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**Journal Title:** Journal of Patient Experience  
**Volume:** Volume 5, Number 3  
**Publisher:** SAGE Publications (UK and US): Open Access Titles | 2018-09, Pages 236-237  
**Type of Work:** Article | Final Publisher PDF  
**Publisher DOI:** 10.1177/2374373517753176  
**Permanent URL:** https://pid.emory.edu/ark:/25593/th41d

Final published version: [http://dx.doi.org/10.1177/2374373517753176](http://dx.doi.org/10.1177/2374373517753176)

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Accessed May 27, 2019 4:30 AM EDT
Patients and Providers Are Amenable to Fecal Immunochemical Testing by Digital Rectal Exam

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Abstract
Fecal immunochemical testing (FIT) for colorectal cancer (CRC) requires patients to return samples for processing, after having a spontaneously passed stool at home. This results in low completion rates (only 50% in our institution). Using stool obtained during an office-based digital rectal exam (DRE-FIT) could improve compliance, but it is not known whether patients and providers would find this option acceptable. Surveys were given to 100 physicians and 118 patients at our institution. We found that 68% of patients and 88% of providers approved of DRE-FIT making this a potentially effective way to improve CRC screening compliance.

Keywords
quality improvement, population health, patient feedback, medical decision-making, access to care

Introduction
The 2016 US Preventive Services Task Force guidelines on colorectal cancer (CRC) screening emphasize fecal immunochemical testing (FIT) as an important option, especially for patients disinterested in colonoscopy (1). The US Multi-Society Task Force (USMSTF) on CRC suggests that FIT-based screening rely only on spontaneously passed stool specimens (SPS-FIT) and not digital rectal exam samples (DRE-FIT), but this is categorized as a weak recommendation based on very low quality evidence (2). Furthermore, some FIT assays currently available have been approved by the food and drug administration for both SPS-FIT and DRE-FIT (including with use of lubrication on the examiner’s finger). We found that only 50% of patients at our institution return their SPS-FITs. While this rate is higher than FIT compliance rates quoted in the literature (3), it is still well below the national CRC screening goal of 80% by 2018 set by National Colorectal Cancer Roundtable (NCCRT). In 2015, the American Cancer Society published a study demonstrating that increasing CRC screening rates from 53% in 2013 to 80% by 2018 would result in the prevention of 277 000 new cancers and 203 000 CRC deaths through 2030 (4). The NCCRT CRC screening initiative was a result of those findings. Digital rectal exam FIT during a clinic encounter could represent an effective way to improve CRC screening rates. We sought to determine whether DRE-FIT would be an acceptable option among physicians and patients.

Methods
Anonymous surveys were given to a convenience sample of physicians at Boston Medical Center and patients aged 50 to 75 in primary care and gastroenterology clinic waiting rooms. For patients taking the survey, description of the DRE-FIT and SPS-FIT were included in the survey template. In addition, study staff distributed the surveys and clarified any remaining patient concerns regarding FIT or the survey. Respondents were asked if they would perform (physicians) or undergo (patients) DRE-FIT, what stool yield by DRE would be required to make DRE-FIT acceptable (ie, how often a DRE would yield sufficient stool for the test) and what test completion rate would make DRE-FIT superior to SPS-FIT. We administered surveys until receiving 100 responses from both physicians and patients. Our study was exempted from review by our institutional review board.

Results
Survey participation rates for providers and patients were 100% and 85%, respectively. We received surveys from 22 family

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may represent an important cost-effective method for increasing CRC screening rates.

**Declaration of Conflicting Interests**

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Dr Brian C. Jacobson is a consultant for MOTUS GI.

**Funding**

The author(s) declared the following financial support for the research, authorship, and/or publication of this article.

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**References**


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Harini Naidu was a fellow in gastroenterology at Boston Medical Center at the time of this research project. She is currently practicing as a gastroenterologist with the Emory Healthcare Network and is on faculty at Emory University.

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