



## **Detection of Colorectal Cancer: Developing strategies to provide hands-on, supervised experience in flexible sigmoidoscopy for practicing providers**

### **Project Information Sheet – May 2004**

#### ***Project Overview***

The main objective of this study is to evaluate need for and the feasibility and effectiveness of a method of training rural primary care physicians and other providers and physicians who work with underserved populations regardless of urban/rural location in the procedure of flexible sigmoidoscopy for the purpose of colorectal cancer screening. Professional organizations recommend hands-on experience with 15 to 25 patients supervised by a skilled and experienced endoscopist before performing flexible sigmoidoscopy independently. This project will develop strategies for providing that training and will evaluate a training program for physicians. Enrolled physicians will undergo didactic, simulator, and proctored training on the use of sigmoidoscopy for colorectal cancer screening.

#### ***Why? A description of the health problem***

Prevention and early detection of colorectal cancer through screening and removal of adenomatous polyps is a major component of cancer control programs advocated by professional organizations and the American Cancer Society (ACS). The ACS goals for the Year 2015 include reduction of cancer mortality by 50% and cancer incidence by 25%. ACS colorectal cancer screening guidelines call for everyone over 50 to be regularly screened for polyps and cancer, yet fewer than 30% of Americans over age 50 are being screened. Prior research has shown that it is possible to increase the rates of screening using fecal occult blood testing. Fewer studies have been done to determine methods to increase sigmoidoscopic screening rates, particularly in rural areas where access to facilities and endoscopically-skilled physicians may be limited. Enhancing the capacity of primary care physicians to deliver high-quality sigmoidoscopic screening within the local community will increase access to, and use of, screening.

#### ***Benefits of participation***

It is expected that providers who undergo this training will become more proficient in the flexible sigmoidoscopy procedure and will be able to continue to provide this service in their own communities after the study is completed. This may result in colorectal cancer screening becoming more accessible in rural communities in Colorado, which could reduce morbidity and mortality due to colorectal cancer. Physicians are eligible to receive up to 22 hours of approved CME from the AAFP.

#### ***Study update***

In 2002, we developed the training materials and syllabus for the didactic portion of the study and developed a website for trainees to complete the training on-line if they desired. We also acquired two simulators from the CDC. A needs assessment was conducted on all rural physicians in the state of Colorado to ascertain interest and current colorectal screening practices in the state. Physicians (63) who indicated interest were then contacted about the program.

Training of providers began in 2003. To date, two rural providers have successfully completed all 3 portions of the training. Fifteen rural providers have completed the didactic and simulator portion of the training, and 3 other rural providers completed the didactic portion of the training but due to the competing demands of a busy office, opted not to continue with the training. Two others have moved out of state. In January 2004 we opened the training to urban providers who work with underserved populations and have since enrolled 5 more providers.

Ten trainee providers have performed flex sigmoidoscopies on over 120 patients thus far and several other trainees are expected to begin the proctoring portion in May 2004. Five providers have used the web site for the training and all providers have used the website to take a visual recognition test.

Following each flex sig, patients are given an anonymous survey evaluating the exam and the providers. They are asked to fill it out and return in a self addressed business reply envelope following the exam. We have received back 81 surveys so far.

In 2003, we were granted a no-cost extension to complete the project in 2004. This was because of the time-consuming nature of the proctorship portion. All physicians are expected to complete the simulator cases by the end of June 2004 and begin the proctoring portion of the training. Proctoring is expected to be completed by the end of August. Physician trainees are asked to keep a sustainability log of all flex sigmoidoscopy cases they perform in their offices for 1 year following successful completion of the training.

### ***Time line***

2002-2003: Development of syllabus/Recruitment of study physicians  
2002-2004: Classroom and simulator training  
2003-2004: Hands-on supervised proctorship training  
2003-2004: Conduct data analysis to assess effectiveness of training program  
2004-2005: Collect follow up sustainability data for one year following completion of training.

### ***Investigators***

Principal Investigator: Mark Deutchman, MD, Co-Investigators: Dennis Ahnen, MD; Tim Byers, PhD. Becky Van Vorst (project manager), Lori Crane, PhD (Evaluation), Joe McGloin, MS (Statistician).

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