



CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:
PP160023

Project Title:
Optimizing Colorectal Cancer Screening in East Texas

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

Principal Investigator:
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Entity:
The University of Texas Health Science Center at Tyler

Lay Summary:

Need: Incidence and mortality rates from colorectal cancer (CRC) are higher in East Texas compared to Texas as a whole. CRC screening rates in Texas are far lower for individuals without compared to those with health insurance (6.8% vs. 9.1% for stool blood testing, 28.1% vs. 57.8% for endoscopy). CRC death rates per 100,000 persons are higher in rural than in urban counties. Our team will increase access to and delivery of CRC services (fecal immunochemical testing and colonoscopy), focusing on the uninsured and underinsured.

Overall Project Strategy: We will provide a coordinated program to increase access to and delivery of CRC services to individuals in a 19 county area of East Texas. The program leverages a complementary, nonoverlapping partnership with a federal program, focusing on the uninsured and underinsured. We have established multiple partnerships with existing community programs which are visible, effective, and which people in this region trust. We will engage our clinical colleagues in primary care who deliver medical services to many thousands of individuals in this region to assist with recruitment to the program. We have a strong partnership with the American Cancer Society (ACS) to provide CRC screening education to our clinical partners, to our community health workers, and to eligible participants.

Specific Goals: 1) increase CRC screening education and access in a seven county, mostly rural area of East Texas; and 2) increase the rate of CRC screening services by at least 10%. We estimate that the number of people educated through this project, in collaboration with the federal project, will be 20,976 or greater, and the number screened 5,613 or greater. Since a limitation of the federal CRC screening project is that it does not provide funds for CRC screening services, nor transportation to receive the services, this proposed CPRIT project will provide these essential services for individuals recruited and educated both through the federal and the CPRIT CRC screening projects. Moreover, the CPRIT project will provide access to CRC treatment, if appropriate.

Innovation: Most publications regarding CRC screening projects focus on urban and suburban populations, and on either health care (clinical) systems or public outreach services. Our catchment area is primarily rural, but contains an academic medical center with a large pool of patients who receive primary care clinical services. We take

advantage of the resources available, combining both public outreach and clinical avenues, as well as partnering with an ongoing CRC screening project which educates but does not actually deliver CRC screening or treatment, to optimize participant recruitment, education, and delivery of CRC screening services, as well as offer treatment if indicated. We partner with the ACS to optimize CRC screening education, access to treatment, and long term sustainability of the project.

Significance and Impact: Rural settings such as East Texas present unique challenges, including relatively low population density and distance. Moreover, East Texas has one of the highest rates of CRC incidence and mortality. Our program is designed to educate and deliver CRC screening services to individuals who are most in need, both by region and because they are uninsured or underinsured. CRC screening is among the highest ranked preventive services based on the burden of disease prevented and cost effectiveness. Each entity in our collaborative partnership contributes in a unique way to the overall success of the project, which will provide a comprehensive array of services related to CRC screening, including participant education which explains screening options and comparative risks/benefits, delivery of screening, biopsy of suspicious lesions when identified, follow-up navigation, including treatment, if indicated, and provide sustainability using proven approaches to optimize the chance that individuals will undergo repeat CRC screenings.