

Flu-FOBT Program

A Proven Approach to Increase Colorectal Cancer Screening

What is the colon?

- A 5 feet long muscular tube that absorbs water and salt from food and stores waste matter
- The rectum is the last 6 inches of the digestive system

Who is at HIGHEST RISK for Colon Cancer?

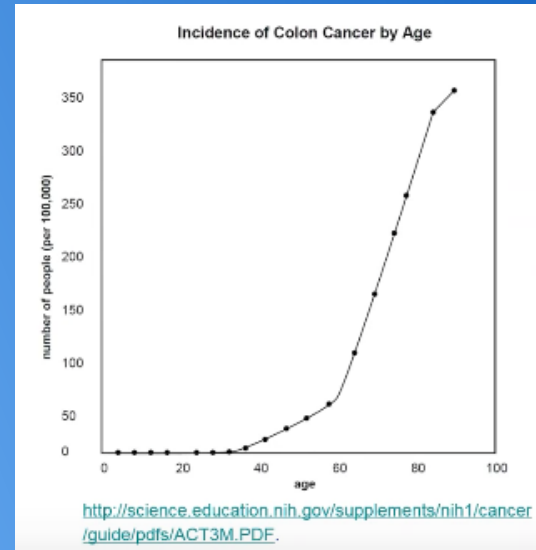
- A personal history of the following:
 - Polyps
 - Colorectal Cancer
 - Inflammatory bowel disease (Ulcerative colitis, Crohn's disease)
- A family history of the following:
 - Colorectal cancer or polyps
 - Hereditary colorectal cancer syndrome
- *These patients follow different screening guidelines*

Screening

- Screening test: a test that is done for asymptomatic people as part of routine health-care
- Colorectal cancer screening is looking for early cancer or pre-cancer (polyps) of the colon or rectum
- Goals of screening: Prevention and early detection

Colorectal Cancer

- 3rd most common cancer in the U.S.
- 2nd deadliest cancer in the US
- Highly preventable and treatable
- Develops from pre-cancerous growths called "polyps"
- Finding and removing the polyps is the best way to prevent colorectal cancer
- Age is the most important risk factor
 - Rarely occurs before 50 years of age, and the risk increases as you get older



- Colorectal cancer usually doesn't have symptoms until the disease is very advanced
- The further advanced colorectal cancer is, the less likely

Colorectal Cancer Screening Tests

- 2 ways to screen:
 1. Look directly inside the colon with a scope: Colonoscopy
 - Needs to be done every 10 years (if initial colonoscopy is negative)
 - Best test: Can detect cancer, and precancer/polyps
 - Polyps can be removed at the time of the test!
 - Requires bowel prep, and sedation
 2. Looking for hidden (occult) blood in the stool: Fecal Occult Blood Test (FOBT) / Fecal Immunochemical Test (FIT)
 - Needs to be done every year
 - Option for those who cannot get or are afraid to have colonoscopy
 - If positive, must have colonoscopy performed
 - Need to use an ACS certified test for efficacy

What is a Flu-FOBT Program?

- A program where FOBT/FIT screenings are done when patients receive their annual flu vaccine
 - Patient is recommended screening
 - A FOBT or FIT kit is given to the patient, and they complete the kit at home
 - When the kit is completed, the patient either returns the kit to the office or mails it directly to the lab
- Evidence-based intervention with proven effectiveness to increase colorectal cancer screening rates
- Shown to be effective in community health centers
- Support staff are the ones who are the ground troops for implementing and supporting the program
- Well accepted by patients - feeling of more accomplished in an office visit than just receiving the flu vaccine alone

Influenza Vaccine

FOBT

Recommended annually

Recommended annually

People aged 50yrs and older should be prioritized

Beginning at age 50

Most organizations have standing order/policy/flu clinics in place

Implemented w/ standing order

Saves Lives

Saves Lives

How to set up your Flu-FOBT program

1. Assemble your team:
 - Designate a champion/coordinator to make sure steps are implemented, and do the day to day monitoring
 - Select team members: Clinicians, Medical Assistants, Nurses, or any health worker who can be trained to provide flu shots and FOBT kits
 - Plan specific roles and tasks for each team member
2. Staff training:
 - Educate staff on facts regarding flu shots and colorectal cancer screening
 - Familiarize them with the procedure of completing the FOBT kit that they will distribute
 - Organize and practice the workflow until it runs smoothly
 - Familiarize staff with eligibility and tracking practices
3. Patient Flow:
 - Decide which staff will work with flu shot only patients and which staff will work with Flu-FOBT patients
 - Determine how patients will be guided to Flu shot only or Flu-FOBT
 - Offer FOBT/FIT **BEFORE** giving the flu shot
4. Assessing Eligibility:
 - Have eligibility algorithm posted
 - Don't forget to offer stand-alone FOBT if the patient wasn't screened within the recommended interval
5. Designate dates, times, and locations
6. Advertise and practice the work-flow
7. Develop systems to support tracking and follow-up
8. Don't forget reminder calls or postcards to patients to return their completed FOBT or FIT kits

Who should not be offered Flu-FOBT?

- Less than age 50
- Had a colonoscopy in the last 10 years
- Had an FOBT test within the past year
- The following patients should be directed to a clinician for specific screening protocols rather than FOBT/FIT screening:
 - Personal history of Crohn's or Ulcerative Colitis
 - Personal history of polyps or cancer
 - Family history of polyps or cancer in a family member younger than age 60
 - Rectal bleeding, blood in stool, or other symptoms alarming for cancer

Talking with patients about Colorectal Cancer

- Educate! It is important to educate your patients about the importance of colorectal screening and FOBT / FIT
- It is critical to remind patients to complete and return the FOBT / FIT kit with instructions on how to complete the kit and return the kit
- Telephone and/or post card reminders are necessary if the patient has not returned the kit within 14 days
 - **Studies have shown reminders can double the return rates!**

For More Information on Flu-FOBT:

- American Cancer Society:
 - www.cancer.org/flufobt
- LPCA Webinar:
 - <https://youtu.be/n-bQb9e29Cs>
- Flu-FOBT website:
 - <http://flufobt.org>

FluFOBT Flow Chart

