

Colon Cancer Screening Practices in a Rural Community

RMED Community Oriented
Primary Care Project

Purpose:

- The purpose of this survey of rural physicians and nurse practitioners is to determine the awareness of colon cancer screening guidelines and screening habits of rural primary care providers.

Methods:

- In order to determine the awareness of different colon cancer screening guidelines and assess the screening habits of 9 local physicians and 3 nurse practitioners, an anonymous survey was mailed to each.
- Individual surveys were returned in identical envelopes and responses were recorded based on the responses to the survey.
- Two of the nine physicians were gastroenterologists who provide care in the local hospital as well as other areas. The gastroenterologists were instructed to base their answers only on patients they see at Perry Memorial Hospital in Princeton, IL.
- In order to determine primary care screening habits vs. referrals to specialists and to eliminate the possibility of a physician who does not care for an at risk population, the question “Do you provide primary health care to people over the age of 50?” was included and used to separate the specialists for the purpose of determining incidence and prevalence found by primary care physicians and nurse practitioners.

Results:

- 10 surveys returned
- Avg. practice size = 2594
- 22 new cases of cancer last year in primary care office
- Incidence 0.00113 (22/19500)
- Prevalence 0.0086 (167/19500)
- All primary care physicians do flexible sigmoidoscopy.
- Only the 2 gastroenterologists do colonoscopy.
- All ten are aware of the American Cancer Society Guidelines and all but 1 follow it (90%)

American Cancer Society Guidelines for early detection of Colon Cancer

Adults > 50 years old should have at least 1 of the following:

- Yearly fecal occult blood test (FOBT) and/or flexible sigmoidoscopy every 5 years.*
- Colonoscopy every 10 years.
- Double contrast barium enema every 5-10 years.



* FOBT together with flex sig is preferred. All positive tests warrant follow-up colonoscopy.

Discussion:

Physicians in this community appear to be aware of and follow the American Cancer Society guidelines for early detection of colon cancer (90% following these guidelines). Furthermore, 8 of 10 physicians follow the more strongly recommended combination of fecal occult blood testing along with flexible sigmoidoscopy every 5 years, or colonoscopy every 5-10 years.

One of the reasons I initially chose this project was that many physicians and local leaders felt that there was a high prevalence of colon cancer in the community. The results of this support this claim. The number of new cases (22) in such a small population is significantly higher than one would expect. According to the most recent data available (1994-97) on the American Cancer Society website, the expected incidence of colorectal cancer in Illinois is around 57 per 100,000 or incidence 0.00057. There are a variety of reasons which may help explain the apparent high incidence besides the conclusion that this is a true “hot spot” for colon cancer. First a survey of physicians is not the best way to determine true incidence of a disease (and this was not the primary goal of this survey). True incidence is also better approximated by averaging several years data together rather than just one year, especially in such a small population. Another possible explanation could be that heightened awareness of colon cancer of both the general public and local physicians may contribute to the apparent high incidence, since physicians may be screening more people in recent years and finding many cases which otherwise may have been going unnoticed in previous years. If the later is the case then all of this early detection and treatment for pre-cancerous polyps should eventually lower the overall incidence and prevalence similar to that seen in the national trend over the last 10 years.

To help promote colon cancer awareness in Princeton, I also set up an awareness booth outside the local Wal-Mart. I handed out information on colon cancer and discussed screening options with several persons over 50 years old. I also handed out 20 fecal occult blood tests provided by the Bureau County Health Department. Due to the anonymous nature in which these tests were handed out and the anonymous way in which the health department records them, there is no way to determine if these 20 tests led to any further work-ups or diagnosis.