

2nd International Conference on

Internal Medicine & Hospital Medicine

September 13-14, 2017 Dallas, USA

Use of newer stool based methods to screen for colorectal cancer: perceptions and practices of faculty primary care physicians**Mohan Akansha¹, Aggarwal Anjali¹ and Humadi Sahira²**¹Baylor College of Medicine, Texas²Eastern Virginia Medical School, Virginia

Introduction: Only about 62% of patients 50 years or older get screening for colorectal cancer (SCRC). In a 2008 national survey, 95% of primary care physicians (PCPs) recommended colonoscopy for SCRC. We surveyed PCPs who are medical school faculty to understand whether there is trend towards newer stool based methods (SBMs) to increase screening rates.

Methods: An online Google survey was sent by email to PCPs at Family Medicine (FM) and Internal Medicine (IM) residency programs at Baylor College of Medicine and to a FM residency program at Eastern Virginia Medical School.

Results: Of the 42 responses received, 60% were from FM; the setting was academic in 68%; 63% had been PCPs for over 10 years; 65% estimated that their rate of SCRC was at national average; 38% under-estimated survival in advanced CRC; 38% thought colonoscopy was the same or only slightly better than SBP for SCRC; and 41% used SBP for SCRC. Among SBM their preference was 17%, 61%, 22% respectively for fecal occult blood testing (FOBT), fetal immunochemical testing (FIT), and Cologuard. 24% PCPs had previously ordered Cologuard but 83% did not know if the expense of Cologuard was worth it. 19% did not prefer colonoscopy for SCRC. The highest reason (in 66% PCPs) of preferring colonoscopy was the ability to biopsy. Only 52% agreed that SBM should only be done if patients decline colonoscopy, and 92% agreed that SBMs should be done if patients declined colonoscopy. Their most common estimates respectively for annual FOBT (three samples), annual FIT (one sample), Cologuard every 3 years and colonoscopy every 10 years were 50-75%, 75-90%, 75-90% and >90% for sensitivity for SCRC, <50%, 50-75%, 75-90%, and >90% for sensitivity for screening for advanced adenomas, and 50-75%, 50-75%, 75-90% and >90% for specificity for SCRC. In other SCRC methods (ordered by PCPs in over 5% patients) flexible sigmoidoscopy, CT Colonography and double-contrast enema were ordered by 72%, 11% and 22% PCPs respectively. 21% PCPs had under-estimated by five times and 31% had over-estimated by 5 times the risk of perforation and bleeding in screening colonoscopy.

Discussion: Although PCPs correctly believed that colonoscopy is >90% sensitive and specific, 38% PCPs did not rate it much better than newer SBPs and 19% did not prefer colonoscopy for SCRC. This snapshot suggests that colonoscopy may be losing the pedestal that it has had.

rmkk20@yahoo.com