



Identifying Colorectal Cancer Screening Status among Emergency Department Patients

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Introduction

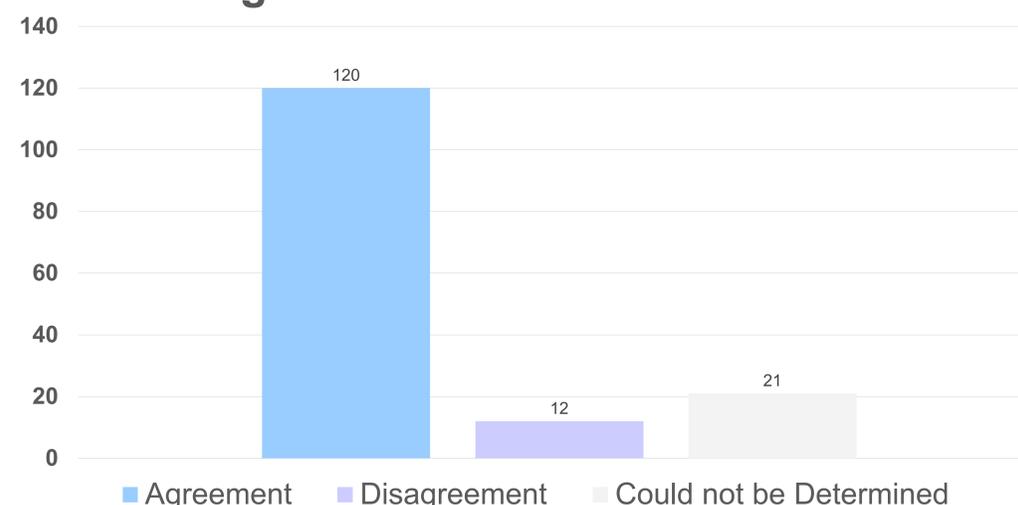
- Colorectal cancer (CRC) is a common and deadly disease, but is highly preventable through routine screening.
- Current screening participation rates (71.6% in 2020²) are plateauing and fall short of the $\geq 80\%$ screening target set by the NCCR.
- Coordinated outreach among patients in the ED may act as an effective “safety net” for individuals who are otherwise vulnerable to being overlooked by typical efforts.
- Our study characterizes CRC screening behaviors among ED patients and explores the feasibility of identifying under-screened ED patients using low-cost methods.

Methods

- Cross-sectional study at Strong Memorial Hospital in Rochester, NY.
- Subject enrollment and survey administration was conducted by a medical student in summer 2021.
- Subjects completed a survey containing NHIS CRC screening questionnaire, demographics, healthcare access, health literacy, and survey comprehension.
- Chart abstraction was performed to relate self-reported screening with documented procedures.

	Frequencies and %s
Up to Date with CRC Screening Recommendations	108 (71%)
Not Up to Date with CRC Screening Recommendations	45 (29%)
Never CRC Screened	28 (18%)
Previously CRC Screened	17 (11%)

78% of self-reported screening history agreed with chart-review data



Results

- Of 153 subjects, the majority were up-to-date (UTD) on USPSTF CRC screening guidelines, consistent with national average.
- Of the UTD subjects, 101 (94%) had a colonoscopy.
- Among those not UTD, 62% had never been screened and 38% reported some form of prior CRC screening.
- Importantly, only 15 (33%) reported they had been recommended screening by a provider in past year.
- UTD rates were highest in the USPSTF grade A rec age range (50-75 years old) vs others (79% vs 41%).
- Factors associated with not being UTD included difficulty accessing healthcare, use of the ED as the primary healthcare access, and self-reported health literacy ($p < 0.05$).
- Majority of available charts (85%) confirmed self-reported screening.
- Interestingly, disagreement was equal among false positives and false negatives (50% each)

Conclusions

- This study highlights the feasibility of identifying ED patients that are under-screened for CRC without impacting clinical care.
- Once identified, the next step would be implementing interventions to connect these patients with needed cancer screening services.

