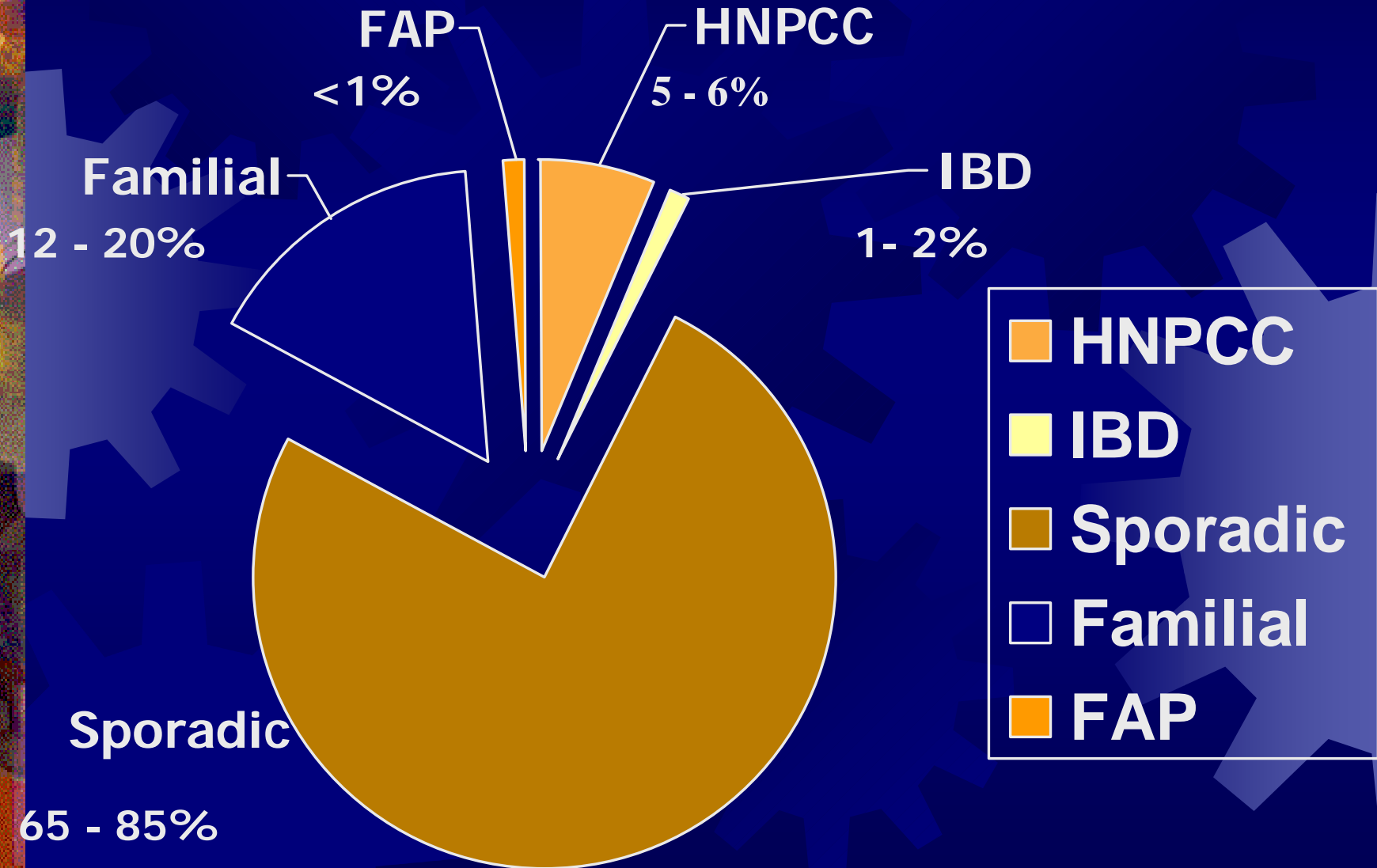


Causes of Colorectal Cancer



HNPCC - Hereditary Non-Polyposis Colorectal Cancer – inherited syndrome

FAP - Familial Adenomatous Polyposis – genetic condition- inherited syndrome

IBD - Inflammatory Bowel Disease such as Colitis

Sporadic - Naturally occurring CRC

Familial - Family history

Risk Factors for Colorectal Cancer (CRC)

- ★ Personal hx of:
 - ★ CRC
 - ★ Polyps
 - ★ Inflammatory bowel disease (ulcerative colitis, Crohn's disease)
- ★ Blood relatives with CRC or Polyps or known mutation in a hereditary colon cancer gene (ie: FAP or HNPCC)

INTRODUCTION : Inherited Risk Factors for CRC⁴

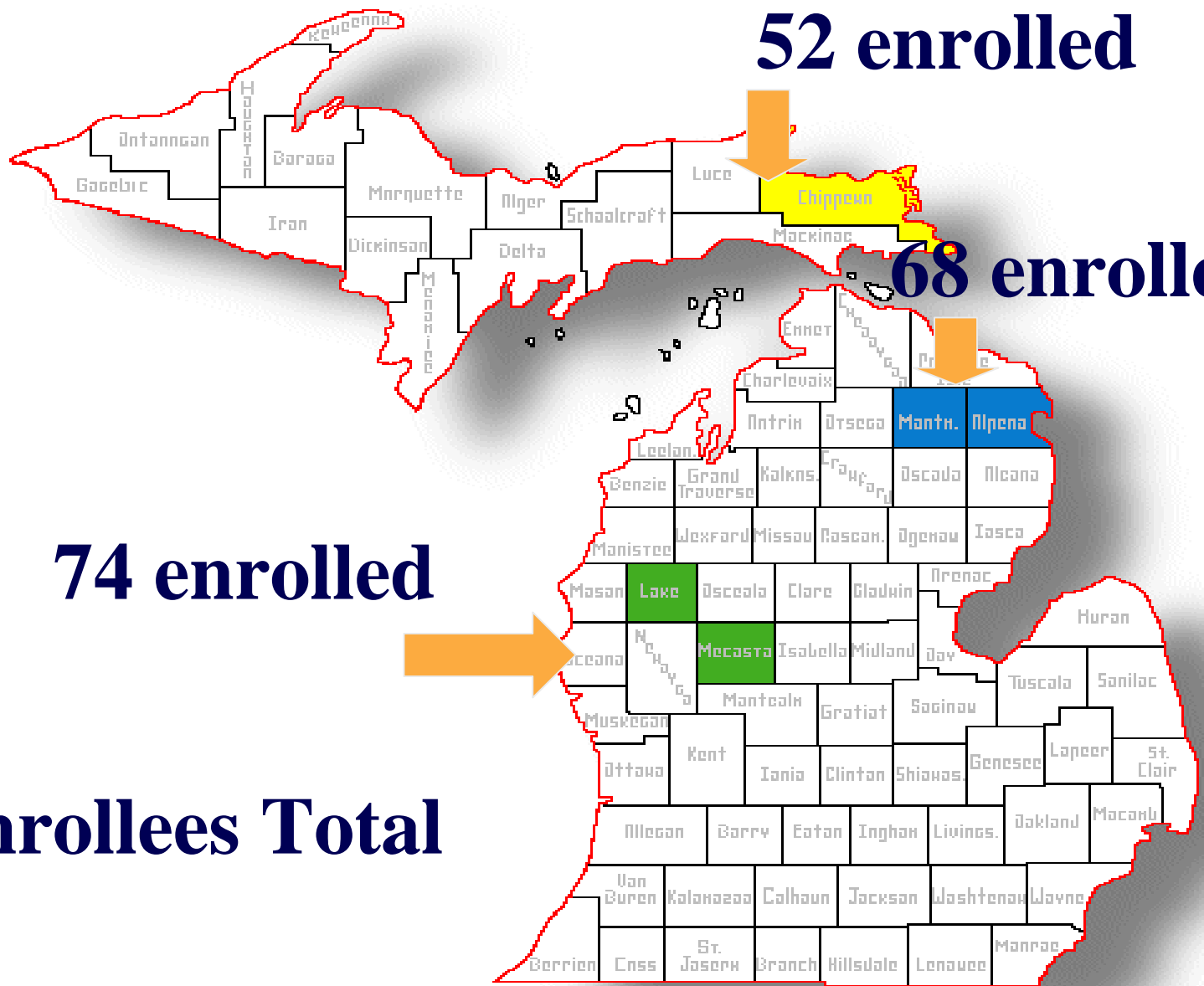
- Multiple relatives and generations with colorectal cancer
- One or more family members affected at early age (before 60)
- Other cancers, especially uterine also endometrial, ovarian, upper urologic, stomach, small bowel, gallbladder
- Multiple primary tumors

INTRODUCTION : Risk Based Screening 5

- ★ Basic risk assessment results in categorization
 - ★ Low Risk
 - ★ Moderate Risk
 - ★ High Risk
- ★ Everyone should be screened based on individual cancer risk
- ★ Refer for genetic evaluation based on risk assessment results
- ★ Screening those at moderate risk yields the largest benefit

Methods: Colorectal Pilot Program⁶

- ★ Goal was to pilot test a CRC early detection program for uninsured
 - ★ Planning phase July – Sept 2005
 - ★ Implementation phase Oct 2005 – Sept 2006
- ★ Pilot will test Michigan Cancer Consortium (MCC) CRC Screening Guidelines



52 enrolled

68 enrolled

74 enrolled

194 Enrollees Total

Methods: Risk Based Guidelines Example ⁸

Risk Category	Recommendation Includes referral to a specialist/specialty center	Age to Begin	Interval
Colorectal cancer or adenomatous polyp in first degree relative before age 60 (parent, sibling or child)	Colonoscopy	Age 40 (or 10 years before the youngest case in the family, whichever is earlier)	Every 5 years Counseling to consider genetic testing, with referral to a specialist center.
Colorectal cancer or adenomatous polyps in two or more first degree relatives of <i>any</i> age			

Methods: Risk Based Guidelines Example

Risk Category	Recommendation Includes referral to a specialist/specialty center	Age to Begin	Interval
Family history of familial adenomatous polyposis	Early surveillance with endoscopy, counseling to consider genetic testing	Puberty	If familial polyposis is confirmed, colectomy is indicated; otherwise, endoscopy every 1-2 years
Family history of hereditary non- polyposis colon cancer (HNPCC)	Colonoscopy and counseling to consider genetic testing	Age 21	Every 1-2 years until age 40, then every year
Inflammatory bowel disease	Colonoscopies with biopsies for dysplasia	8 years after start of colitis	Every 1-2 years

Methods: Risk Assessment

10

- ✦ A risk assessment will be completed on every eligible client
- ✦ Risk assessment involves two step process
- ✦ Step one is a Self Risk Assessment (SRA) completed by client to determine type of CRC screening to be used
- ✦ Step two is an Expanded Risk Assessment completed by health professional; if potential risk factors are identified through SRA

Methods: Clinical Services

- ★ Persons of **average risk** that meet age, income and insurance eligibility will receive a Fecal Occult Blood Test kit, if positive will receive colonoscopy.
- ★ Persons of **higher than average risk and or signs and symptoms** will be referred for colonoscopy.
- ★ Persons in high risk categories will be identified as possible candidates for genetic counseling.

Methods: Risk Assessment

Questions

- ★ Has the patient had colorectal cancer or an adenomatous polyp? If polyps, how many?
- ★ Has any family member had CRC or polyps? Was it a first degree relative and at what age was the cancer or polyp first diagnosed?
- ★ Does the patient have ulcerative colitis or Crohn's Disease?
- ★ Have the patient or family members had other visceral cancers (e.g. endometrial, ovarian,gastric, hepatobiliary, or small bowel at young age?

Methods: Evaluation

13

- ✦ Risk assessment forms were provided to each pilot site.
- ✦ Completed forms are being submitted monthly and entered into a central database for evaluation and tracking.
- ✦ Outcome evaluation will examine the proportion of average vs. increased risk individuals that were screened.
- ✦ Process evaluation will determine the usability of the risk assessment tools for both clients and staff participating in the project.

Results: Lessons from Pilot Program 14

- ✦ Pilot sites found self risk assessments too difficult for clients to fill out.
- ✦ Expanded risk assessments cumbersome. Had to flip back and forth between both tools.
- ✦ Need to reduce readability to 8th grade level i.e. change adenomatous to cancerous.
- ✦ Clarify who first degree relatives are i.e. Mother, Father, Brother, Sister, or child.

Results: Proposed changes to Risk Assessment

- ★ Combine Self Risk Assessment and Expanded Risk Assessment into one document to be completed by a health professional.
- ★ Make risk assessment tool a logical progression of elimination i.e. if answered “no” do not continue.
- ★ Remove “unsure” from answer options.
- ★ Simplify wording from “adenomatous” to “pre-cancerous.”

Results: Preliminary Data

- ★ 193 Enrollees
- ★ 48 Men = 25%
- ★ 118 FOBTs distributed and 104 returned
= **88% return rate**

Results: Preliminary Data

- ✦ Enrollees to Colonoscopy = 86
 - ✦ Signs and symptoms = 35
 - ✦ Above average risk = 25
 - ✦ Above average risk and signs and symptoms = 20
 - ✦ Positive FOBT = 6
 - ✦ Refused = 13
- ✦ Colonoscopies resulting in polyp removal = 30
 - ✦ Adenomatous polyps = 27
 - ✦ Hyperplastic polyps = 33
- ✦ Genetic counseling referrals = 10

Preliminary Conclusions

- ★ Revised Risk Assessment is being developed based on preliminary results of use in the pilot program
- ★ Risk Assessment tools triage clients into appropriate services
- ★ Preliminary results support risk based screening for colorectal cancer
 - ★ Consistent with CDC's model using family history

CDC Model - Using **family history** for disease prevention

19

Assessment

Classification

Intervention

