Failure of Automated Telephone Outreach With Speech Recognition to Improve Colorectal Cancer Screening

A Randomized Controlled Trial

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What is Colorectal Cancer?
Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer, for short. As the drawing shows, the colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

It’s the Second Leading Cancer Killer
Colorectal cancer is the second leading cancer killer in the United States, but it doesn’t have to be. If everybody age 50 or older had regular screening tests, at least one-third of deaths from this cancer could be avoided. So if you are 50 or older, start screening now.

Who Gets Colorectal Cancer?
• Both men and women can get colorectal cancer.
• Colorectal cancer is most often found in people 50 and older.
• The risk for getting colorectal cancer increases with age.

Are You at High Risk?
Your risk for colorectal cancer may be higher than average if:
• You or a close relative have had colorectal polyps or colorectal cancer.
• You have inflammatory bowel disease.

People at high risk for colorectal cancer may need earlier or more frequent tests than other people. Talk to your doctor about when you should begin screening and how often you should be tested.

Screening Saves Lives
If you’re 50 or older, getting a screening test for colorectal cancer could save your life. Here’s how:
• Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn’t be there.
• Over time, some polyps can turn into cancer.
• Screening tests can find polyps, so they can be removed before they turn into cancer.
• Screening tests can also find colorectal cancer early. When it is found early, the chance of being cured is good.

Colorectal Cancer Can Start With No Symptoms
People who have polyps or colorectal cancer sometimes don’t have symptoms, especially at first. This means that someone could have polyps or colorectal cancer and not know it. That is why having a screening test is so important.

What are the Symptoms?
Some people with colorectal polyps or colorectal cancer do have symptoms. They may include:
• Blood in or on your stool (bowel movement).
• Pain, aches, or cramps in your stomach that happen a lot and you don’t know why.
• A change in bowel habits, such as having stools that are narrower than usual.
• Unexplained weight loss.

If you have any of these symptoms, talk to your doctor. These symptoms may also be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.
Types of Screening Tests

There are several different screening tests that can be used to find polyps or colorectal cancer. Each one can be used alone. Sometimes they are used in combination with each other. Talk to your doctor about which test or tests are right for you and how often you should be tested. Most of the tests require a preparation consisting of taking a laxative or enema a day or so before the procedure in order to clear the bowel of stool. When you schedule a screening you will be given specific instructions on the necessary preparation.

Fecal Occult Blood Test or Stool Test

For this test, you receive a test kit from your doctor or health care provider. At home, you put a small piece of stool on a test card. You do this for three bowel movements in a row. Then you return the test cards to the doctor or a lab. The stool samples are checked for blood.
How Often: This test should be done every year.

Flexible Sigmoidoscopy

For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon.
How Often: This test is usually done every 5 years.

Fecal Occult Blood Test Plus Flexible Sigmoidoscopy

Your doctor may ask you to have both tests. Some experts believe that by using both tests, there is a better chance of finding polyps or colorectal cancer.

Colonoscopy

This test is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. Medication is given to sedate you while the procedure is being performed. During the test, the doctor can find and remove most polyps and some cancers.
How Often: This test is usually done every 10 years.

Colonoscopy may also be used as a follow-up test if anything unusual is found during one of the other screening tests.

Double Contrast Barium Enema

This test is an x-ray of your colon. You are given an enema with a liquid called barium. Then the doctor takes an x-ray. The barium makes it easy for the doctor to see the outline of your colon on the x-ray to check for polyps or other abnormalities.
How Often: This test is usually done every 5-10 years.

The Bottom Line

If you’re 50 or older, talk with your doctor about getting screened.

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### eTable 1. Codes Used to Identify Colorectal Cancer Screening

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<th>Procedure</th>
<th>CPT Codea</th>
<th>ICD-9-CM Code</th>
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<tr>
<td>FOBT</td>
<td>82270, 82274, G0107, G0328, S3890, G0104, G0106</td>
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<td>45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345</td>
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**Abbreviations:** CPT, Current Procedural Terminology; ICD-9-CM, International Classification of Diseases, Ninth Revision, Clinical Modification; COLO, colonoscopy; DCBE, double-contrast barium enema; FOBT, fecal occult blood testing; FSIG, fiberoptic sigmoidoscopy.

### eTable 2. *ICD-9-CM* Codes to Identify Colorectal Cancer and Adenomatous Colorectal Polyps

<table>
<thead>
<tr>
<th>Description</th>
<th>ICM-9-CM Code</th>
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<tbody>
<tr>
<td>Colorectal cancer</td>
<td>153.X, 154.0, 154.1, 154.2, 154.3, 197.5, 239.0, 230.3-230.6, V10.05.</td>
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<td>Adenomatous colorectal polyps</td>
<td>211.3, 211.4</td>
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**Abbreviation:** ICD-9-CM, International Classification of Diseases, Ninth Revision, Clinical Modification.