Ascension St. Mary's Hospital Seton Cancer Institute

2019 Colorectal Cancer Screening Program Outcomes Report



Ascension St. Mary's

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More than 4,600 cases of colorectal cancer are diagnosed each year in Michigan, and more than 1,700 people die each year from the disease, according to statistics from the Michigan Department of Health and Human Services. Colorectal cancer is the second-leading cause of cancer deaths, after lung cancer.¹

About 88 percent of colon cancer cases occur in people age 50 and older, and the risk increases with age. People age 75 and older are two and a half times more likely to be diagnosed with colon cancer compared to people age 50 to 74.²

Below is a look at the average annual number of colorectal cancer diagnoses and deaths per year in Saginaw county, based on averages for 2010-14, which is the most recent data available.³

County	Avg. annual # of new cases, 2010-	Incidence per 100,000 residents	Avg. annual # of colorectal cancer deaths, 2010-14
Saginaw	108	42.4	33

The Saginaw County Roadmap to Health Improvement Plan (2017-2020) and Community Health Status Assessment identified several goals related to chronic diseases. Reduction of the overall cancer death rate was identified as a goal. The top two causes of death in Saginaw County and Michigan were Heart Disease and Cancer. According to the latest reportable data, deaths due to cancer decreased between 2014 and 2015 for the total county population, including White and African American subpopulations. Deaths due to cancer remain greatest for African American county residents. Fifty-three (53%) of the Saginaw County residents and employees who participated in the Community Themes and Strengths Assessment selected both Heart Disease and Cancer as a health issue in most serious need of attention.⁴

Early detection of colorectal cancer is important because it allows for treatment in early stages, when survival rates are higher. The five-year survival rate for a localized colorectal cancer is 90 percent. Unfortunately, only 39 percent of cancers are detected at this stage, partly due to low screening rates. At a distant stage, the colorectal cancer five-year survival rate plummets to 12 percent.⁵

In early 2019, Ascension St. Mary's Hospital began planning a Colorectal Education and Screening event for the community. The publication "Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers" was used as a guide for ensuring a successful screening event for the Saginaw community. April 3, 2019 was selected as the date of the event. Between March 7 and April 2, the following methods of communication were used to publicize the event: 1) press release to our local media outlets; 2) direct mail to 2,500 Saginaw county residents age 50 and

¹ https://www.mlive.com/news/2018/09/see average number of colon ca.html

² https://www.mlive.com/news/2018/09/see_average_number_of_colon_ca.html

³ https://www.mlive.com/news/2018/09/see_average_number_of_colon_ca.html

over living in the Saginaw Primary Service Area; 4) social media and 5) reminder calls. For the mailing, the Ascension St. Mary's Marketing team worked with an outside direct mail vendor. This vendor has predictive models for many health conditions. In this case, the vendor used their colorectal cancer model and identified residents in the Saginaw Primary Service Area at highest risk for this disease.

Reminder systems are an evidence-based intervention shown to improve colorectal cancer screening rates for eligible patients.⁷ 30 participants registered for the event. After reminder calls were placed to registrants one day prior to the event, 26 individuals were confirmed to attend.

The Ascension St. Mary's Hospital Colorectal Cancer Education and Screening program was held on April 3, 2019 with 22 community attendees.

The primary goal of our event was to educate attendees about colorectal cancer risk factors, prevention and screening. Research has shown that patients attribute a lack of screening to inadequate education about colorectal cancer and its screening. Each participant was provided a folder containing printed educational materials to take home as reference material. Maggie Retelle, RD (Registered Dietician) facilitated an education presentation and discussion focused on colon health, colorectal cancer risk factors, colorectal cancer prevention, and proper use of the Hemosure IFOB (Fecal Occult Blood Test) screening kit.

Upon completion of a signed consent, each participant was provided with a free Hemosure IFOB Colorectal Cancer Screening kit and a pre-addressed, postage paid, return envelope. Instructions and specimen collection tips were given to all attendees, along with encouragement to complete the kit and return it within one month to the Ascension St. Mary's Laboratory. Return of the completed kits was tracked. A reminder letter was mailed on April 26, 2019 to those who hadn't returned their kits. Of the 22 kits distributed, 17 were returned. This is a 77% return rate. The national return rate is 10-50%. As described on the informed consent form, test results were mailed to each participant and their primary care physician. The individuals with positive test results received a personal phone call explaining the test results prior to their letter and results being sent.

FOBT Kits Distributed 22 Returned Test Kits 17 Negative Test Results 14 Positive Test Results 3

Fifty-three (53%) of the Saginaw County residents and employees who participated in the Community Themes and Strengths Assessment selected both Heart Disease and Cancer as a health issue in most serious need of attention.¹³ Evidence shows early-stage colorectal cancer is associated with lower mortality vs. late-stage disease. We hope to be able to reach more residents in coming years. Providing both education and free screening opportunities for the residents of Saginaw County remains a top priority for Ascension St. Mary's Hospital.

⁷ https://www.michigan.gov/documents/mdch/Colorectal_Cancer_Navigation_419698_7.pdf

⁸ American Cancer Society. (2011) Colorectal Cancer Facts & Figures, 2011-2013. (Atlanta: American Cancer Society.)

⁹ https://www.cdc.gov/cancer/colorectal/pdf/basic_fs_eng_color.pdf

¹⁰ https://hemosure.com/wp-content/uploads/2013/10/DGM36012-1.0-Hemosure-Patient-Instruction_ONLY.pdf

 $^{^{11} \ \}mathsf{https://www.cdc.gov/cancer/colorectal/pdf/sfl_inserts_screening.pdf}$

¹² https://www.michigan.gov/documents/mdch/Colorectal_Cancer_Navigation_419698_7.pdf

¹³ http://www.greatlakesbayhealthcenters.org/wp-content/uploads/2017-2020-CHNA-Final.pptx.pdf