The Society of Behavioral Medicine supports the National Colorectal Cancer Roundtable’s Call to Action to Reach 80% Colorectal Cancer Screening Rates by 2018.

In response to the significant colorectal cancer (CRC) burden and persistent underutilization of screening, the National Colorectal Cancer Roundtable’s (NCCRT) initiative 80% by 2018 sets an important goal for CRC screening in older Americans. The primary goal of this initiative is to attain a population screening rate of 80% in adults ages 50 and older by the year 2018. It is estimated that this screening rate could prevent more than 20,000 CRC deaths per year by the year 2030. The Society of Behavioral Medicine (SBM) supports 80% by 2018 and encourages policymakers and health care providers to implement the recommendations outlined by the initiative.

Background
As the third leading source of cancer deaths among men and women in the United States, CRC morbidity and mortality remain an urgent public health challenge. Among tumor cancers, CRC is the only cancer that is preventable with the identification and removal of pre-cancerous polyps. Current screening recommendations for individuals at average risk for CRC include timely screening using one or a combination of the following tests:

* Colonoscopy (every 10 years, highest performance)
* Flexible sigmoidoscopy (every 5 years)*
* Double-contrast barium enema (every 5 years)*
* CT colonography (virtual colonoscopy) (every 5 years)*
* High-Sensitivity Guaiac-based Fecal Occult Blood Test (every year)
* Fecal Immunochemical Test (every year)
* Stool DNA Test (uncertain frequency)
*Note: Follow up colonoscopy should be done if results are positive.

Despite the potential to prevent an estimated 90% of CRC deaths through screening, screening utilization is low and disparities across sociodemographic groups exist. Barriers to screening include cost, access to health care facilities, lack of recommendation to screen, and psychosocial factors such as fear of the test, testing preparation, fear of a cancer diagnosis, and embarrassment.

The NCCRT aims to reduce these barriers to screening through a multilevel approach. This approach invites action from clinicians, health care organizations, insurers, policymakers, and researchers, all toward the common goal of reaching 80% screening by 2018. Each recommendation within the initiative is tailored to appropriate stakeholders and addresses unique barriers to CRC screening and their context-appropriate approaches. For more information about the 80% by 2018 initiative, please refer to the Web resources provided in Figure 1.

Additional Considerations
In addition to the key issues raised and recommendations provided by the 80% by 2018 initiative, there are three aspects of CRC screening that remain important considerations:

1. Physician-patient communication regarding CRC screening should be extended beyond primary care to include other settings and modalities.
   - Underserved populations are more likely to receive care from emergency rooms, nontraditional caregivers, and specialty care than primary care.
   - Current practices of limiting CRC screening recommendations to the primary care setting are necessary but not sufficient.
   - Focusing on other modes of communication from non-primary care providers, community health workers, insurance companies, and mass media messaging could help improve public health while also targeting the growing disparities in CRC screening.

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Society of Behavioral Medicine Position Statement:
Support the National Colorectal Cancer Roundtable’s Call to Action to Reach 80% Colorectal Cancer Screening Rates by 2018

(October 2015)
The use of a population-level rate in assessing CRC.

In order to allocate resources necessary to reduce rates for CRC.

Recommendations for Policymakers

1. Policymakers play a critical role in ensuring that the instrumental resources necessary to achieve these goals are available, including:

2. Implementing laws and regulations that support CRC screening including funding mechanisms, quality measurements, and Healthy People goals that include population screening rates and targeting disparities across sociodemographic groups;

3. Collaborating with coalitions to plan open communication with the public about changes to CRC screening policies including insurance coverage;

4. Providing instrumental support to regional initiatives designed to reduce CRC screening disparities;

5. Ensuring that Federally Qualified Health Centers are prepared and incentivized appropriately to perform high-quality colonoscopies and refer patients for oncologic care when necessary; and

6. Supporting research funding that examines the complex social determinants of health that impact screening uptake in addition to access to care for marginalized populations.

Recommendations for Health Care Providers

1. All health care providers including primary care, hospital care, and informal care providers can make a difference and promote higher rates of CRC screening. Suggestions for these providers include:

2. Using electronic health records to optimize frequency and type of CRC screening recommendations and track efficiency and use of resources;

3. Engaging patients in the planning of CRC screening resources for themselves and the patient population;

4. Offering patients population-based decision support and navigation services to help patients understand and manage the complex nature of CRC screening planning, preparation, and follow-up;

5. Increasing public awareness of CRC screening guidelines and community resources for care; and

6. Promoting systemwide uptake of evidence-based screening modalities based on patient engagement through one-on-one provider and patient education.

Summary and Recommendations

Colorectal cancer morbidity and mortality represent a significant public health challenge. Despite the number of available screening modalities, national screening rates continue to fall far below federally established goals. The 80% by 2018 initiative sets a goal of attaining a population screening rate of 80% in adults ages 50 and older by the year 2018. SBM supports 80% by 2018 and the initiatives’ recommendations. Combining the recommendations set forth by 80% by 2018 and the additional considerations described above, SBM encourages policymakers and providers to take an active role in improving population screening rates for CRC.

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80% by 2018 Web Resources

NCCRT Initiative Website:

Introductory Video:
https://www.youtube.com/watch?v=2C7UuyoGfnk&featur e=youtu.be

CDC Action Guide:

References


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