



## CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:  
PP150054

Project Title:  
Alliance for Colorectal Cancer Testing (ACT) in Southeast Texas

Award Mechanism:  
Evidence-Based Cancer Prevention Services - Colorectal Cancer Prevention Coalition

Principal Investigator:  
Foxhall, Lewis

Entity:  
The University of Texas M.D. Anderson Cancer Center

### Lay Summary:

Need: Colorectal cancer (CRC), the second leading cause of cancer deaths in the United States and the State of Texas, is curable if detected in its early stages, but often fatal when diagnosed later. Studies have shown that CRC screening (CRCS) for the detection and treatment of early cancer, as well as the removal of precursor adenomatous polyps, is effective in reducing CRC incidence and mortality. According to the Agency for Healthcare Research and Quality (AHRQ), only half of all adults aged 50-75 have ever received age-appropriate CRCS, and in minority populations, that number drops to 30%.

Overall Project Strategy: We will implement the Alliance for Colorectal Cancer (ACT) Testing, a CRCS coalition involving MD Anderson and community clinics serving the RFA priority population. The coalition will support delivery of a program offering take-home fecal immunochemical tests (FIT) to CPRIT priority populations in north, east and southeast Texas. These priority populations include, but are not limited to, underinsured and uninsured individuals, those in rural areas, medically unserved or underserved, racial, ethnic, and cultural minority populations and those with low screening rates, high incidence rates and high mortality rates. We will model this new project after our successful 1115 Medicaid Waiver (Waiver) CRC screening project in Regional Health Plan 3. The Waiver project is currently active in 15 Federally Qualified Health Center (FQHC) systems with a total 23 clinic sites covering Austin, Calhoun, Chambers, Colorado, Fort Bend, Matagorda, Waller and Wharton counties. For our new project, we will also partner with FQHCs and community clinics to distribute 5,000 FIT tests annually for three consecutive years covering 18 counties. We will achieve a 50% adherence rate to ACS/NCCRT screening guidelines in year one, with a 10% increase each subsequent year. The goal of this project is utilize an evidence based approach to increase CRCS by implementing clinical practice changes that engage primary care clinician practices to discuss with patients the importance of CRCS. Practices will be encouraged to pair CRCS with the annual flu shot, an approach with demonstrated effectiveness (Flu FIT) as a Research Tested Intervention Program (RTIP). Program coordinators will follow-up with those patients who do not return the FIT to encourage them to do so and will navigate patients with positive FIT results to screening colonoscopy. Culturally sensitive educational and instructional materials will be distributed to increase patient knowledge about CRC and the importance of early screening. We will partner with the American Cancer Society (ACS) to offer professional education and support material to assist primary care physicians in providing appropriate CRC screening recommendations to

their patient population. We will also engage local programs, such as Beaumont's The Gift of Life, to reach out to the public to create awareness about the program. Based on our current outcomes with Waiver, we anticipate that with the distribution of 5,000 FIT tests, we should receive 3,500 stool specimens for processing, of which we estimate approximately 10% or 350 will be positive and be referred to colonoscopy. We will navigate patients with positive FIT outcomes for colonoscopy with gastroenterologists in the patients' local community. Those diagnosed with cancer will be navigated to treatment for which they qualify. Specific Goals/Aims: Our goal is to increase adherence to CRCS recommendations in CPRIT's priority populations served through primary care clinics, thus reducing colorectal incidence and mortality disparities. Aims: 1. Regional Coalition framework will be used to implement the ACT screening program in FQHCs and community clinics serving CPRIT priority populations. We plan to distribute 5,000 FIT tests to asymptomatic patients, age 50 to 75 years, over three consecutive years using this intervention. 2. Initiate practice policy and procedure changes in primary care clinics related to increasing adherence to CRCS recommendations offered to all patients in the practice. 3. Navigate patients with positive FIT results to colonoscopy in their communities and patients diagnosed with cancer to treatment. 4. Utilize regional coalition framework to enhance performance of screening program over time. 5. Establish linkages with major stakeholders statewide to establish similar regional coalitions and build statewide coalition to facilitate CRCS. Innovation: Two major innovations of the ACT program are (1) develop a regional coalition and statewide network to increase the geographic reach, thereby increasing utilization of this underused screening modality (2) to adapt a Flu-FIT based screening strategy to maximize the reach of CRCS in the service area. Significance and Impact: This project could provide a means to improve adherence with CRCS recommendations by increasing awareness and utilization.