COLORECTAL CANCER SCREENING: WHAT’S NEW AND WHY

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). In the follow-up survey, of which 126 self-reported 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 < 0.05 indicates a statistically significant difference

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.”

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

60-Day Follow-up (n=156)

Change in Knowledge – Pre to Post

Change in Confidence

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

- 4600+ Patients impacted
- 65% are NPs seeing patients
- 10% NP students

Practice Changes
As a result of this activity, I have recommended the following (n=129)

- 46% more often
- 37% about the same
- 17% less often
- 2% NA does not apply

- Colonoscopy
- CT Colonography
- Guaiac-based FOBT
- FIT
- Multi-targeted DNA testing

Future Educational Needs
- Introducing CRC screening, biomarkers for earlier diagnosis
- Monitoring the frequency of each screening update on current practice and screening options for CRC

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