Does Decision Support by Phone Increase Colorectal Cancer Screening in Hispanic Patients?

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What was the research about?
Colorectal cancer is the second leading cause of cancer deaths among US patients who are Hispanic. Screening can help find this cancer early, when it is easier to treat. Doctors mainly use two screening tests:

- A stool blood test kit. People who use this test collect samples of their stool at home and mail them to a lab. The lab tests for blood in the stool, which can be an early sign of colorectal cancer.

- A colonoscopy. In this test, doctors insert a long, flexible tube into the rectum and large intestine, or colon. A camera at the end of the tube lets doctors see changes in the colon that may indicate cancer.

In this study, the research team compared two ways to encourage Hispanic patients to get a screening test. In one way, the team mailed patients a stool blood test kit and information about how to schedule a colonoscopy. In the other way, patients got the same mailing plus a phone call to help patients decide which screening test was better for them and help them get their preferred test.

What were the results?
Compared with patients who received only the mailing, patients who also received a phone call were more likely to get a screening test for colorectal cancer in the next year.

Patients who received the phone call did not know more about colorectal cancer and screening than those who received only the mailing.

Who was in the study?
The study included 400 Hispanic patients ages 50–75 who were overdue for colorectal cancer screening. Of these, 59 percent were women, and 69 percent were ages 50–59. In addition, 83 percent spoke Spanish at home. All patients went to one of five doctors’ offices in southeast Pennsylvania.

What did the research team do?
The research team assigned patients by chance to one of two groups. In the first group, patients got a mailing that included a letter from patients’ doctors encouraging patients to get a screening, a brochure about colorectal cancer screening tests, a stool blood test kit, and instructions for scheduling a colonoscopy. The materials were in English and Spanish. The team mailed a reminder after 45 days if patients hadn’t done either screening test.

In the second group, patients received the same mailing and follow-up. In addition, a staff member called them a week after the mailing. During the call, the staff member

- Reviewed the mailed materials
- Used an online guide to help patients figure out what was keeping them from having a screening test
• Created a screening plan and sent it to the patients and their doctors
• Reviewed instructions with patients who wanted to do a stool blood test
• Scheduled a prescreening clinic visit if patients wanted a colonoscopy

After one year, the research team looked at health records to see if patients had done either test. The team also surveyed patients by phone six months after the study started. The survey asked patients what they knew about colorectal cancer and screening.

A group of patients, Hispanic community leaders, and doctors reviewed the study plan and gave feedback to the research team.

What were the limits of the study?
The study included Hispanic patients from five doctors’ offices in one healthcare system in one state. The results may be different for Hispanic patients in other healthcare settings or in different parts of the country. Future research could look at phone support for getting a screening test with people from other places or backgrounds.

How can people use the results?
Health systems could use phone support to help Hispanic patients get screening tests for colorectal cancer.

To learn more about this project, visit www.pcori.org/Myers142.