Patient Preference Key In Colorectal Screening

BY KATE JOHNSON
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MONTREAL — Primary care physicians referring patients for routine colorectal cancer screening may see better adherence, particularly in men, if they consider patient preference regarding screening modality, reported Maida Sewitch, Ph.D., from McGill University, Montreal. However, the picture is less clear for women.

In a study of 203 primary care patients referred for colorectal cancer screening (40% male and 60% female, mean age 64 years), overall adherence was 52%, Dr. Sewitch reported in a poster at Canadian Digestive Diseases Week.

For both genders combined, the strongest predictor of adherence was a physician's referral that matched a patient's preferred screening modality (adjusted odds ratio 3.64), she said. But the results looked quite different when analyzed according to patient gender.

"The people for whom matched modality was important were the men—and men who were matched on modality were 3.5 times more likely to adhere to screening referral than men who were not matched. But women didn't care about modality. We didn't expect that at all," Dr. Sewitch said in an interview.

The four choices of screening modality in the study were colonoscopy, double contrast barium enema, flexible sigmoidoscopy, and fecal occult blood testing (FOBT). The most commonly requested modality was FOBT, she said.

Although matching the referral modality to patient preference increased the odds of screening adherence in men (AOR 3.49), it only had a slight impact in women (AOR 1.24), she said. Instead, predictors of female adherence to screening were past history of screening (AOR 2.1), she reported.

"Women may have more trust in their physician's recommendation, and a past history of screening may demystify the experience, whereas men want what they want," she said. "It might have a lot to do with control. Physicians should be speaking with patients about what they want. If they're going to recommend some kind of colorectal cancer screening, they can ask their patients what they want to do and give their referral based on that."

A second poster presented at the meeting described an investigation of patient preference regarding the timing of a precolonoscopy consult with a gastroenterologist. A total of 125 average-risk patients (66% male, mean age 60 years) participated in the study, with 21% receiving a gastroenterology consult on a different day (DD) prior to their colonoscopy, and 79% receiving the consult on the same day (SD), just before their colonoscopy.

Patients were asked to complete a questionnaire after their colonoscopy regarding their preference for a DD or SD consult, reported Dr. Liliana Oliveira from the University of Ottawa. The study found that patient preferences appeared to be affected only by patients' previous consultation experience. In patients who had an SD consult, 86% indicated a preference for this practice, and in those who had a DD consult, 61.5% preferred this practice; these findings were significant.

The authors concluded that SD consultation is a practice that is acceptable to patients. "[Most] preferred it because it saved time and they already had all the information from their family doctor," said Dr. Oliveira in an interview. "So the more information the patients can get from the family doctors, the better."

She stressed that same-day consultation is only intended for average-risk patients. "It's not for people who have a family history of colon cancer or medical problems—it's for the routine patients." Although same-day consultation is common, she said it remains somewhat controversial for several reasons, and patient preference had not been measured previously. ■

Patient Navigator Increases the Rate of Screening Colonoscopy

BY MICHELE G. SULLIVAN
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About two-thirds of minority patients referred for colonoscopy by a primary care physician completed the procedure if they were guided along the way by a patient navigator, according to the findings of an observational study.

The use of a patient navigator also enhanced compliance with the bowel preparation process and increased patient satisfaction with the procedure, reported Dr. Lee Ann Chen of the Mount Sinai School of Medicine, New York, and her coinvestigators.

Patient navigation is part of the facility's ongoing efforts to increase screening colonoscopy by decreasing organizational barriers, the authors said. This effort began with an open-access referral program, in which primary care physicians were able to refer patients directly for the procedure, bypassing evaluation by a gastroenterologist.

"This decreases the number of appointments a patient must complete before obtaining a screening colonoscopy and shortens the time to screening colonoscopy … open access can increase the number of screening colonoscopies and enhance neoplasm detection," they wrote.

To further increase screening rates, they added a bilingual (Spanish/English) female health educator as a patient navigator. She received specialized training on colonoscopy and guided each referred patient through the process. This involved gathering medical information, scheduling the colonoscopy, explaining the bowel prep process, frequently reminding patients of their appointment by phone and mail, and even personally meeting with patients who were fearful of the procedure.

The authors presented results from 532 patients who had used the services of a patient navigator. Their mean age was 56 years; 79% were female. Hispanic patients made up 55% of the group; 31% were black; the rest were other ethnic groups.

Overall, 353 (66%) completed their colonoscopy. Reasons for noncompletion among the remaining 179 patients were the desire to speak in detail with their physician before the procedure (14) and refusal to undergo the procedure (52). Forty-seven patients never returned the navigator's phone calls, 14 rescheduled their colonoscopies more than four times, and 52 did not show up for their scheduled colonoscopies twice.

Women were 31% more likely to complete the colonoscopy than men. Of the completers, 60% were Hispanic and 28% were black. Hispanic patients were 67% more likely than were blacks to complete the colonoscopy, while Hispanic women were 50% more likely to complete the colonoscopy than Hispanic men were. There were no significant gender differences among black patients.

Bowel prep information was available for 330 patients who completed the procedure. Of these, 9% of the bowel preparations were rated as excellent, 34% were very good, 48% were good, 4% were fair, and 5% were poor. The facility's historical percentage of poor preps was 12%.

Overall, 34% of patients had a polyp or mass removed and biopsied. Among the 58 patients with an adenoma, 12% had villous histology, 12% had an adenoma larger than 1 cm, and 5% had an adenoma with high-grade dysplasia or cancer. Two patients had an advanced adenoma. Both patients underwent surgical resection with no residual cancer at the polypectomy site or in the regional lymph nodes.

A subset of patients (196) completed a patient satisfaction survey. Most (84%) said their primary care physician adequately explained the reason for their screening colonoscopy, but that figure rose to 92% after contact with the patient navigator. Likewise, 86% said they were extremely satisfied with their primary care physician's explanation of the bowel prep, but that number rose to 99% after contact with the navigator. A high percentage (87%) said the navigator was able to calm their preprocedure fears, and 66% said they would not have completed the colonoscopy without the navigator's attention. ■

Flat Colorectal Neoplasms May Have Role in Predicting Cancer

By HEIDI SPLETE
Senior Writer

Subtle nonpolypoid colorectal neoplasms were more predictive of colorectal cancer than the more obvious polypoid neoplasms, according to findings from a study of 1,819 adult patients.

Polypoid neoplasms are easy to detect during a colonoscopy, and they are routinely removed to prevent colorectal cancer. By contrast, nonpolypoid colorectal neoplasms (NP-CRNs) are flat or slightly depressed in shape and are harder to distinguish from the surrounding normal mucosa. Previous studies have shown that depressed NP-CRNs are more likely to be cancerous, but few studies have examined them as predictors of colorectal cancer.

In this cross-sectional study, Dr. Roy M. Soetikno of the Veterans Affairs Palo Alto (Calif.) Health Care System, and his colleagues reviewed the characteristics of colorectal neoplasms in asymptomatic and symptomatic adults.

The study included 616 asymptomatic patients (the screening patients), 654 asymptomatic patients with a personal or family history of colorectal neoplasms (surveillance patients), and 549 symptomatic patients. They had elective outpatient colonoscopies between July 2003 and June 2004 (JAMA 2008;299:1027-35). Average age was 64 years, 95% were men, and 79% were white. Those undergoing emergency colonoscopies were excluded.

NP-CRNs were found in 170 patients (9.4%). Prevalence in the screening, surveillance, and symptomatic subgroups was 5.8%, 15.4%, and 6.0%, respectively. In the screening group, nonpolypoid lesions were more than twice as likely as polypoid lesions to contain neoplasms, whereas in the surveillance and symptomatic groups, they were more than three times as likely to contain neoplasms.

Nonpolypoid lesions accounted for 15% of neoplasms, [but] contributed to 54% of superficial carcinomas.

DR. SOETIKNO

"Nonpolypoid lesions accounted for 15% of neoplasms, [but] contributed to 54% of superficial carcinomas," the authors said. NP-CRN lesions were almost 10 times as likely to be associated with in situ or submucosal invasive carcinoma, compared with polypoid lesions, regardless of size.

A total of 227 NP-CRNs were found; 209 were flat and 18 were depressed. Although the number of depressed neoplasms was too small to show statistical significance, 6 (33%) contained carcinoma, compared with 9 of the flat neoplasms (4.3%). The depressed NP-CRNs were also the smallest, averaging 9.77 mm in diameter, compared with an average of 19.2 mm for polypoid lesions and 15.9 mm for NP-CRNs overall. None of the researchers disclosed any conflicts of interest. ■