

## Acceptance of a Risk Estimation Tool for Colorectal Cancer Screening

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### Abstract:

While colonoscopy is the most prevalent screening test for colorectal cancer (CRC), it is often too expensive, too uncomfortable, or too time-consuming for patients. Non-compliance is common. Recently, fecal immunochemical testing (FIT) has become a guideline-recommended alternative. The FIT is a non-invasive, inexpensive method that requires no uncomfortable preparation by patients. The decision to recommend the colonoscopy or the FIT is based on the patient's estimated risk for CRC.

Several countries have created risk prediction tools to help identify patients at high risk for advanced colorectal neoplasia (the combination of CRC and advanced, precancerous polyps). A U.S.-based prediction tool was recently published<sup>1</sup> that uses five easily and reliably measured factors (age, sex, a first degree relative with CRC, waist circumference, and cigarette smoking history) to quantify risk. We aimed to learn the impressions of clinicians and patients to this risk estimation tool.

In the first phase of this study, we used a semi-structured format to interview clinicians at a VA medical center and a non-VA hospital. Using a paper prototype of the risk estimation tool, we asked about its usefulness to estimate risk and to aid their selection of a CRC screening tool. Using a grounded theory approach, we analyzed the interview transcripts and identified major themes. We found that clinicians thought the tool was clear and easy to use. However, they are unlikely to use it as a decision aid until FIT is more widely-endorsed as an acceptable alternative screening test. In phase two of the study, we will interview patients to assess their responses to the tool.

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<sup>1</sup> Imperiale TF, Monahan PO, Stump TE, Glowinski EA, Ransohoff DF. Derivation and Validation of a Scoring System to Stratify Risk for Advanced Colorectal Neoplasia in Asymptomatic Adults, a Cross-sectional Study. *Ann Intern Med.* 2015 Sep 1;163(5):339-46.