

INTRODUCTION:

The NCI-Designated Cancer Centers (NCC) are the authority on cancer education for both health care professionals and patients. These centers serve as the primary source of information and guidance for patients on current age-appropriate cancer screening guidelines. Due to a higher incidence of colorectal cancer (CRC) in younger adults, the American Cancer Society (ACS) has decreased the age at which to begin screening to 45 years-old in average risk adults. We aimed to analyze the websites of 71 NCC to determine whether or not these websites provide information on all possible screening modalities as well as if one screening modality is more emphasized than another.

METHODS:

We reviewed the websites of 71 NCC and performed a systematic content analysis.

In particular, we recorded if each NCC website mentioned the following as options for CRC screening:

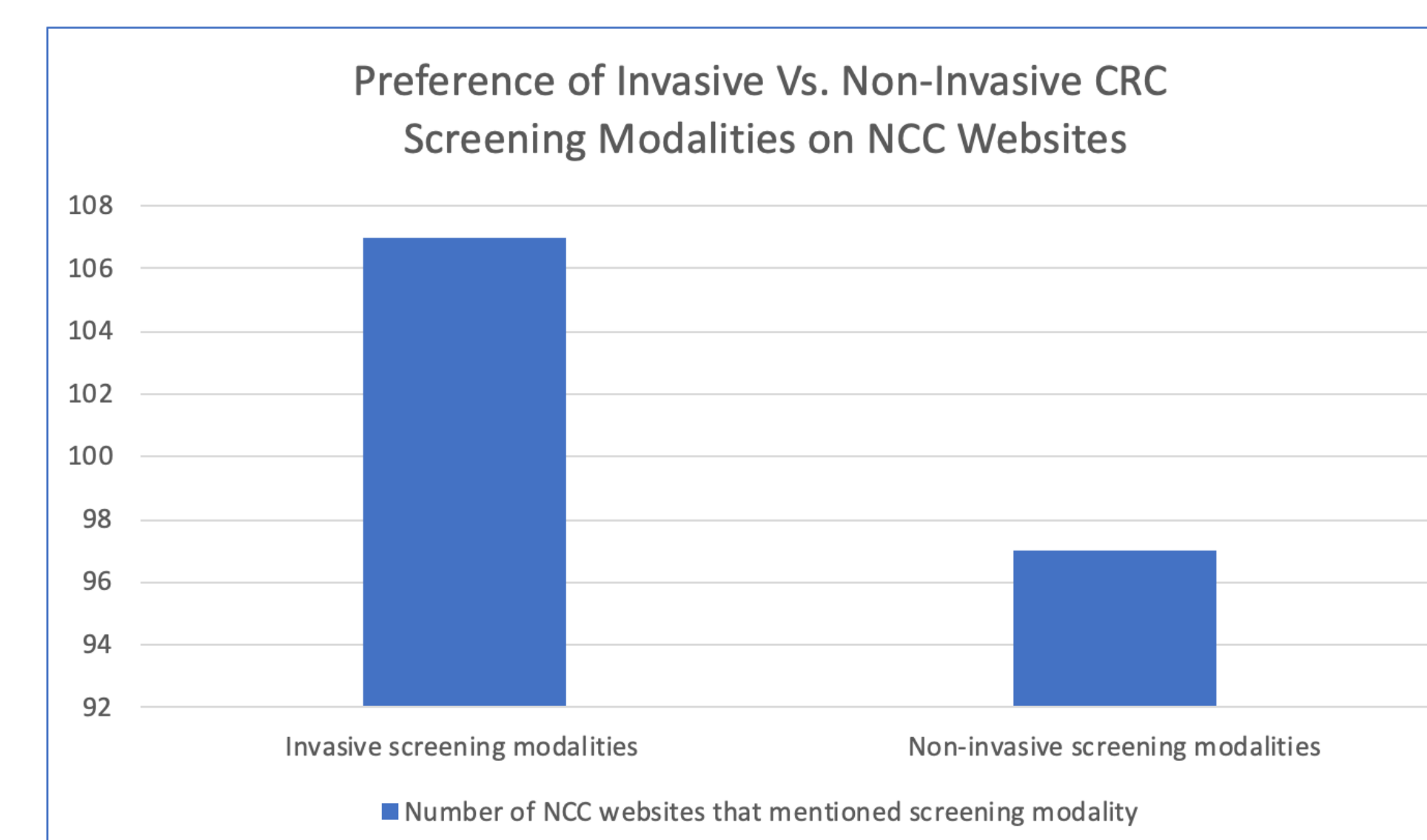
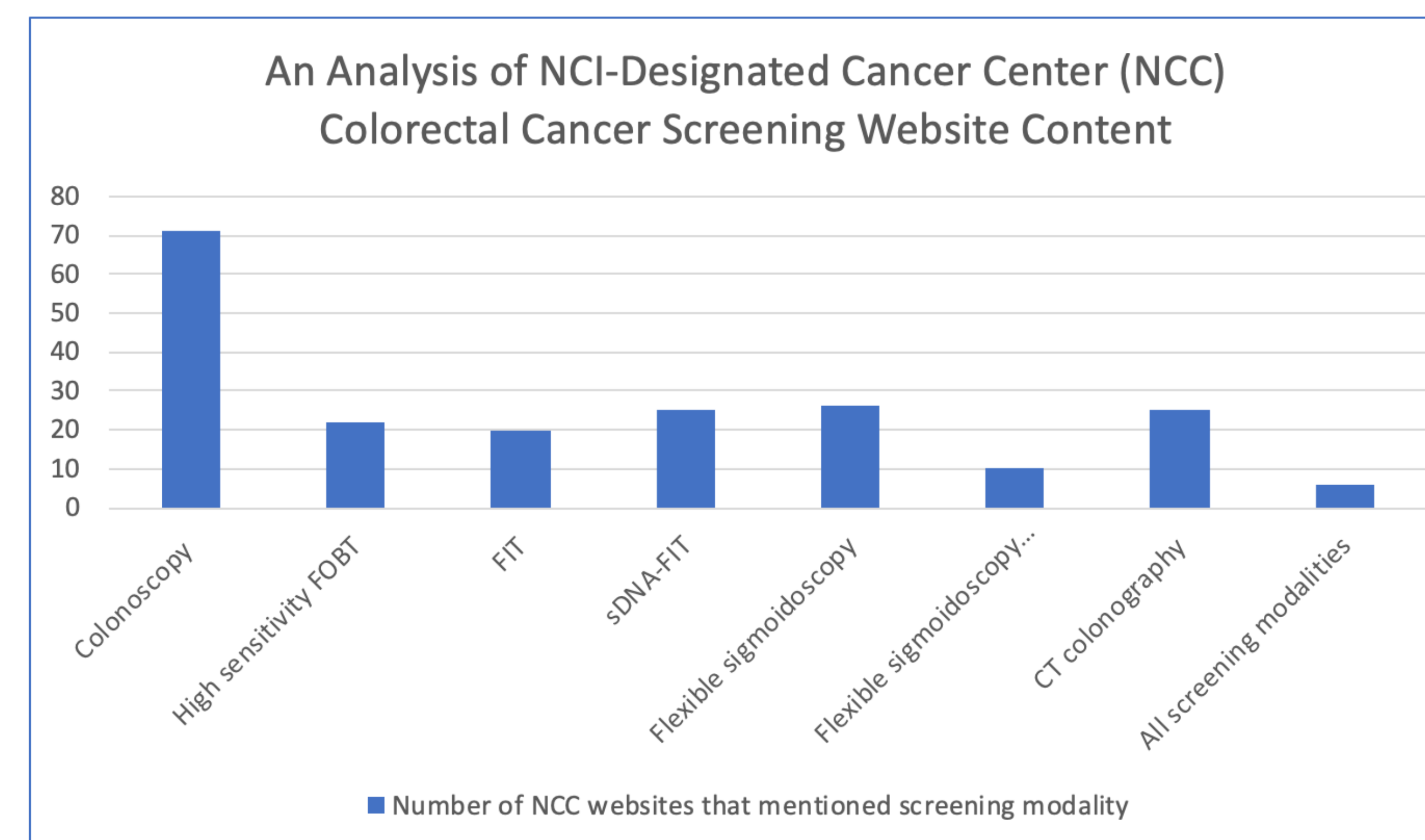
1. high sensitivity FOBT
2. FIT
3. sDNA-FIT
4. colonoscopy
5. flexible sigmoidoscopy
6. flexible sigmoidoscopy with FIT
7. computed tomography (CT) colonography

Special notation was made of NCC websites that discussed all possible screening modalities as well as of websites that described the associated risks and benefits of CRC screening.

RESULTS:

In totality, of the 71 NCC websites, only 8.4% (6/71) mentioned all seven possible screening modalities.

All 71 websites, however, specifically cited the role of colonoscopy in screening for CRC.



In terms of non-invasive testing, 42.3% of NCC websites (30/71) discussed high sensitivity FOBT, 30.9% (22/71) discussed FIT, 28.2% (20/71) discussed sDNA-FIT, and 35.2% (25/71) discussed CT colonography.

In terms of invasive testing aside from colonoscopy, 36.6% (26/71) cited flexible sigmoidoscopy as an option for CRC screening and 14.0% (10/71) cited flexible sigmoidoscopy with FIT.

CONCLUSIONS:

Overall, less than 10% of the NCC mention all possible options for CRC screening on their websites.

This represents a missed educational opportunity for both patients and health care professionals. As hypothesized, these websites primarily emphasize the role of colonoscopy in detecting CRC.

Additionally, less than half of the NCC websites referenced non-invasive testing options for CRC screening, which is unfortunate as these options may be an important consideration for patients who are either high-risk for or unwilling to undergo a colonoscopy.

We believe that educating patients about all of the various options for CRC screening may help increase screening adherence for CRC in the long-term.

REFERENCES:

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