ACS FluFOBT Program
A Proven Approach to Increase Colorectal Cancer Screening
This introduction will help to prepare you to educate the community and start a FluFOBT or FluFIT program. By the end of the training, you will:

- Understand the impact of colorectal cancer and the opportunities around screening for colorectal cancer
- Know the importance of early detection and recommendations for colorectal cancer screening
- Understand how the ACS FluFOBT Program can reduce the risk of colorectal cancer
- Be prepared to further plan implementation of the ACS FluFOBT Program in your health center
Colorectal Cancer
Colorectal Cancer

Excluding skin cancers, the 3rd most common cancer diagnosed in both men and women in the U.S.

135,430 new cases expected in 2017

The 2nd deadliest cancer

50,260 deaths this year

Highly preventable and treatable

More than 1 million U.S. colorectal cancer survivors
Colon and Rectum

- The colon (large bowel or large intestine)
  - is a muscular tube about 5 feet long
  - absorbs water and salt from food
  - stores waste matter
- The rectum is the last 6 inches of the digestive system.
Colorectal Cancer

- Cancer that begins in either the colon or rectum

- Often called simply “colon cancer”, or “CRC”

- Usually develops from pre-cancerous growth called a “polyp” in the lining of the colon or rectum.

- Finding and removing polyps can prevent CRC from occurring.
Who Can Get Colorectal Cancer?

Anyone.

Men and women of all ages and races get CRC.

The good news is that screening can prevent getting the disease and dying from it.
CRC usually develops after age 50.

The chances of getting it increases as you get older.

CRC screening should begin at age 50 for most people, earlier for those with a family history.

Who’s at **High** Risk of Colon Cancer?

- A personal history of
  - Polyps
  - Colorectal cancer
  - Inflammatory bowel disease
    - Ulcerative colitis
    - Crohn’s disease

- A family history of
  - Colorectal cancer or polyps
  - Hereditary colorectal cancer syndrome

*People with these conditions may need different screening. Check with a provider before giving an FOBT kit.*
Screening

- **Screening** tests are done for people who don’t have symptoms ("asymptomatic"). They are part of routine health care – like checking your blood pressure. They should be done at regular intervals.

- **CRC Screening** tests look for early cancer or pre-cancer (polyps) of the colon and/or rectum.
Why Test?

There are two aims of testing:

1. **Prevention**
   Find and remove polyps to prevent cancer

2. **Early Detection**
   Find cancer in the early stages, when best chance for a cure
FOBT RESOURCES

The American Cancer Society FluFOBT program is intended to assist medical practices in increasing colorectal cancer (CRC) screening. It has been demonstrated in the medical literature that offering and providing take-home fecal occult blood tests (FOBTs) or fecal immunochemical tests (FITs) to patients at the time of their annual flu shot increases CRC screening rates.

The Society's FluFOBT Resources Include:

- Training Slides
- ACS FluFOBT Implementation Guide
- FOBT Clinicians' Reference: State-of-the-science information about guaiac-based FOBT and fecal immunochemical test (FIT)
- Phone Script, Advertising Poster, and more...
Screening Tests
Colorectal Cancer Screening Tests

There are a number of tests for CRC, but in the U.S. nearly all testing is done by:

(1) Looking directly inside the colon with a scope
   • Colonoscopy

   or

(2) Looking for hidden (occult) blood in the stool
   • Fecal Occult Blood Test (FOBT)
   • Fecal Immunochemical Test (FIT)
Colonoscopy

- Allows doctor to directly see inside entire bowel
- Can remove most polyps
- If normal, repeat every 10 years
- Some patients aren’t willing to use as screening test
- Access limited for some due to insurance status, cost, geography
Stool Testing (FOBT and FIT)

Polyps and cancer often leak only small amounts of blood which can’t be seen (hidden or “occult” blood).

Fecal Occult Blood Tests (FOBT) and Fecal Immunochemical Tests (FIT) can find this small amount of blood in the stool.

If blood is found in the stool the patient needs a colonoscopy.
FOBT and FIT

Variety of brands and collection methods.

Some require patients to collect stool samples on cards.
FOBT and FIT

Others require stool samples be placed in a tube.
FluFOBT
What is a FluFOBT program?

- Annual flu shot visits are an opportunity to reach many people who also need CRC screening
- Health center staff recommend CRC screening and provide FOBT kits to eligible patients when they get their annual flu shot
  - Either a high sensitivity FOBT or a FIT can be used for the FluFOBT Program
- Patient completes FOBT at home and returns kit to doctor’s office or mails kit to the lab for processing
- FluFOBT programs are well accepted by patients
- Studies show FluFOBT leads to higher CRC screening rates (including studies in community health centers)
Why try FluFOBT?

- Many sites use FluFOBT to begin the process of incorporating CRC screening into routine practice outside of Flu season.

- Same Guidelines Apply
  - Like flu shots, CRC screening with stool tests are repeated every year.
  - Annual testing is needed to be effective and evidence-based.
How To Set Up Your Flu-FOBT Program

- Put your team together
  - Select a champion to coordinate your efforts
  - Select team members and staffing levels

- Train your team (see ACS FluFOBT Program Implementation Guide)
  - Information about the importance of flu shots and CRC screening
  - Information about how to organize your workflow
  - Assessing eligibility
  - Talking points with patients about FOBT and completing the test
  - Record keeping and follow up with patients provided FOBT kits
Choose times and locations for your program and advertise the fact that FOBT will be offered with flu shots this year. Decide:

- When to start
- Where to hold the program
- How to advertise

Design a patient flow and management plan

- Assess eligibility
- Offer FOBT/FIT **BEFORE** giving the flu shot
When should a patient be offered a FOBT kit during the ACS FluFOBT Program?

Patient –

- Is 50 years or older...
- Has not had a colonoscopy in the last 10 years...
- Has not had an FOBT test in the past year...
CRC Screening Eligibility & Flu-FOBT

When should a patient **NOT** be offered a FOBT kit during the Flu-FOBT clinic?

- Less than age 50
- Had a colonoscopy in the last 10 years
- Had a FOBT test in the past year
- Has a personal history of Crohn’s Disease or Ulcerative Colitis*
- Has a personal history of polyps or cancer*
- Has a family history of polyps or cancer in a family member younger than age 60*
- Rectal bleeding, blood in stool or other symptoms

*Patients with these risk factors should be directed to a clinician for correct screening recommendations
Program Set Up (continued)

- Develop systems to support follow up for those patients who received FOBT kits
  - Provide patients with clear instructions
  - Provide a return envelope for kits
  - Reminder phone calls and/or postcards
  - Follow up care (remember: all patients with a positive stool test must have colonoscopy follow up!)

- Get started, implement your FluFOBT program
Talking with Patients about CRC

- It is important to educate your patients about the importance of colorectal cancer screening and the FOBT.
- It is very important to remind patients to complete and return the FOBT kit (with instructions for doing so) at the time the kits are distributed.
- Telephone or post card reminders are imperative if the patient has not returned the kit within 14 days.

Studies show that reminders can double return rates!
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**FOBT RESOURCES**

**Implement FluFOBT in Your Practice**

- American Cancer Society's FluFOBT Program: A Proven Approach to Increase Colorectal Cancer Screening (presentation designed for community health center clinical and support staff)
- FluFOBT presentation speaker notes
- ACS FluFOBT Implementation Guide: Steps required to set up a FluFOBT training program in your health center
- FOBT Clinicians' Reference: State-of-the-science Information about guaiac-based FOBT and fecal immunochemical tests (FIT)
- FluFOBT follow-up phone script for individual at increased risk
- For additional information and resources, visit flufit.org

**Advertise FluFOBT to Patients**

- Print-ready, bilingual (English and Spanish) color poster
What’s in the ACS FluFOBT Program Implementation Guide?

- Background information on Colorectal Cancer and FluFOBT
- Patient eligibility criteria
- Colorectal cancer screening recommendations
- Patient education
- Guidance on setting up your FluFOBT Program
- Implementation recommendations and resources
- Example advertising and tracking tools
Additional Resources available at flufit.org through the University of California, San Francisco
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Questions