

This fact sheet summarizes the evaluation and recommendations regarding colorectal cancer screening from the Task Force on Community Preventive Services (Task Force) in the Community Guide. The Community Guide addresses the effectiveness of client-oriented interventions to address barriers to and promote increased use of fecal occult blood tests (FOBT). State health agencies, particularly in collaboration with their state cancer coalitions, have great potential to diminish the incidence, morbidity, and mortality of colorectal cancer by supporting evidence-based interventions to promote screenings for breast cancer.

State health agencies can foster collaboration at the federal, state, and local levels, and support the integration of cancer screening promotion efforts into other programs.

Background Information

- Colorectal cancer is the second leading cause of cancer-related deaths.
- Screening procedures such as FOBT are effective at detecting colorectal cancer at early stages and can reduce cancer deaths when appropriate treatment is provided.
- The 2000 National Health Interview Survey found that only 41 percent of men and 38 percent of women aged 50 and older had a FOBT.
- In 2005, it is estimated that approximately 146,000 new cases of colorectal cancer will be diagnosed and 57,000 people will die from the disease.
- Individuals without a regular source of health care, those lacking health insurance, and recent immigrants have the lowest rates of colorectal cancer screening in the United States.

Interventions recommended with strong evidence

- Reducing structural barriers
 - Review included five studies with seven interventions that examined the impact of reduced structural barriers on demand for and use of colorectal cancer screening services.
 - All studies had positive effects. Four of the studies (six interventions) had a median increase in colorectal cancer screening of 17.5 percent.
 - Reducing structural barriers such as location, hours of operation and availability of child care is applicable in a broad range of settings and populations when interventions are adapted to the target populations.

Interventions recommended with sufficient evidence

- Client reminders
 - Review included three studies that measured the effect of reminders to people in communities or healthcare systems that they were due or late for a FOBT.
 - Median increase in use of FOBT by individuals who received reminders was 12.7 percent.
 - Reminders may be in the form of letters, postcards, or telephone calls; their content may be modified to fit relevant client characteristics.

Interventions with insufficient evidence to determine effectiveness

- Multi-component using media, education, and enhanced access
- Client incentives with reminders
- Small media
- Reduced out-of-pocket expense
- Group education
- One-on-one education

- Client incentives (alone)
- Mass media (alone)

Resources

- The Guide to Community Preventive Services: www.thecommunityguide.org
- ASTHO Chronic Disease Prevention and Health Promotion Project: <http://www.astho.org/?template=prevention.html>
- Centers for Disease Control and Prevention's Cancer Prevention and Control website: <http://www.cdc.gov/cancer/>
- Centers for Disease Control and Prevention's Colorectal Cancer website: <http://www.cdc.gov/cancer/colorctl/index.htm>
- American Cancer Society: <http://www.cancer.org/docroot/home/index.asp>
- National Cancer Institute's Colorectal Cancer website: <http://www.nci.nih.gov/cancertopics/types/colon-and-rectal>
- Cancer Control Planet: <http://cancercontrolplanet.cancer.gov/index.html>

This fact sheet has been made possible by a cooperative agreement with CDC's National Center on Chronic Disease Prevention and Health Promotion (Award No. U58/CCU324349-01). ASTHO is grateful for this support.