

INTRODUCTION

CONTEXT

- Colorectal cancer (CRC) is a leading cause of cancer-related mortality.
- Only ~50% of eligible Albertans participate in screening (fecal immunochemical test [FIT]).
- Primary care clinics in Alberta can now distribute FIT kits directly to patients (in-clinic FIT).
- In-clinic FITs may reduce screening barriers and increase screening participation.

OBJECTIVE

To determine if in-clinic distribution of FITs to patients affiliated with an Edmonton primary care clinic increases CRC screening rates.

METHODS

DESIGN

Prospective cohort study with two cohorts:

1. Overdue: Screening due >1 year ago.
2. Due: Screening due ≤1 year ago.

PARTICIPANTS

- Average-risk patients
- Aged 50 to 74 years
- Overdue or due for screening

Exclusion: ≤30 days between receiving the FIT kit and data extraction.

INTERVENTION

Two physicians provided FIT kits to consecutive patients seen during regular appointments in the fall of 2023.

Variables extracted from clinic EMR:

- Age
- Sex
- Date of prior CRC screening
- Date FIT provided
- Date FIT completed

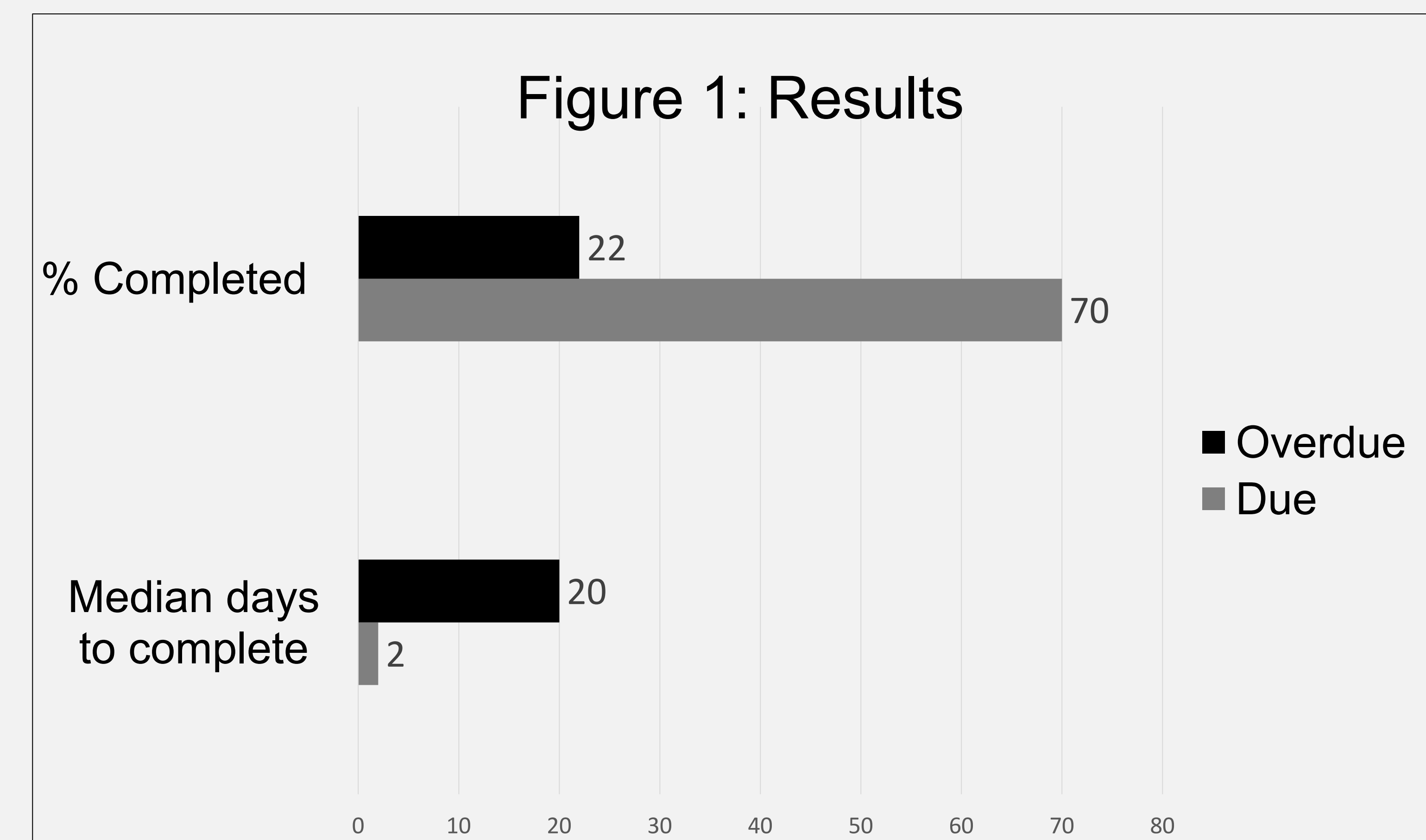
OUTCOME

CRC screening % in each cohort.

RESULTS

Table 1: Cohort characteristics

	Overdue (n=9)	Due (n=10)
% Female	56%	80%
Mean age (IQR)	57 (IQR 53-62)	60 (IQR 50-60)
Median time from previous screening (years)	6.0 (IQR 3.6-7.9)	2.0 (IQR 1.6-2.1)



CONCLUSION

- In-clinic FIT improves participation for individuals who do not screen regularly; however, it appears significant barriers still exist.

NEXT STEPS

- Expanding the distribution of in-clinic FITs to all physicians at the clinic.
- Outreach screening for patients without an upcoming appointment.
- Electronic reminders to patients in combination with the in-clinic FITs.