

Tennessee Hospital Initiates *Successful CRC* Program

Cumberland Medical Center (CMC) in Crossville, TN has done an outstanding job in implementing a program aimed at reducing the death rate from colon and rectal cancers (CRC). Knowing



Geneva Russell and LuElna Hall have been instrumental in developing their community's colorectal cancer screening program

their area's prevalence and death rates were above national averages, CMC and the American Cancer Society studied six counties in the Upper Cumberland Region to determine why. Surprisingly, the greatest contributing factor was the lack of education and awareness about colorectal cancer - both among patients and physicians.

They set up an intensive program of patient and physician education, starting with a free-to-the-public introductory session about colorectal cancer. Set in a local theater, Geneva Russell, RN, Endoscopy Lab Director, organized the

event, arranging for a PowerPoint presentation with Helena, getting local doctors to speak, and providing free ColoCARE screening kits. Following the

American Cancer Society calendar, Crossville's mayor declared March "Colorectal Cancer Awareness Month" and got the community involved.

The initial program was so successful that CMC partnered with James Johnson, MD and CMC Physicians Group and expanded the push. The group now offers a weekly clinic for CRC patients. Endoscopy nurses rotate this function, meeting with patients, gathering data, scheduling colonoscopies when needed, counseling and providing a free ColoCARE kit with instructions. Most importantly, they follow up. If results aren't back

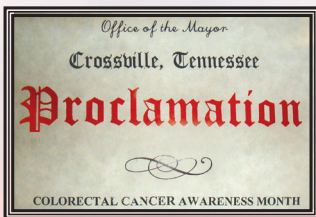
in 30 days, a nurse calls the patient. That's seldom needed because of the good initial patient education on the importance of early detection and why this simple at-home test should be done. They get a very high compliance rate and detect many potentially pre-cancerous polyps in time for treatment. Ms. Russell says, "In the first 10 months of this clinic-focused effort, we found that 25% of our patients have pathology - either polyps or colitis, and these are confirmed by colonoscopy. These are pre-cancerous, treatable cases."

Their efforts continue to expand: ColoCARE has been distributed through senior citizen groups, a local church, two annual community health fairs and numerous industrial screenings. Dr. Lou McManus and Ms. Russell hosted a radio question/answer show in nearby Pikeville and followed that with free ColoCARE distribution in the town's pharmacies.

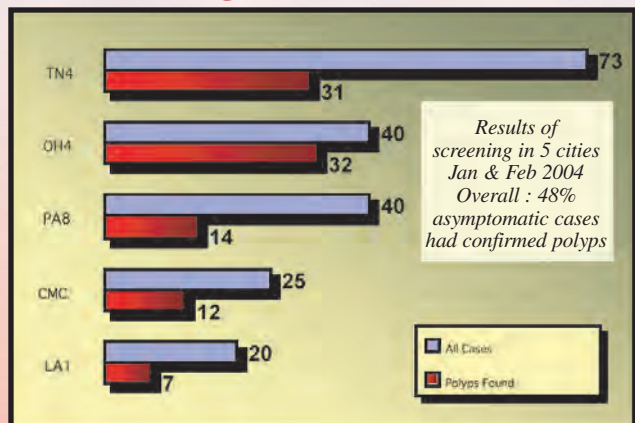
Each March, all CMC employees are given a free ColoCARE screening kit. Budgeting is sometimes a problem, but the screening is absolutely cost-effective - most strategies for CRC screening have average cost-effectiveness ratios in base-case analyses between \$10,000 and \$25,000 per year of life saved.¹



Sam Looper, Laboratory Director, firmly believes in the program.



Screening Results in Five Cities



CMC is now one of 29 organizations in 16 states participating with the Society of Gastroenterology Nurses and Associates looking at these issues. In a baseline study during January and February, 2004, of 4,122 asymptomatic patients, 38% had confirmed polyps. Results of five community hospitals similar to Cumberland show an even higher prevalence of polyps (48%), thus an even greater need for low-cost, wide-spread screening.

¹ "Cost-effectiveness Analyses of Colorectal Cancer Screening" Ann Intern Med 2002;137(2):96-104