Biennial Stool Testing Reduces Death From Colorectal Cancer

Mailing testing kits to people's homes lowers costs and increases screening.

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Regular stool testing lowers the risk of death from colorectal cancer, according to a recent study. Moreover, sending Medicare enrollees reminders with an additional test kit not only improves cost effectiveness but also ramps up the screening rate for this type of cancer.

Colorectal cancer screening can detect the condition earlier, when it is easier to treat. The U.S. Preventive Services Task Force recommends that adults between ages 50 and 75 should undergo regular screening (the American Cancer Society puts the starting age at 45), but a third of eligible Americans do not keep up with recommended screenings.

Although colonoscopy is considered the gold standard for colorectal cancer detection, this procedure is invasive and uncomfortable and requires advance preparation. The fecal occult blood test (FOBT) and fecal immunochemical test (FIT) look for blood in the stool. Individuals use a test kit to take a stool sample at home and mail it to a lab. Studies have shown that biennial FOBT screening lowers the risk of death from colorectal cancer.

Aasma Shaukat, PhD, MPH, of the University of Minnesota, and colleagues carried out a study to analyze the long-term impact of screening on colon cancer–specific and all-cause mortality in various age groups and both sexes. The team used data from two large randomized trials of individuals who underwent biennial screening and had 30 years of follow-up data on mortality. Their findings were published in Clinical Gastroenterology and Hepatology.

In a different study, Stephanie B. Wheeler, PhD, MPH, of the University of North Carolina at Chapel Hill, and colleagues compared the cost effectiveness of mailing a screening reminder alone or together with an FIT kit. While studies have found that mailed reminders for colorectal cancer screening using FIT are effective within the Medicaid population, their economic feasibility with or without a testing kit is not well studied.

So the team compared the cost of sending a reminder alone with that of sending a reminder plus an FIT kit over a one-year period. The analysis was based on 35,000 Medicaid recipients between ages 52 and 64 in a randomized trial. Results were published in Cancer.

In the first study, researchers found that FOBT screening reduced death from colorectal cancer by 16% and from any cause by 2%. Among those who were regularly tested, the drop in deaths was greater for men than for women. The largest drop was seen in men between ages 60 and 69 and women 70 years old and older who underwent regular screening.

In the second study, the researchers reported higher screening rates, counting FIT and screening colonoscopies, when both the reminder and the kit were mailed (23%) compared with only the reminder (16%). The team found that lower costs and higher screening rates were associated with the combined package from the Medicaid or state perspective. This is because people who received the reminder might schedule a more expensive colonoscopy that would need to be reimbursed by Medicaid, instead of a lighter-on-the-pocket FIT. From the health facility standpoint, the combination added a cost of $116 per person screened, a value that decision-makers are likely willing to swallow if it means another person is tested for the cancer.

“By investing in sending the test kits with the reminder letters, health departments are expected to successfully screen more individuals for colorectal cancer at relatively low incremental costs, and Medicaid organizations are expected to actually save costs per additional person screened,” Wheeler said in a press release. “This analysis provides strong evidence that health departments and payers like Medicaid can substantially improve colorectal cancer screening in low-income and medically underserved populations at a reasonable cost, even given limited budgets, through the implementation of mailed FIT programs.”

Click here to read the abstract in Clinical Gastroenterology and Hepatology.

Click here to read the abstract in Cancer.

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