



**Strategies and Opportunities to Stop Colon
Cancer in Priority Populations**

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No Disclosures

The US Preventive Services Task Force recommends routine colorectal cancer screening for individuals aged 50 – 75.

Screening rates are suboptimal particular in disadvantaged populations

STOP Design, Setting, Participants

- Cluster randomized pragmatic trial
- 26 FQHCs within 8 health centers in Oregon and California, were randomized to intervention (n = 13) or usual care (n = 13)
- The EHR was used to identify eligible individuals and facilitate implementation of a 3 step mailed intervention: (1) an introductory letter; (2) a mailed FIT; and a reminder
- Participants were age 50-75, had a clinic visit in the prior year, be overdue for CRC screening, and had an address in the EHR.
- 41,193 adults met these criteria during the accrual interval (February 4, 2014 to February 3, 2015)

Main outcomes and Measures

- Clinic-level proportions of adults who completed FIT, and secondarily any colorectal cancer screening with 12 months of accrual or by August 3, 2015
- Adoption, Reach, Implementation, and Maintenance of the Intervention
- Compared with UC clinics, intervention clinics had significantly higher adjusted clinic-level proportion of participants who completed a FIT (13.9% vs 10.4%; difference, 3.4 percentage points; 95% CI, 0.1%-6.8%)*
- We observed large variation across health centers in effectiveness (FIT completion differences range, -7.4 percentage points to 17.6 percentage points) and implementation (proportion who were mailed a FIT range, 6.5% to 68.2%)

* JAMA Internal Medicine, October 2018

Lessons Learned

- Collaborate early and often with key stakeholders and clinic staff
- Ask a lot of questions – explore challenges and find solutions
- Learn from your health systems (PDSAs were critical for learning about implementation challenges)
- Learn from the coordinating center subcommittees, especially the biostatistical core (to address analytic challenges)
- Plan your study with dissemination in mind (and re-evaluate next steps early on, during, and after the study ends)