

**Std 1.12 Public Reporting of Outcomes - 2017**

During the December Saint Agnes Cancer Committee meeting, members determined the focus for 2017 public reporting should describe our colorectal cancer (CRC) prevention and screening (CoC Std 4.1/4.2) activities undertaken over the past year. In addition to showcasing our outcomes, the report should include facts about CRC as a means to continue our public education efforts on this important subject.

***Taking care of your bottom line, your best***

***assets – no matter how much you try to cover***

***it up or minimize it – is important!***

As we understand many people are embarrassed, ashamed and running behind on their regular screenings for colorectal cancer. Colorectal cancer is the second leading cancer in the U.S., but it doesn’t have to be. If everyone aged 50 years or older had regular screening tests, at least 60% of deaths from this cancer could be avoided. We strongly encourage our readers, ***no matter who you are or what your age,*** to pay particular attention to the nationally recognized colorectal cancer screening and early detection guidelines which we have included below to emphasize the facts you need to know To Protect Your Bottom Line.

**Saint Agnes Cancer Program's 2017 Colorectal Cancer Prevention/Screening Efforts**

In March, National Nutrition / Colorectal Cancer Awareness Month event was held in the Saint Agnes Cafeteria. The National Nutrition Month theme was SAVOR THE FLAVOR – 10 ways Registered Dietician Nutritionists (RDNs) Can Improve the Health of Americans including how to stave off diabetes, weight management,  improve performance in sports, teach simple and convenient ways to cook, leading a local congregate dining and home delivered meals program, and develop eating plan for specific age groups. RDN's also focused on most recent sodium recommendations, and suggestions on using fresh herbs and spices to season foods.  Information on the controversy concerning the use of dietary supplements, especially for individuals undergoing cancer treatment, along with cooking and nutrition tips for oncology patients was provided.  The event participates received samples of fruits and vegetables (high in fiber, micronutrients and phytochemicals), which were provided by Saint Agnes Medical Center's produce vendor. RDNs motivated attendees to ask questions in regards to nutritional topics, enhancing their lifestyle choices, colorectal cancer (CRC) prevention and nutritional wellbeing.  Event goers were encouraged to engage in nutrition facts quiz and received raffles tickets for correctly answered questions.  The raffle winners received baskets containing foods and beverages that were high in antioxidants, fiber, omega 3 fatty acids, etc.  Attendees also were invited to complete a ^high-risk colorectal screening questionnaire. A total  of 118 questionnaires were completed; 91 of those showed confirmed receipt of American Cancer Society (ACS) colorectal cancer prevention and early detection educational material.  A comprehensive report of event findings was provided to SAMC Cancer Committee. Members recognized the good news, that a large majority in the target group, age 50 and over, had undergone a colonoscopy. A total of 25 AT RISK (most due to positive family history^^) were identified; of those, 17 indicated no interest in CRC screening.  The best means to reach out to (4) identified HIGH RISK individuals who were not interested in CRC screening was discussed. Findings of the report precipitated the Cancer Committee's decision to expand our colorectal cancer awareness efforts.

As a result, on 9/7/17 Colorectal Cancer Prevention and Screening, "Protect Your Bottom Line", public education event was offered at Saint Agnes Medical Center. Ahead of the event, marketing strategies targeted both internal and external sources with All emails sent to Saint Agnes colleagues, messaging to patient/family within SAMC accountable care organization as well as public campaign to educate and create awareness around colorectal health, with a specific call-to-action to schedule a colonoscopy. Event participants were first given a ^high-risk colorectal screening tool to complete and then were escorted into the Kremen Auditorium to listen to

Dr. Sumera Hayat (Family Practice Physician) and Dr. Michael Bruce (Colorectal Surgeon) speak on colorectal cancer. The talks included information on risks for colorectal cancer, detection of colorectal cancer and the various screening opportunities to prevent colorectal cancer as well as diagnose colorectal cancer. It was stressed that a colonoscopy was the gold standard because it is the best "preventative" tool we have to identify pre-cancerous polyps and remove them before they become cancerous. FIT kit was discussed as a means in identification of colorectal cancer but does not really serve as a "preventative" measure, nonetheless can be used for those patients that absolutely do not want a colonoscopy. There was also information provided on healthy living and steps an individual can take to reduce the risks of colorectal cancer. The presentation was well received and the audience asked many questions. The physicians in turn questioned the audience to assess their understanding of the concept of colonoscopy as a CRC prevention measure (gold standard for prevention/early detection) and determined by a show of hands that their message was conveyed. Upon completion of the educational prevention talk, attendees progressed into the Kremen Conference Center and there they had the opportunity to have their screening tool reviewed by a nurse, speak with a geneticist as well as sign up for a consultation for a colonoscopy or receive a FIT Kit to take home and complete. Out of the 18 participants that completed a screening survey, 16 had already had a colonoscopy in the past. 8 participants were deemed HIGH RISK. Of those (8) individuals, 6 had already undergone colonoscopy, 2 had not. These two individuals were highly encouraged to get a colonoscopy and the status of their follow-up was pending at the time of this report. Five (5) people signed up for a consultation for a colonoscopy. As of October 30th there were 2 patients that had their consultation and had been scheduled for a colonoscopy. Two patients were scheduled for their consultation and one that was waiting until the end of November to schedule their consultation. 8 patients took a FIT kit home. 3 of the 8 completed their FIT kit tests and all came back negative. The ^high-risk colorectal screening tool was also emailed out to all of the Saint Agnes Medical Providers (SAMP) patients that were eligible for a colonoscopy and have not had one yet. Six (6) patients completed the on-line CRC screening questionnaire ([www.samc.com/colorectal-cancer-survey](http://www.samc.com/colorectal-cancer-survey)) and were consulted by an RN on the results of the screen, which did not identify any high risk factors for any of these individuals. As implied above, the perceptions about colorectal cancer and barriers to screening are among the most challenging to overcome, even for those who avail themselves to the information and indicate interest in following through with colorectal cancer screening recommendations. Therefore, comprehensive follow-up efforts are ongoing and all findings will be reported to the Cancer Committee. The CRC prevention and screening activity was felt to be a success as noted by numerous positive comments voiced by the members of the public and also physicians, nursing and support staff who participated in the event; therefore, the recommendation was made to hold a colorectal screening event again in 2018.

Since 2007, Saint Agnes Medical Center has maintained Cancer Genetics Service to insure a multi-disciplinary approach to the care of those who may be at increased risk of a hereditary cancer predisposition syndrome. Genetic consultation and testing may be indicated for better patient care. Armed with this knowledge, patients, families and their physicians can make informed decisions about their health care now and in the future. We offer a **^^Family Health History form** which can be accessed at [www.samc.com/genetic-counseling](http://www.samc.com/genetic-counseling) and utilized to facilitate discussion with your primary care provider.

**American Cancer Society's Colorectal Cancer Screening and Early Detection Guidelines**

**Colorectal cancer might not cause symptoms right away, but if it does, it may cause one or more of these symptoms:**

* A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days
* A feeling that you need to have a bowel movement that is not relieved by having one
* Rectal bleeding with bright red blood
* Blood in the stool, which may make the stool look dark
* Cramping or abdominal (belly) pain
* Weakness and fatigue
* Unintended weight loss

Many of these symptoms can be caused by conditions other than colorectal cancer; however, if you have any of these problems, it’s important to see your doctor right away so the cause can be found and treated, if needed.

**Along with the American Cancer Society, Saint Agnes Medical Center** **believes that preventing colorectal cancer (and not just finding it early) should be a major reason for getting tested.** Having polyps found and removed keeps some people from getting colorectal cancer. You are encouraged to have tests that have the best chance of finding **both polyps and cancer** if these tests are available to you and you are willing to have them. But the most important thing is to get tested, no matter which test you choose.

Starting at age 50, men and women at AVERAGE RISK for developing colorectal cancer should use one of the screening tests below:

* Colonoscopy every 10 years (gold standard)
* CT colonography (virtual colonoscopy) every 5 years\*
* Flexible sigmoidoscopy every 5 years\*
* Double-contrast barium enema every 5 years\*
* Fecal immunochemical test (FIT) every year\*,\*\*
* Guaiac-based fecal occult blood test (gFOBT) every year\*,\*\*
* Stool DNA test every 3 years\*

*\*Colonoscopy should be done if test results are positive. \*\* Highly sensitive versions of these tests should be used with the take-home multiple sample method. A gFOBT or FIT done during a digital rectal exam in the doctor’s office is not enough for screening.*

Although a digital rectal exam (DRE) is often included as part of a routine physical exam, it’s not recommended as a stand-alone test for CRC. This simple test, which is not usually painful, can find masses in the anal canal or lower rectum. But by itself, it’s not a good test for detecting colorectal cancer because it only checks the lower rectum.

Some people may have more than one risk factor indicating they may be at INCREASED or HIGH RISK of colorectal cancer. We urge you to discuss any signs or symptoms of CRC and/or any risk factors with your health care provider. Your provider can suggest the best screening option for you, as well as any changes in the schedule based on your individual risk.

**People at increased or high risk**

If you are at an increased or high risk of colorectal cancer, you might need to start colorectal cancer screening before age 50 and/or be screened more often. The following conditions make your risk higher than average:

* A personal history of colorectal cancer or adenomatous polyps
* A personal history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease)
* A strong family history of colorectal cancer or polyps (^^^see [Colorectal Cancer Risk Factors](https://www.cancer.org/cancer/colon-rectal-cancer/early-detection/risk-factors-for-crc.html))
* A known family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)

**Resources**

**^High-Risk Colorectal Screening Questionnaire (attached)**

**^^Family Health History Form at** [**http://www.samc.com/genetic-counseling**](http://www.samc.com/genetic-counseling)

**^^^Colorectal Cancer Risk Factors go to http://**[**www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations**](http://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations)



**Colorectal Screening Questionnaire**

**Are You at Risk for Colorectal Cancer?**

***We strongly encourage you to review your responses with your primary care provider and take action to better understand your risks for colorectal cancer.***

**Please check all that apply.**

🞎 Age 50 or over

🞎 Have not had a colonoscopy in the last 5 years or stool tested for blood in the last year

🞎 A family history of colon or rectal cancer, especially when diagnosed under age 50

🞎 More than 10 polyps in you or a close relative

🞎 Personal history of colon or rectal cancer or chronic inflammatory bowel disease (such

 as Ulcerative Colitis or Crohn's Disease)

🞎 History of smoking 🞎 Alcohol consumption 🞎 Sedentary lifestyle

🞎 Diet low in fruits and vegetables 🞎 Diet high in animal fats and /or red meat

***If “yes” to any of the above, you may be considered high risk and therefore are highly recommended to see a physician and get a colonoscopy or complete a FIT kit.***

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 that lasts for more than a few days

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🞎 Blood in the stool, which may make the stool look dark

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🞎 Weakness and fatigue

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