Abstracts

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A Single Academic Center’s Experience With Direct Access Colonoscopy
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INTRODUCTION: Direct Access Colonoscopy (DAC), which does not require pre-colonoscopy consultation, may improve access for patients (pts) needing screening and surveillance. Eligibility criteria for DAC vary widely. We developed a DAC program using data (age, BMI, medical/colonoscopy/social history, medications) from the EMR, referring doctors, and pts to assess appropriateness, inadequate preparation (prep) risk, and need for an advanced practice nurse and/or navigator. The aim of this study was to evaluate the efficacy, efficiency, and quality of our DAC program.

METHODS: We conducted a retrospective, single center study of consecutive pts referred for DAC over 13 months. Pts were age 45-75 with an indication of screening or surveillance. Excluded were pts with symptoms or pre-colonoscopy consultation. The primary endpoint was Complete Colonoscopy (CC). To cecum/ileum/anastomosis, adequate prep (BBPS ≥ 2 all segments), ≤ 90 days from contact with the GI office. Pts not meeting CC criteria were classified as Incomplete Colonoscopy (IC).

RESULTS: We randomized 296 patients to the mailed FIT kit group (na) and 291 patients to mailed FIT kit group (nb). Age, gender, race, and ethnicity were similar between groups (na: age 58, 57% were female, 65% were non-White/Other; nb: age 56, 56% were female, 66% were non-Hispanic Latino). The indication for screening was 90% and surveillance in 10%. Following contact with the GI office for DAC, 1,042 pts (62%) met the endpoint of CC. There was no statistically significant difference in overall CRC screening completion (P = 0.81) or screening completion by modality between groups at each month or at 6 months (Figure 1,2).

CONCLUSION: In elderly patients overdue for CRC screening, uptake of mailed FIT was modest, and the addition of an electronic reminder did not significantly improve screening uptake. Our results do not support expending resources to add electronic reminders for geriatric patients enrolled in mailed FIT outreach. Further investigation is needed to understand utilization of EHR-based patient portals in this population.

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An Examination of Socioeconomic and Racial/Ethnic Disparities Within Awareness, Knowledge and Utilization of Three Colorectal Cancer Screening Modalities
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INTRODUCTION: While the overall colorectal cancer (CRC) mortality rate has been decreasing, disparities by socioeconomic status (SES) and race/ethnicity have worsened. One reason is that CRC screening rates remain suboptimal among low SES and racial/ethnic minority populations, despite the availability of multiple recommended screening tests. Understanding the patterns of awareness, knowledge, and utilization of common screening tests within different SES and racial/ethnic groups is important to improve population screening uptake and reduce disparities in CRC-related health outcomes. We examined the associations of SES and race/ethnicity with awareness, knowledge, and utilization of mt-sDNA, FIT/gFOBT, and screening colonoscopy among individuals at average risk for CRC.

METHODS: Data were obtained from a survey of a nationally representative panel of US adults from November to December 2018. The survey was completed by 13.3% (1595 of 12097) of invited panelists. Analyses were limited to people at average risk for CRC, aged 45-75 for awareness and knowledge, and utilization of common screening tests within different SES and racial/ethnic groups is important to improve population screening uptake and reduce disparities in CRC-related health outcomes. We examined the associations of SES and race/ethnicity with awareness, knowledge, and utilization of mt-sDNA, FIT/gFOBT, and screening colonoscopy among individuals at average risk for CRC.

METHODS: Data were obtained from a survey of a nationally representative panel of US adults from November to December 2018. The survey was completed by 13.3% (1595 of 12097) of invited panelists. Analyses were limited to people at average risk for CRC, aged 45-75 for awareness and knowledge (n = 1062) and aged 50-75 for utilization (n = 858). SES metrics included education level, household income, and health insurance status.

RESULTS: Regarding mt-sDNA testing, racial/ethnic minorities (vs. non-Hispanic whites) were less likely to be aware of the test and the recommended age to start testing; the SES factors were not statistically significantly associated with FIT/gFOBT awareness, knowledge, or utilization. Regarding screening colonoscopy, people without a bachelor’s degree were less likely to know the recommended screening interval; people with an annual income less than $60,000 (vs. $125,000 or