Assessment of Fecal Immunochemical Test (FIT) Return Rates in the Underserved Population

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Background

Colorectal cancer is the third most common cancer diagnosis in men and women and the third leading cause of cancer-related deaths in the United States (1).

The global burden is expected to increase by 60% to more than 2.2 million cases and 1.1 million deaths annually by 2030 (2).

The risk in persons with the lowest socioeconomic status is 30% higher compared to those with the highest (2), making efforts to properly screen even more important.

Effective screening is hard and was challenging to achieve at a local community clinic.

The purpose of this study is to determine barriers with fecal-based screening in the community setting of an underserved population and explore potential solutions.

Methods

In 2022, Cornell Scott-Hill, a Patient-Centered Medical Center that serves the New Haven, CT neighborhoods, mailed over 9,700 FITs to all eligible patients in their clinic with a return of 1,300 FITs (13%).

In 2023, a list of 3,100 patients selected randomly from those who did not return their FIT were called to first assure if they had received the FIT.

Those who responded were invited to complete a telephone survey to determine any potential barriers to screening and to inquire about solutions to increase future FIT return rates. During the summer of 2023, 1,188 patient phone calls were made, and 300 individuals answered the call and completed a questionnaire (25%).

Results

In the population interviewed, 73% suggested they did not receive their FIT test in the mail, 23% say they did, and 4% did not answer the question.

Among those who did not receive a test, 87% still lived at the address that the test was sent to.

Of those who received the test, only 20% performed the test and returned it. Yet, 69% of people who did not complete the test, would like to have another FIT test sent to now complete it.

Conclusion

This community-based, follow-up cohort study provides insights to the low return rate of FIT tests in 2022.

Overall poor return rates are partially due to inefficient delivery and possibly need for more education and contact with recipients to encourage performing and returning their test.

The results have the potential to allow formulating specific interventions that can be implemented at Cornell-Scott Hill in the future to help more people in the greater New Haven area have access to colorectal cancer screening.

Additionally, it may lead to practical ideas to increase screening rates in underserved communities.

References
