



## PURPOSE

- Increase colorectal cancer (CRC) screenings at an underserved suburban primary care clinic located in Kernersville, NC, through patient education which enhanced shared decision making between the patient and their primary care provider (PCP).

## BACKGROUND

- Colorectal cancer (CRC) is the second leading cause of cancer death and third most diagnosed cancer in the United States.
- Primary care providers play a critical role in educating patients on screening options and placing screening orders as well as encouraging adherence to recommendations.

## METHODS

- For 3 months, an educational handout developed by the American College of Gastroenterology (ACG) was given to patients, aged 45-75, who were checking in for their physical.
- Providers were also given a pocket guide with updated CRC screening guidelines.
- Aggregated data was collected through Tru North Metrics.

**COLORECTAL CANCER: You Can Prevent It**

COLORECTAL CANCER PREVENTION *by the Numbers*  
from the AMERICAN COLLEGE OF GASTROENTEROLOGY ACG

**3RD** In the United States, colorectal cancer is the third most common cancer in both men and women, yet it is one of the most preventable types of cancer.

**1 in 23** Lifetime risk of colorectal cancer for men

**1 in 25** Lifetime risk of colorectal cancer for women

**150,000+** Estimated new cases of colorectal cancer this year

**50,000+** People will die from colorectal cancer this year

**1990** It has been estimated that people born around 1990 have twice the risk of colon cancer and four times the risk of rectal cancer than those born around 1950. While the reasons for these trends are complex, experts suggest unhealthy diet and sedentary lifestyle may contribute.

**SCREENING Saves Lives**

**AGE 45 TO 75** Adults at average risk for colorectal cancer should get screened

**AGE 75+** The decision to continue screening should be personalized in adults over age 75

**10 VS. 1** In general, colonoscopy every 10 years starting at age 45 for average risk adults is recommended as a screening test as compared to the alternate stool FIT test which you have to undergo every 1 year.

**POLYPS** Removing polyps reduces the risk of colorectal cancer and saves lives. The power of prevention!

Learn More: [gi.org/coloncancer](http://gi.org/coloncancer)  
Find a gastroenterologist near you: [gi.org/find-a-gastroenterologist](http://gi.org/find-a-gastroenterologist)  
Read ACG 2021 Colorectal Cancer Screening Guidelines: [bit.ly/ACG2021-CRC-Guideline](http://bit.ly/ACG2021-CRC-Guideline)

American College of Gastroenterology | [gi.org](http://gi.org) | Follow ACG on Twitter: @AmCollegeGastro

## RESULTS

Year	2022	2023
August	60%	69.59%
September	63.25%	75.29%
October	62.75%	71.98%

- The findings of the project were higher compared to the same months from the previous year.
- There were some limitations, such as miscommunication between front staff, CMAs, and float staff, as well as staffing shortages.

## CONCLUSIONS

- Allowing patients more time to read over the educational brochure prior to the provider entering the room allowed more time for shared decision making.
- Recommendation was made to provide colorful, laminated copies to be posted in all patient rooms for continued education related to CRC screenings.

## References

