METHODS: Inclusion criteria: 872 patients at a tertiary academic center who underwent screening and surveillance colonoscopies. Exclusion criteria: patients with missing procedure timestamps, incomplete or aborted procedures, history of gastrointestinal malignancy, prior colon resection, genetic syndromes, or inflammatory bowel disease. For withdrawal time, log transformation was applied to normalize the data. For the association of withdrawal time with history of prior colonoscopy analysis of variance was used.

RESULTS: Overall, no significant difference was found in the withdrawal time in patients with or without a prior colonoscopy (12.42 vs 11.66 minutes, P = 0.114). Subgroup analysis in the screening group did not show any difference (10.83 vs. 11.66 minutes, P = 0.668). In patients undergoing screening with prior colonoscopy, the withdrawal time was significantly decreased with increased colonoscopy interval, which was defined as the time from the prior colonoscopy to the current colonoscopy (range 1-357 months, P = 0.033). This was also seen with patients undergoing surveillance (range 1-194 months, P = 0.005). For patients undergoing surveillance, the withdrawal time for patients with interval of ≤3 years was significantly longer than that for the patients with interval >3 years (14.05 vs. 11.86 minutes, P = 0.036). Similar results were seen even after adjusting for polyp removal (12.16 vs. 10.99 minutes, P = 0.021).

CONCLUSION: Increased interval between a patient’s prior colonoscopy is associated with a shorter withdrawal time. However, bias does not appear to exist on a patient’s initial screening colonoscopy. Reappearance from prior results may affect the endoscopist’s decision to withdraw more quickly. Large-scale or prospective studies should be done to validate these findings.

"Go Before You Go!": Interim Analysis of a Quality Improvement Project to Improve Colorectal Cancer Screening in a Safety-Net Primary Care Clinic

Shida Haghighat, MD, MPH1, Helen M. Shen, MD2, Jeffrey Yeh, MD, MPH, MS3, Marsha B. Cheng, MD4, Gregory Idos, MD, MS3, Barbara Rubin, MD, Joanne Suh, MD, Gregory Jako, MD, MS3,4.

1USC Medical Center, Los Angeles, CA;2Olive View - UCLA Medical Center, Sylmar, CA;3LAC+USC Medical Center, Los Angeles, CA;4Office View - UCI Medical Center, Sydney, CA.

INTRODUCTION: Colorectal cancer (CRC) screening participation remains suboptimal, particularly among underserved populations. The Fecal Immunochemical Test (FIT) is the primary CRC screening test utilized in the primary care clinic at our large safety-net hospital. The clinic’s surveillance data shows that there is only a 20% FIT return rate within 4-6 weeks. To identify key barriers to FIT completion, we adopted a community-based participatory research (CBPR) approach to identify challenges to FIT completion in this safety net setting.

METHODS: The CBPR approach included forming relationships with pertinent stakeholders including clinic leadership, resident physicians, nursing leadership, clinic directors and staff, and laboratory personnel. An eight-item survey assessing patient awareness of CRC screening and barriers to FIT collection was administered to randomly selected patients between the ages of 50-75 in the primary care clinic. A process map was subsequently devised after conducting interviews with the aforementioned stakeholders.

RESULTS: The study population (n = 126) was comprised of a diverse population: 73% Hispanic (n = 93), 9% Black (n = 11), 9% White (n = 11), and 9% other races/ethnicities (n = 11). Among the cohort, 80.3% (n = 76) were up-to-date with FIT screening. 57% (n = 72) preferred Spanish when speaking to a healthcare provider. 22% (n = 27) reported not knowing the purpose of a FIT while 33% (n = 42) reported that their provider had not spoken to them about a FIT. We did not find a statistically significant difference among patients who completed and did not complete their FIT when analyzing for language barriers, lack of awareness, lack of provider communication, and understanding of instructions. When asked how the FIT could be made easier, 22% (n = 23) demonstrated a poor FIT return rate of 20% within 4-6 weeks. In a study assessing barriers to FIT completion, we found that survey respondents preferred completing the FIT on the same day as their clinic appointment. This key result informed the development of a same day FIT intervention of our current study. Here we present the interim results.

METHODS: We designed and implemented an early FIT return strategy called “Go Before You Go!” within the primary care clinic. Our team met with stakeholders involved with CRC screening, including clinic leadership, nursing staff, and resident physicians. Patients were encouraged to complete the FIT in-office during their primary care visit. If patients were unable to provide their sample on the same day, then they were encouraged to return the test within one week of when the test was ordered. Resident physicians and nursing staff were counseled to encourage this policy via brief didactic sessions and reminded at daily huddles and through weekly text reminders. Television monitors in the clinic waiting room displayed ads for “Go Before You Go!”

RESULTS: We report the frequency of FIT completion before and after the intervention. Prior to the intervention, the total number of FITs ordered from January to March 2019 was 1444. The baseline same-day FIT return rate was 5.0% (n = 72), the 1-week return rate was 11.1% (n = 160), and the 4-week return rate was 20.4% (n = 297). Interim analysis of data one month after the introduction of the intervention demonstrated an overall improvement in the FIT return rate. A total of 488 FITs were ordered in April 2019. During the intervention period, the same-day FIT return rate increased to 12.7% (n = 62), the 1-week rate was 20.1% (n = 98) and the 4-week return rate was 29.3% (n = 146).

CONCLUSION: Interim analysis from an ongoing “Go Before You Go!” strategy resulted in an overall increase in the same-day, 1-week, and 4-week FIT completion rate in a safety net primary care clinic. This innovative approach to CRC screening shows promise; the intervention is thus ongoing and FIT return rates continue to be monitored for sustained improvement.

319

Barriers to Colorectal Cancer Screening With FIT in a Safety-Net Primary Care Clinic

Shida Haghighat, MD, MPH1, Jeffrey Yeh, MD, MPH, MS3, Helen M. Shen, MD2, Marsha B. Cheng, MD4, Barbara Rubin, MD, Joanne Suh, MD, Gregory Jako, MD, MS3,4.

1University of Southern California Norris Comprehensive Cancer Center, Los Angeles, CA;2Shadybrook/Wehlen Cancer Institute, Brooklyn, NY;3LAC+USC Medical Center, Los Angeles, CA;4Office View - UCI Medical Center, Sydney, CA.

INTRODUCTION: Colorectal cancer (CRC) screening participation remains suboptimal, particularly among underserved populations. The Fecal Immunochemical Test (FIT) is the primary CRC screening test utilized in the primary care clinic at our large safety-net hospital. The clinic’s surveillance data shows that there is only a 20% FIT return rate within 4-6 weeks. To identify key barriers to FIT completion, we adopted a community-based participatory research (CBPR) approach to identify challenges to FIT completion in this safety net setting.

METHODS: The CBPR approach included forming relationships with pertinent stakeholders including clinic leadership, resident physicians, nursing leadership, clinic directors and staff, and laboratory personnel. An eight-item survey assessing patient awareness of CRC screening and barriers to FIT collection was administered to randomly selected patients between the ages of 50-75 in the primary care clinic. A process map was subsequently devised after conducting interviews with the aforementioned stakeholders.

RESULTS: The study population (n = 126) was comprised of a diverse population: 73% Hispanic (n = 93), 9% Black (n = 11), 9% White (n = 11), and 9% other races/ethnicities (n = 11). Among the cohort, 80.3% (n = 76) were up-to-date with FIT screening. 57% (n = 72) preferred Spanish when speaking to a healthcare provider. 22% (n = 27) reported not knowing the purpose of a FIT while 33% (n = 42) reported that their provider had not spoken to them about a FIT. We did not find a statistically significant difference among patients who completed and did not complete their FIT when analyzing for language barriers, lack of awareness, lack of provider communication, and understanding of instructions. When asked how the FIT could be made easier, 22% (n = 23) demonstrated a poor FIT return rate of 20% within 4-6 weeks. In a study assessing barriers to FIT completion, we found that survey respondents preferred completing the FIT on the same day as their clinic appointment. This key result informed the development of a same day FIT intervention of our current study. Here we present the interim results.

METHODS: We designed and implemented an early FIT return strategy called “Go Before You Go!” within the primary care clinic. Our team met with stakeholders involved with CRC screening, including clinic leadership, nursing staff, and resident physicians. Patients were encouraged to complete the FIT in-office during their primary care visit. If patients were unable to provide their sample on the same day, then they were encouraged to return the test within one week of when the test was ordered. Resident physicians and nursing staff were counseled to encourage this policy via brief didactic sessions and reminded at daily huddles and through weekly text reminders. Television monitors in the clinic waiting room displayed ads for “Go Before You Go!”

RESULTS: We report the frequency of FIT completion before and after the intervention. Prior to the intervention, the total number of FITs ordered from January to March 2019 was 1444. The baseline same-day FIT return rate was 5.0% (n = 72), the 1-week return rate was 11.1% (n = 160), and the 4-week return rate was 20.4% (n = 297). Interim analysis of data one month after the introduction of the intervention demonstrated an overall improvement in the FIT return rate. A total of 488 FITs were ordered in April 2019. During the intervention period, the same-day FIT return rate increased to 12.7% (n = 62), the 1-week rate was 20.1% (n = 98) and the 4-week return rate was 29.3% (n = 146).

CONCLUSION: Interim analysis from an ongoing “Go Before You Go!” strategy resulted in an overall increase in the same-day, 1-week, and 4-week FIT completion rate in a safety net primary care clinic. This innovative approach to CRC screening shows promise; the intervention is thus ongoing and FIT return rates continue to be monitored for sustained improvement.