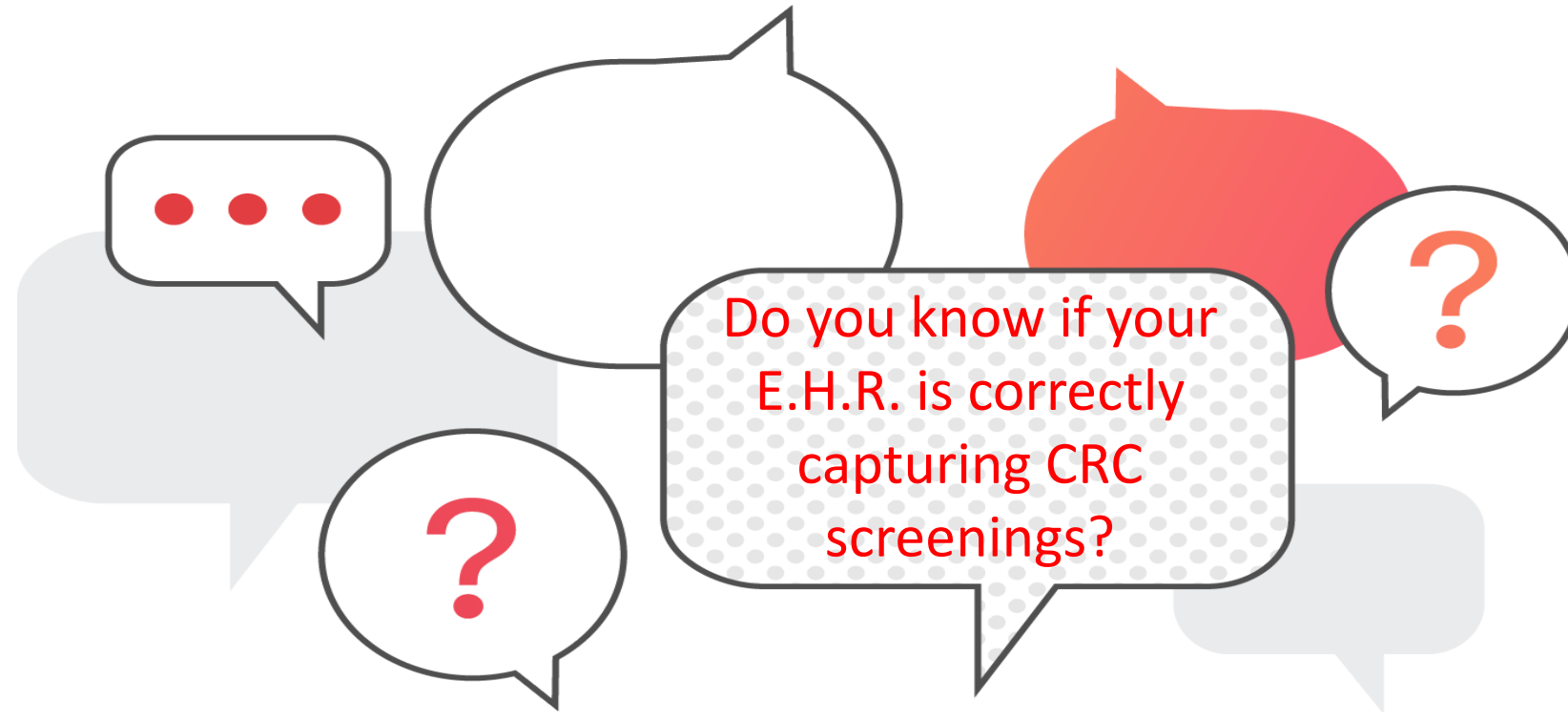


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This level of data review requires dedication.

- 10% of eligible patient charts are manually reviewed.
- Specific notes are made
- Corrections to the process are implemented.

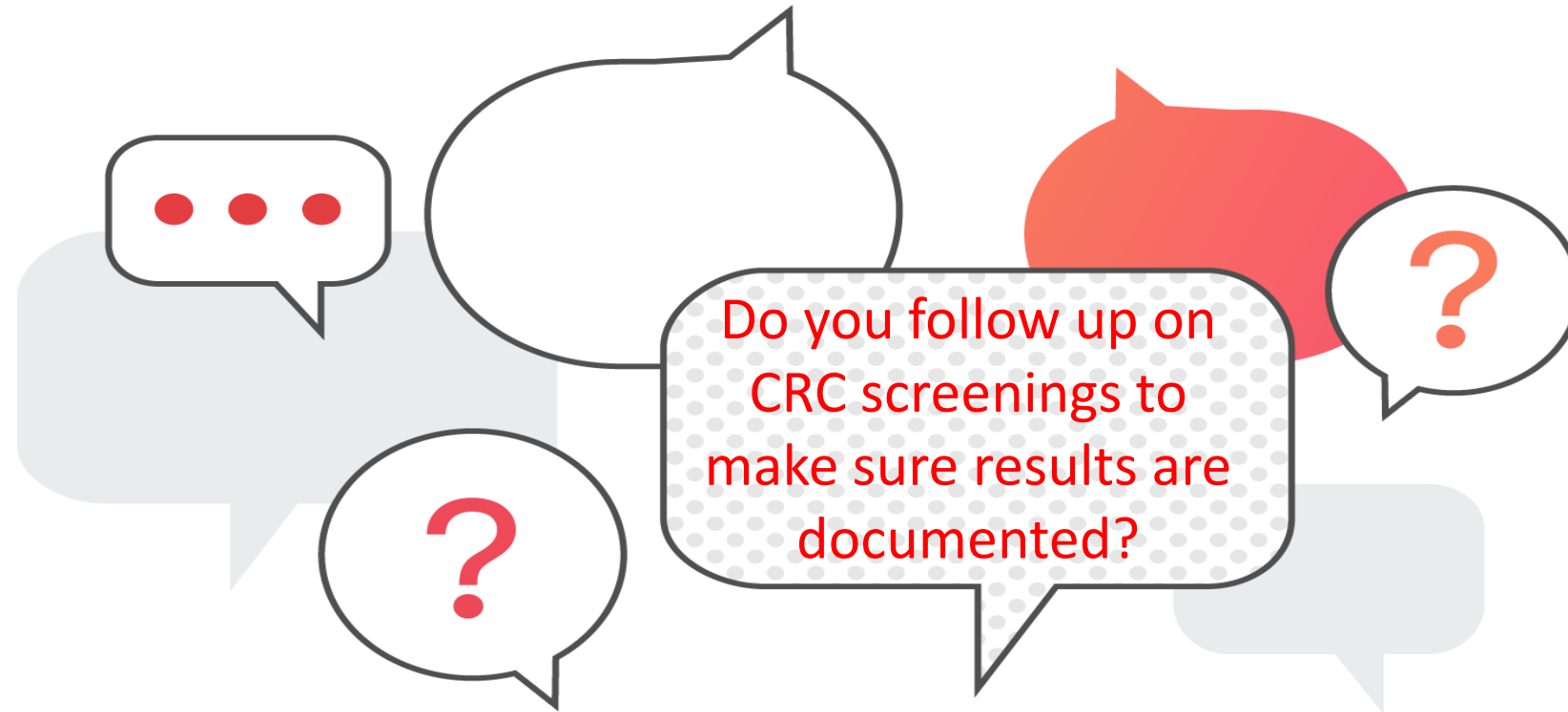
The result, 100% on Data Accuracy!

2024 CRC Screening Rate Validation Results

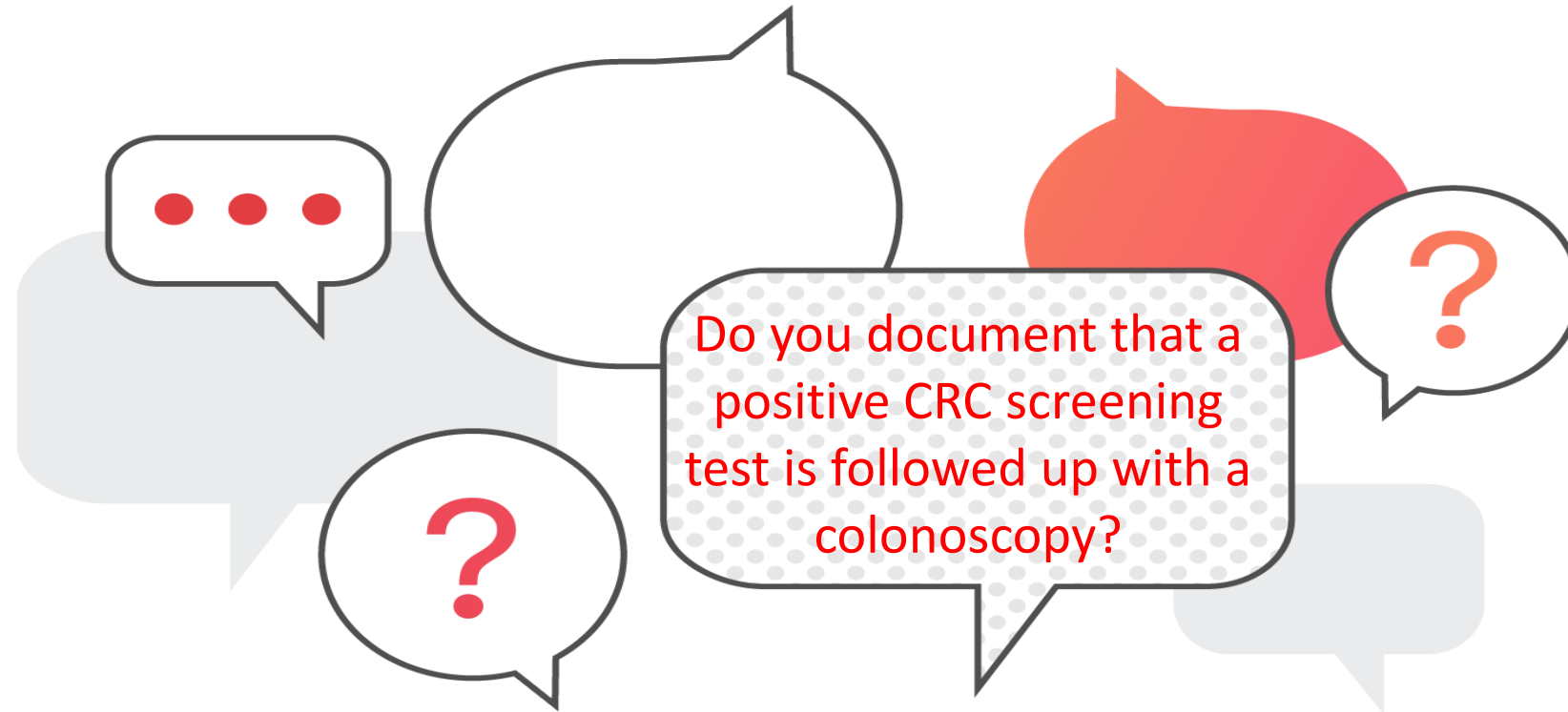
Clinic Location	Number of Records Validated	Accuracy	Notes
A	50	98%	The one record that failed was a Cologuard not captured as met.
B	125	97.6%	Two of the records that failed were Cologuards not captured as met. One was a FIT not captured as met.
C	103	97.01%	The three records that failed were Cologuards not captured as met.
D	120	100%	No Records Failed Validation.
E	55	100%	No Records Failed Validation.
F	129	96.89%	The four records that failed were Cologuards not captured as met.



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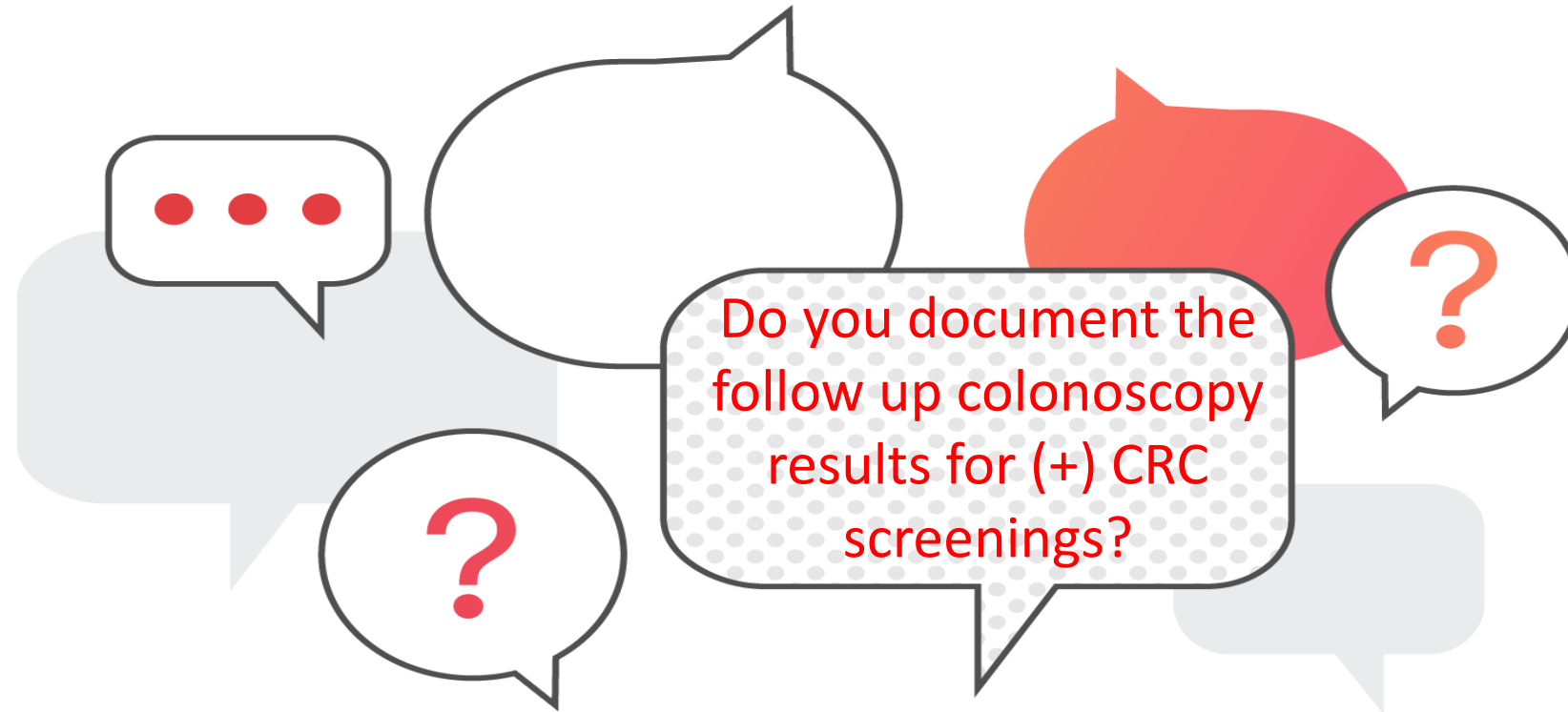


#2 – Topics for Discussion:

REMEMBER:



#2 – Topics for Discussion:



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- They heard the test is **difficult or painful**, and they may be **embarrassed** to discuss colorectal cancer screening with their doctor.
- Because they have no family history, they **think they aren't at risk** and don't have to be screened.
- They think screening is **only for those who have symptoms**.
- Finally, and perhaps most importantly, they are concerned about the **complexity and costs** of screening, including **taking time off** from work, **getting a ride home**, and high **out-of-pocket expenses**.



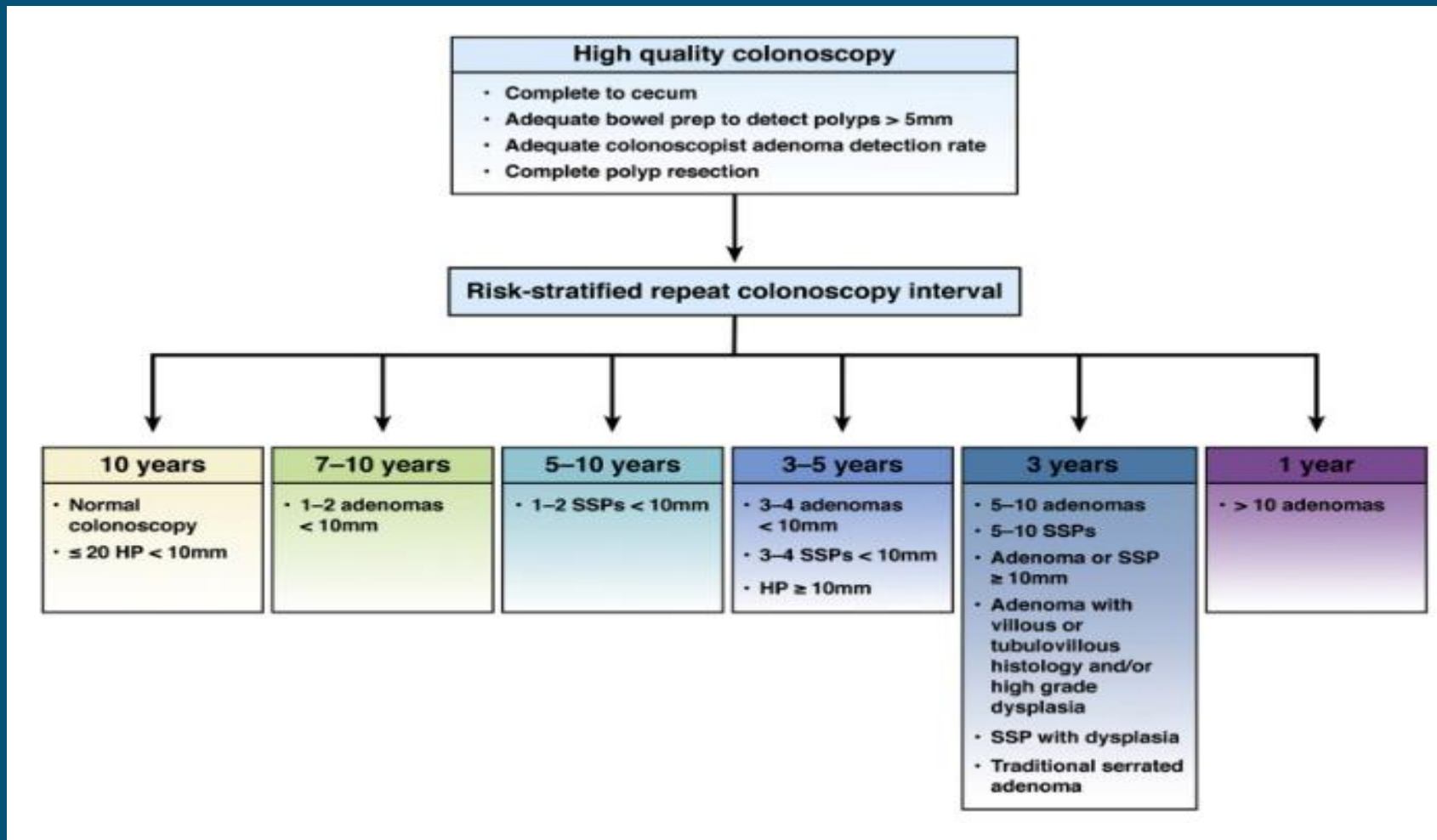
<https://pressroom.cancer.org/Top5reasonscolorrectalcancer#:~:text=Because%20they%20have%20no%20family,all%20individuals%20at%20average%20risk.&text=They%20think%20screening%20is%20only,be%20done%20even%20without%20symptoms.>



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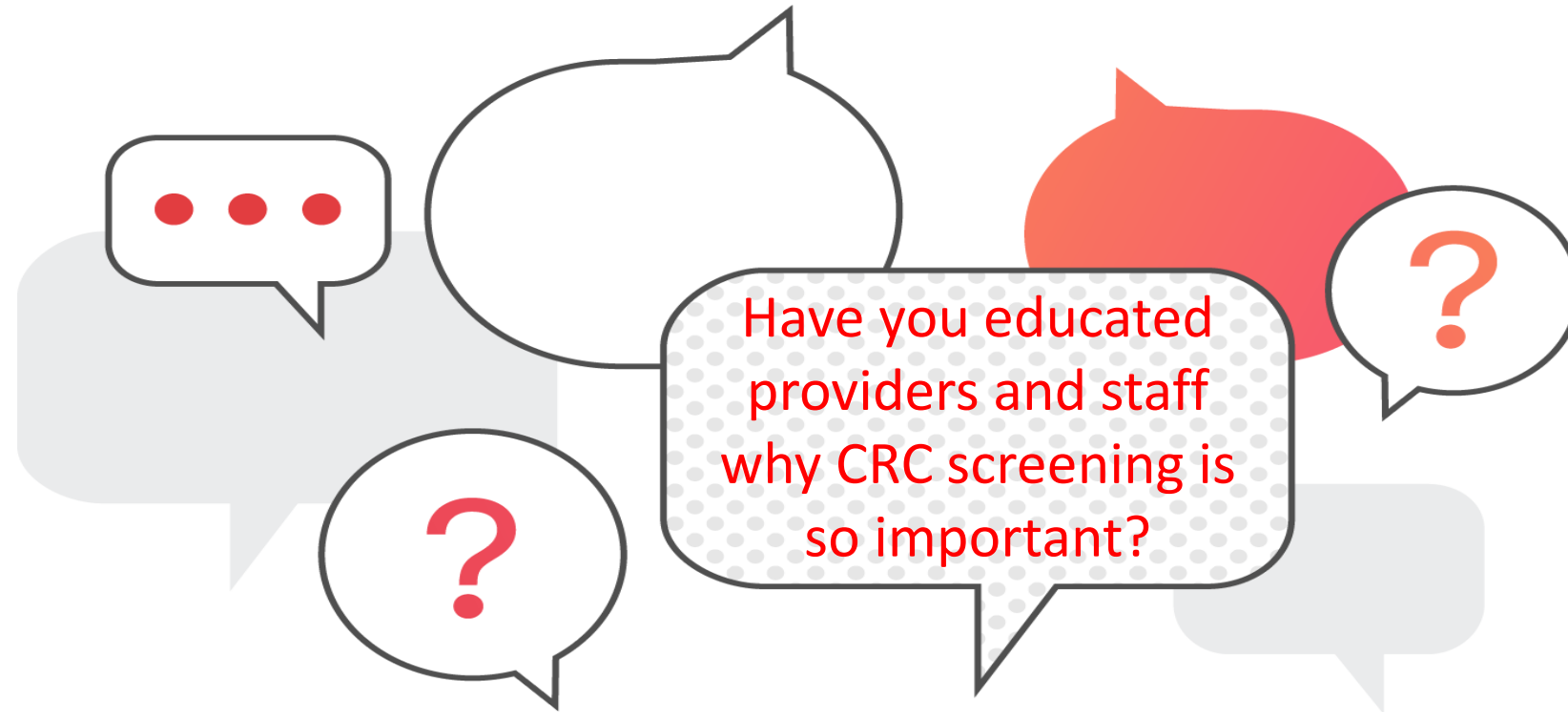


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REMEMBER:



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This is **EARLY DETECTION** is so important:

Stage 1 has a **92%** survival rate
Stage 4 has an **11%** survival rate

Ask yourself, which would **you** rather be... or your **spouse**, or **family member**, or **friend**, or **neighbor**, or **colleague**, or simply, a **fellow human being**?

Colon Cancer Stage	Survival Rate
Stage 1	92%
Stage IIA	87%
Stage IIB	63%
Stage IIIA	89%
Stage IIIB	69%
Stage IIIC	53%
Stage IV	11%

<https://www.oncologicadvisors.com/colon-cancer-survival-rate/>



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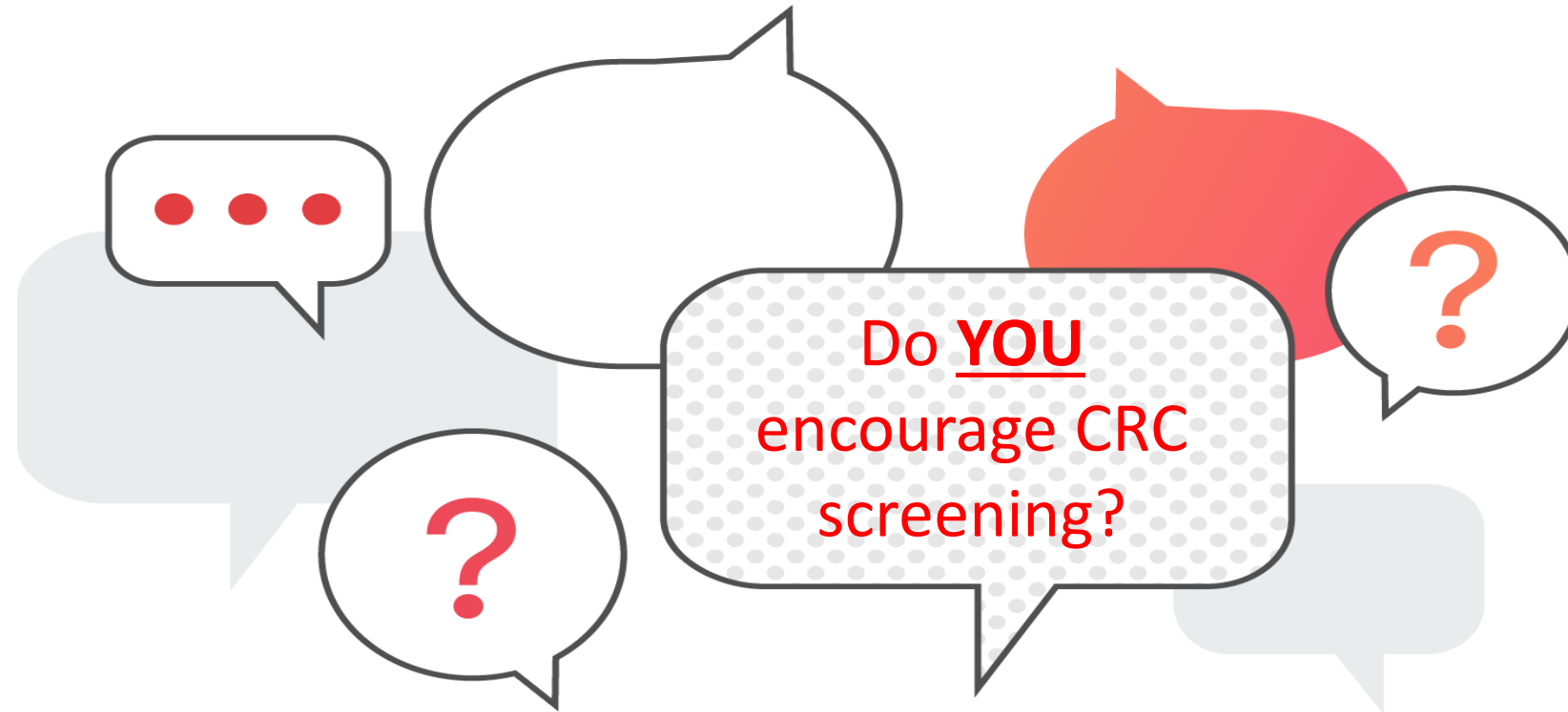
- Faith-based Organizations
- Business Owners
- Testimonials from Survivors
- Civic Leaders



<https://pressroom.cancer.org/Top5reasonscolorrectalcancer#:~:text=Because%20they%20have%20no%20family,all%20individuals%20at%20average%20risk.&text=They%20think%20oscreening%20is%20only,be%20done%20even%20without%20symptoms.>



#2 – Topics for Discussion:



Conclusion:



Never forget #2.
You just might save a life.

Thank you for all you do!

