July 2024

SCREEND SNAPSHOT

Improving Colorectal Cancer Screening Rates in North Dakota

A quick look at tips, tools, and updates for CRC Screening improvement

WISHING YOU A HAPPY AND HEALTHY 4th of July

SHOUT-OUTS

- Congratulations to **SMP Health-St. Kateri** on achieving the SILVER Milestone!
- Thank you to all who attended the North Dakota Cancer Coalition and/or the North Dakota Colorectal Cancer Roundtable meetings on June 25th and 26th
- Special thank you to **Kari Novak** and **Kristen Pastorek** from **Unity Medical Center (Grafton/Park River)** and to **Leona Martin** and **Mikisha Longie** from **Quentin N Burdick Memorial Health Care Facility (Belcourt)** for participating in the Panel Presentation at the NDCCRT meeting! Such impressive progress made in both of these communities!

P2P SHARING

Lessons learned taking my mom for her Colonoscopy
Nikki Medalen

Last week I took my mom to get what we hope is her final colonoscopy. She has a long family history of polyps and two brothers who have experienced colon cancer, so despite her resistance, I have been pretty adamant that she be screened regularly and on time. After working with the ScreeND program for the last 4 years, I thought I knew what to expect, but turns out, I learned a couple things that might be valuable to you.

1) Lack of consistency: The prep on the bottle is not the same as the prep instructions from the provider! In what other scenario do you go to the pharmacy to pick up a prescription and the instructions on the container are not the ones you are supposed to use? Let's work to change that!

2) Clear Instructions: It's super important to have a verbal conversation about the prep. The patient, even one who was a teacher for 40+ years, does not read the instructions that are sent in a letter or an email. Refer to #1.

3) Clear Communication: The term "MAC anesthesia" sure sounds a lot like "max anesthesia", which the patient, in this case, assumed that they meant the maximum anesthesia. She does not do well with general anesthetic and was ready to get dressed and walk out, had I not been able to interpret this for her. It also frustrated the gastroenterologist, nurse, and the nurse anesthetist that she would refuse. Refrain from using this acronym!

There were other little things, but these were ones I think are easy to fix. The good news: no polyps!

"It's incredible to realize how much investment there is in getting each person screened in North Dakota."
Charlie Hackworthy, Exact Sciences

DASHBOARD

Sensitivity and Specificity of most commonly used stool tests:

Stool Test	Manufacturer	Sensitivity for Cancer	Specificity for Cancer
OC Auto-FIT	Polymedco	65%-92.3%	87.2%-95.5%
OC-Light iFOB Test	Polymedco	78.6%-97.0%	88.0%-92.8%
Hemosure One-Step IFOB Test	Hemosure, Inc.	54.5%	90.5%
Cologuard	Exact Sciences	92.3%	89.8%

Reference: Clinician's Reference Stool-Based Tests for Colorectal Cancer Screening

FEATURED RESOURCE

New from the National Cancer Institute!
Colorectal Cancer Risk Assessment Tool

The calculator is designed for doctors and other health care providers to use with their patients. The calculator estimates the risk of colorectal cancer over the next five years and the lifetime risk for men and women who are:

- Between the ages of 45 and 85
- White
- Black/African American
- Asian/American/Pacific Islander
- Hispanic/Latino

It takes about five minutes to complete.
Learn more here: https://ccrisktool.cancer.gov/

UPCOMING EVENTS

NDSRSCI Orientation Office Hours
(Orientation/Q&A for providers, staff, reception, billing, etc. All are invited!)

- Thursday, July 11 | 4-4:30 pm
- Tuesday, July 23| 10-10:30 am
- Wednesday, August 7 | 8-8:30 am
- Friday, August 23 | 9-9:30 am

Meeting Link: **Click Here**

NEWS

FDA Advisory Committee Strongly Recommends Approval for Guardant Health Blood Test for Colorectal Cancer.
Guardant Health Perspective | June 11, 2024
Learn More: **Link**

FUN FACT

Did you know drinking > 4 Cups of coffee per day is associated with a 32% reduction in CRC recurrence and all-cause mortality?

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