Society of Behavioral Medicine (SBM) position statement: SBM supports the National Colorectal Cancer Roundtable's (NCCRT) call to action to reach 80 % colorectal cancer screening rates by 2018

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Abstract

The Society of Behavioral Medicine (SBM) urges stakeholders to support the National Colorectal Cancer Roundtable's (NCCRT) initiative *80 % by 2018*. Colorectal cancer (CRC) is largely preventable with early detection of pre-cancerous polyps but CRC screening is underutilized, especially among the underserved. In response to low screening rates, this initiative sets an important goal of 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 within 15 years. The initiative takes a multilevel approach to improving screening rates and includes recommendations for clinicians, health care organizations, insurers, policymakers, and researchers.

Keywords

Cancer screening, Colorectal cancer, Policy

INTRODUCTION

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 [1]. 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 USA, CRC

Implications

Practice: Health care institutions should examine their role in improving accessibility, awareness, and efficiency of CRC screening practices.

Policy: Policymakers should prioritize the development and implementation of laws and regulations that support CRC screening including funding mechanisms and quality measurements that include population screening rates and targeting disparities across sociodemographic groups.

Research: Researchers need to examine social determinants of CRC screening to identify points of intervention at societal, community, and family

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 [2]:

- 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 (FOBT) (every year)
- Fecal immunochemical test (FIT) (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 [3], screening utilization is low and disparities across sociodemographic groups exist [4–7]. Barriers to screening include cost and 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 [2].

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 Table 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, non-traditional 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.
2. It is important to focus efforts to reduce CRC screening disparities across sociodemographic groups.
 - The use of a population-level rate in assessing CRC screening use and setting screening goals may potentially mask the prevalent and

persistent disparities across gender, race/ethnicity, socioeconomic status, and insurance coverage.

- It is unlikely that we will reach an 80 % screening rate for the full population if these gross disparities persist.
 - In order to allocate resources necessary to reduce and eliminate health disparities, we must incorporate disparity reduction into benchmarks for success in this screening initiative.
3. CRC testing after symptoms are present is not screening.
 - In order to accurately gauge screening rates, trends, and disparities, we must use measures of CRC screening that exclude diagnostic testing [8].

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 initiative’s 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.

RECOMMENDATIONS FOR POLICYMAKERS

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

1. Implementing laws and regulations that support CRC screening including funding mechanisms and quality measurements that include population screening rates and targeting disparities across sociodemographic groups;
2. Collaborating with coalitions to plan open communication with the public about changes to CRC screening policies including insurance coverage;
3. Providing instrumental support to regional initiatives designed to reduce CRC screening disparities;
4. Ensuring that Federally Qualified Health Centers (FQHC) are prepared and incentivized

Table 1 | 80 % by 2018 Web Resources

NCCRT initiative website	http://nccrt.org/tools/80-percent-by-2018/
Introductory video	https://www.youtube.com/watch?v=2C7UuyoGfnk&feature=youtu.be
CDC action guide	http://www.cdc.gov/cancer/crcp/pdf/colorectalactionguide.pdf

appropriately to perform high quality colonoscopies and refer patients for oncologic care when necessary;

5. 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

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 the following:

1. Using electronic health records to optimize frequency and type of CRC screening recommendations and track efficiency and use of resources;
2. Engaging patients in the planning of CRC screening resources for themselves and your patient population;
3. Offering patient population-based, decision support and navigation services to help patients understand and manage the complex nature of CRC screening planning, preparation, and follow up;
4. Increasing public awareness of CRC screening guidelines and community resources for care;
5. Promoting system wide uptake of evidence-based screening modalities based on patient engagement through one-on-one provider and patient education around colorectal cancer risk factors and promoting screening and early management.

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Compliance with ethical standardsAll procedures were conducted in accordance with ethical standards.

Conflict of interest: The authors declare that they have no competing interests.

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