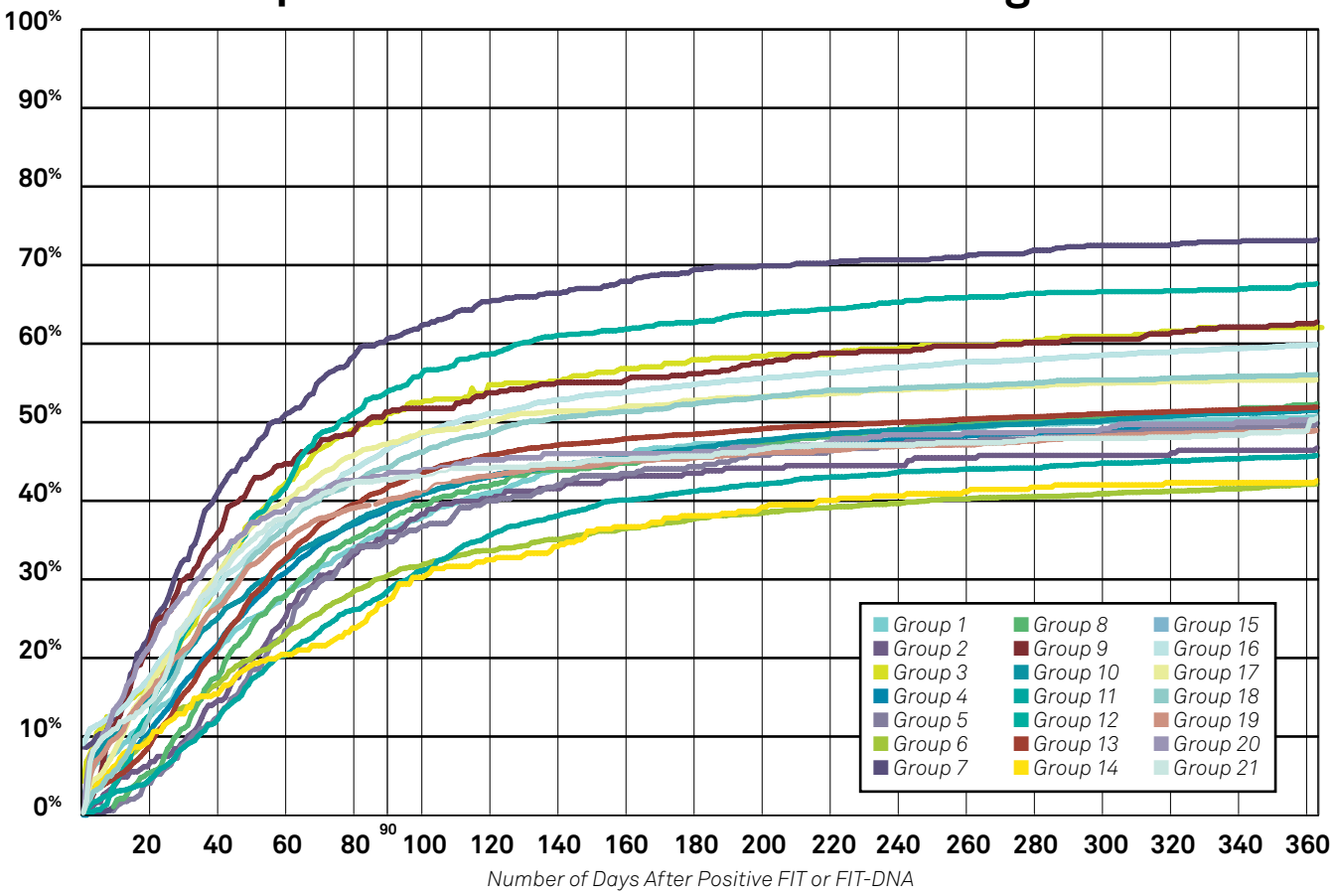
Figure 1

Follow-Up After At-Home Cancer Screening



Overall, 38,424 patients aged 50–76 at 21 U.S. healthcare organizations had a positive fecal immunochemical test (FIT) or FIT-DNA (01/01/2016–03/31/2019). The vertical axis reflects the cumulative percentage of patients with a colonoscopy by the number of days since the positive stool-based test on the horizontal axis. Each line describes colonoscopy follow-up for one of 21 different AMGA members. Colonoscopies were ascertained by using data from 01/01/2016–03/31/2020, allowing for a full year of follow-up.

Data Source: This analysis used longitudinal clinical EHR data extracted, mapped, and normalized by Optum®, from 18 geographically dispersed AMGA-member healthcare organizations (HCOs). The Optum clinical database comprises longitudinal ambulatory EHR data from 106 million patients treated by 84 U.S. HCOs.

Screening Follow-Up

Improving colorectal cancer treatment after testing

By Nikita Stempniewicz, M.Sc., and Elizabeth Ciemins, Ph.D., M.P.H., M.A.

Colorectal cancer (CRC) is the second leading cause of cancer death in the U.S., and it is estimated that 53,200 people will die from CRC in 2020. When the disease is found early, at a localized stage, CRC is one of the most treatable forms of cancer, with a five-year survival rate of 90%. In contrast, the survival rate among those diagnosed with late-stage disease is dire, at 14%. Currently, only 37% of colorectal cancers are diagnosed at the earliest stage.[1]

Patients and health systems are utilizing stool-based tests for convenience and cost[2] and to

maximize population-level screening rates. Additionally, patients who would have received a colonoscopy screening may now start with an at-home, stool-based stool test, due to COVID-19.

Follow-up from a positive stool-based test involves multiple steps: Explanation that the abnormal result means a higher risk of CRC and that the patient now needs a diagnostic test, referral to gastroenterology, and completion of bowel prep and an invasive procedure.[3] European and Canadian guidelines recommend a follow-up colonoscopy within 30 and 60 days of an abnormal stool-based test, respectively,[2,4] and delays of over six months are associated with increased risk of any, and advanced, CRC.[5] Although rates of colonoscopy follow-up in some randomized clinical trials are 80%–90%,[6] multiple screening programs have reported that as few as 50% of test-positive screening participants get follow-up within six months.[7–10] Timely follow-up of positive stool-based screening tests leads to earlier CRC diagnosis, which leads to improved survival rates.[11]

AMGA Analytics conducted preliminary data exploration using EHR and billing data and found that among 38,424 patients with a positive FIT or FIT-DNA, overall 19%, 33%, 41%, 48%, and 53% had a follow-up colonoscopy within 30, 60, 90, 180, and 365 days, respectively (Figure 1). Across 21 organizations, the proportion with colonoscopy follow-up within 90 days ranged from 27% to 60%, showing suboptimal follow-up for a positive test overall, in addition to wide variation across organizations.

By screening test, 35% of patients with a positive FIT test had a follow-up colonoscopy within 90 days, compared to 55% of patients with a positive FIT-DNA (unadjusted for differences in patient populations).

Providers should stress the importance of diagnostic colonoscopy after a positive home stool test (FIT or FIT-DNA) to ensure patients are receiving appropriate follow-up and colorectal cancers are being identified early. Some providers make "pacts" or "contracts" with their patients. In exchange for the convenience of a home-based test, patients must commit to appropriate follow-up, as needed. GPJ

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