

Fecal Immunochemical Test (FIT) outreach interventions for Colorectal Cancer screening need to be sustained to promote effective population-level screening

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Health systems should consider mailed FIT invitations to individuals newly eligible for CRC screening, given that young patients may benefit dramatically from targeted screening efforts

Durability of FIT Screening After Cessation of a Screening Outreach Intervention & Effect of Screening Intervention for Patients Newly Eligible for Colorectal Cancer Screening

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BACKGROUND

Fecal immunochemical testing (FIT) is increasingly used to support colorectal cancer (CRC) screening, specifically organized outreach using mailed (FIT) has been demonstrated to be an effective screening strategy in resource-limited settings. We previously conducted and demonstrated the effectiveness of a multicomponent screening intervention.

1. Evaluate whether there are durable changes in adherence to FIT after the cessation of such campaigns.
2. Evaluate the effectiveness of organized outreach campaigns for patients who are newly eligible for such screening.

METHODS

The clinical intervention was conducted in the San Francisco Health Network (SFHN), a publicly funded safety-net health system serving low-income populations. Patients from eight participating primary care clinics aged 50–75 years not up-to-date with CRC screening were randomly assigned to receive multicomponent screening interventions or usual care.

RESULTS

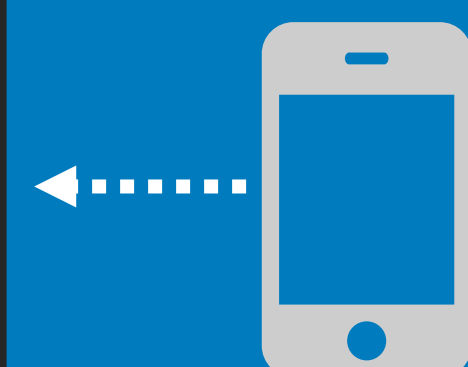
A total of 6,697 individuals (61.9%) remained active in the health system 1 year after cessation of the original study (October 2017–September 2018) of which 3,341 patients had been assigned to the usual care group and 3,356 were assigned to outreach. A total of 1,948 (29.08%) of these patients completed FIT testing within 1 year of study cessation; however, FIT completion was not significantly different between the group that received the outreach services versus the usual care group (28.3% vs 29.8%, $p = 0.158$).

Additionally, there were 619 patients aged 50–51 who received the outreach intervention and 3,108 patients aged greater than 51 years old who had no prior history of FIT testing who similarly received the outreach intervention. Patients newly eligible for FIT were more likely to complete a FIT test compared with older patients who had yet to complete a FIT test (58.3% vs 40.5%, $p < 0.001$). The relative risk ratio between age cohorts (1.43 [1.31, 1.57]) is constant across all demographic subgroups.

DISCUSSION

Although organized outreach significantly improved screening completion rates compared to usual care, the benefit of outreach was nullified after the cessation of the comprehensive FIT outreach program.

Additionally, our results demonstrate that patients who are newly eligible for colorectal cancer screening are more likely to respond to outreach interventions than older patients without a prior history of FIT.



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