COLORECTAL CANCER SCREENING: WHAT'S NEW AND WHY

AANP
American Association of NURSE PRACTITIONERS®

Introduction & Gaps

Introduction: Colorectal cancer (CRC) is the second deadliest form of cancer, behind only lung cancer. In 2022, about 151,000 adults will be diagnosed with CRC, and about 52,600 people will die from CRC. Despite knowing that early detection of CRC is critical to reducing cancer-related mortality, about 1 in 3 adults aged 50-75 years is not undergoing recommended screening. This educational activity focused on education to ensure NPs have an increased awareness of CRC screening recommendations for average-risk adults as young as 45 years.

Knowledge Gaps

- NPs may not be familiar with the importance of engaging patients in the CRC screening decision-making process to improve uptake of screening recommendations
- NPs may not be familiar with the most recent updates to national CRC screening guidelines and their implications for average-risk patients as young as 45 years
- Many PCPs are not familiar with the characteristics of non-invasive CRC screening tests and how they differ, both among themselves and compared with direct visualization approaches.

Program Information & Methods

Programs: Training occurred through an accredited on-demand slide presentation. It was accredited for 1. 0 contact hours of CE. One patient education handout was created and hosted on the AANP website for download.

Data Collected: Changes in knowledge, competence, self-reported changes in confidence and practice habits, and identification of remaining gaps.

Measurements and analysis: Questions were asked before and immediately after the activity. A 60-day follow-up survey was sent to participants who completed the activity to identify any practice changes made.

- A paired analysis of pre/post results was conducted. These included all learners who completed the activity (n=9,744). N=156 for the follow-up survey, of which 126 self-report seeing a combined total of 4,618 patients who were positively impacted by the education or materials included.
- Demographics (pre), evaluation (post), and follow-up survey results shown here use descriptive statistics
- Tests used to identify statistically significant differences pre- to post:
  - McNemar test for each of 7 multiple choice knowledge/case questions
  - Wilcoxon test for % correct knowledge/case questions, and the confidence rating scale questions
- $P \leq 0.05$ indicates a statistically significant difference
- Effect Size (ES), to indicate the size of the change, was also calculated as appropriate (*Cohen's d*): 0.20 = small, 0.50 = medium, 0.80 = large.

Executive Summary

Knowledge/competence increased significantly:

An overall 23% absolute increase in correct answers to 6 knowledge/case questions from pre (49%) to post (72%) with a medium to large effect size (Cohen's d = 1.04).

Confident (pre) to (post) in discussing CRC screening options increased significantly:

There was a 55% absolute increase in mean confidence rating out of 5, from pre (3.10) to post (4.22), in "discussing colorectal screening options with your patients."

This activity is supported by an independent educational grant from Exact Sciences

Learner Demographics and Engagement

13,104 Total learners

9,744 Certificates awarded

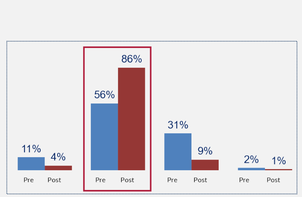
156 Follow-up

65% are NPs seeing patients

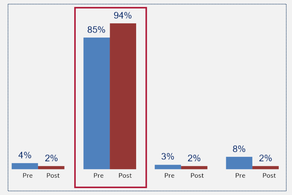
10% NP students

Change in Knowledge – Pre to Post

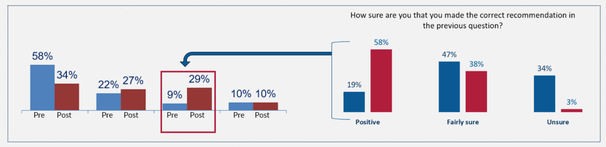
n=9,744 paired data, $P<0.001$



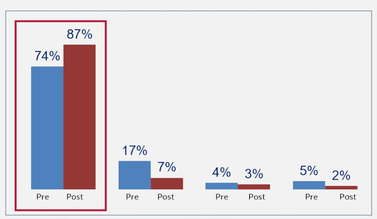
Guideline recommendations for CRC screening



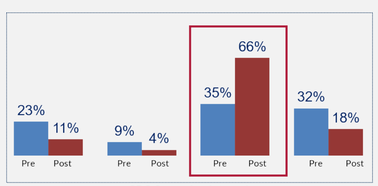
Next step for positive FIT result



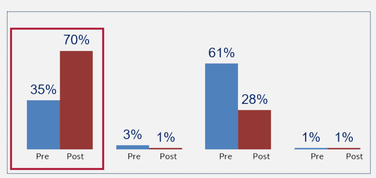
Individualized screening recommendations



Shared decision-making for CRC screening



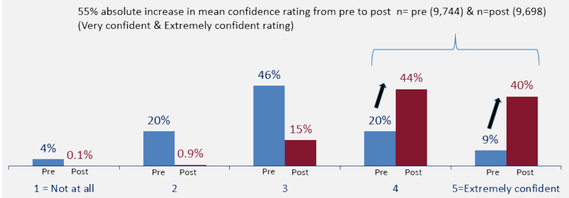
CRC Screening interval



CRC screening protocol

Change in Confidence

Rate your confidence in your ability to discuss colorectal screening options with your patients



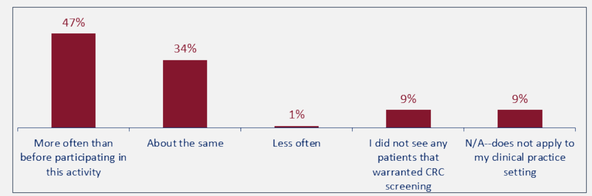
60-Day Follow-up (n=156)

Practice Changes

As a result of this activity, I have recommended the following: (n=139)

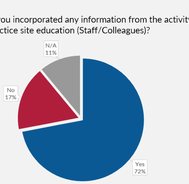
	More often than before	About the same	Less often	I did not see patients that warranted these tests/ NA does not apply
Colonoscopy	37%	41%	1%	20%
CT Colonography	5%	27%	5%	63%
Flexible Sigmoidoscopy	6%	26%	5%	61%
Guaiac-based FOBT	19%	37%	5%	36%
FIT	23%	32%	6%	38%
Multi-targeted DNA testing	21%	26%	7%	46%

As a result of this activity, I have initiated the conversation about CRC screening:



Have you incorporated any information from the activity into your clinical practice?

Have you incorporated any information from the activity for practice site education (Staff/Colleagues)?



Have you disseminated information from the activity to clinical students or preceptees? (select all that apply)

Future Educational Needs

- Individualizing CRC screening recommendations
- Identifying the frequency of each screening
- Updates on current practice and recommendations for CRC screening