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**CRC Screening Materials**

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## Screening Invitation Letter

January 17, 2018

«Honor\_Name» «First\_Name» «Last\_Name»  
«Address\_1»  
«Address\_2»  
«City», «State» «Zip»

Dear «Honor\_Name» «Last\_Name»:

As a participant in the Colon Cancer Screening Study, you recently completed a survey. The survey described screening test options and asked which test you favor. Your responses suggest that you favor colonoscopy screening and at home stool blood testing equally. The doctors at «Practice» encourage you to do one of those tests – the one that makes the most sense to you.

Your <<Practice>> Patient Assistant will call you within the next week to provide more information on your screening options. If you want to get started now:

- You can schedule a colonoscopy on your own by calling 1-877-xxx-xxx.
- OR
- You can complete and return the enclosed stool blood test kit.

Please note that colorectal cancer screening is covered by the major health insurance companies in Pennsylvania. Call you insurance carrier if you have questions.

Enclosed you will find a pamphlet on screening for your review. We have also enclosed a consent form that verifies your participation in the study.

Working with you for better health,

Lead Physician  
Practice Name

Brian Stello, MD  
Lehigh Valley Health Network  
Principal Investigator

**Talk with your neighbors about colon cancer screening.**

**Screening** saves lives. Screening tests can find colon polyps and early colon cancer.

Colon cancer can be **prevented**. If polyps are found in your colon, they can be removed before becoming cancerous.

Colon Cancer can be **cured**. If early stage cancer is found, you have a good chance of treating it.



### Take Action!

- I will choose the screening test that makes sense to me.
- I will work with my doctor's office to complete my screening test.
- I will get screened!



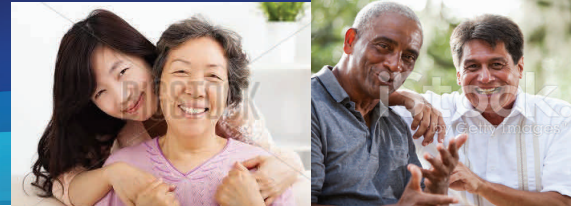
To schedule your colonoscopy call:  
1-xxx-xxx-xxxx

# Colon Cancer Screening

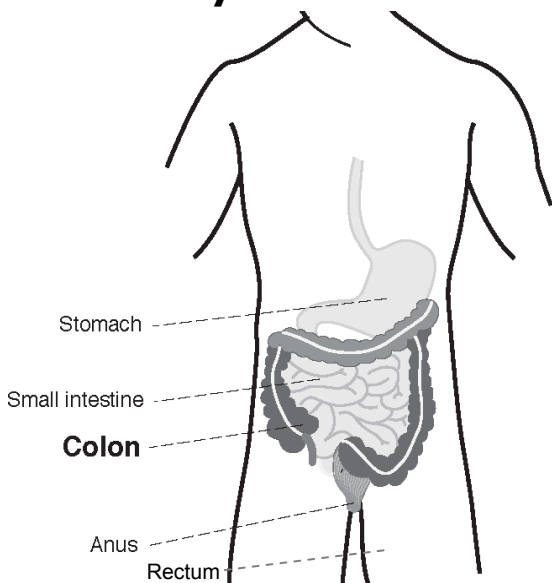


## Saves Lives!

# Get screened. It makes sense.



## Where is your colon?



## What are colon polyps?

- Polyps are growths inside the colon. They are not cancer, but sometimes can change into cancer if not removed.

## What is colon cancer?

- Colon cancer is the growth of abnormal cells inside the colon or rectum.

## Why Screen?

- You may not have any symptoms!
- You can have colon polyps or cancer and not know it.

## Who is at risk?

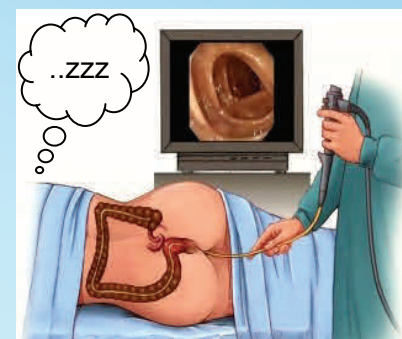
- Men and women aged 50 and older are at higher risk for colon cancer.
- 1 in 18 people will develop colon cancer in their lifetime.
- Colon cancer is the 3rd most common cancer
- Colon cancer is the 3rd leading cause of preventable death

**Don't wait for symptoms!  
Colon cancer is preventable!**

## What does screening involve?

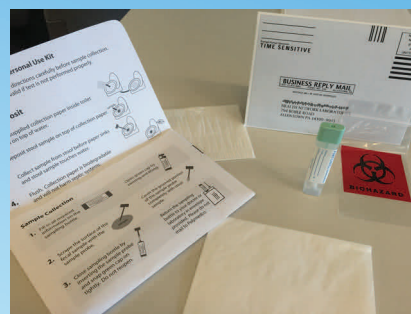
There is more than one way to screen for colon cancer. You and your doctor can choose the test that works best for you. Most major insurers cover screening, call your insurance provider to better understand the cost to you.

### Colonoscopy Every 10 Years



- You use a laxative to clean your bowel before the test.
- You are given medicine that will put you into a light sleep.
- A doctor will insert a long, narrow, flexible lighted tube to see the entire colon.
- After the screening, you will need someone to drive you home.

### Stool Blood Test Every Year



- You do this test at home.
- You put a small amount of your stool on the probe and place it in the tube.
- You mail the card using a special envelope that is provided.
- Your provider will follow-up to give you your results.

Navigation Script

Initial Mailing Date: «Interv\_Mail\_dt»

Nav End Date: «Nav\_End\_Date»

**Navigator: «Navigator»**

**ID:** «Unique\_Identifier»

**Name:** «First\_Name» «Last\_Name»

**Gender:** «Gender»

**DOB:** «DOB»

**Address:** «Address\_1» «Address\_2»

**Practice:** «Practice»

«City», «State» «Zip»

**Telephone Number:** «Phone1»

**Other Telephone Number:** «Phone2»

**Participant Preferred Test:** «Test»

**Participant Decision Stage:** «Stage»

**Email Address:** «Email\_address»

**Best Contact Day/Time:** «Best\_Call\_Time»

<b>Recording:</b> <small>(Circle One)</small>	<b>Not Offered</b>	<b>Yes, complete</b>	<b>No, Refused</b>
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**A. Navigation Call Attempts**

Day/Date	Start Time	End Time	Disposition

**Call Disposition**

Spoke with Patient: Resolved	1	Patient No Longer at this Number	5
Spoke with Patient: Not Resolved	2	Disconnected/Wrong Number	6
Left Message for patient w/other person	3	No Answer or Call w/o Leaving Message	7
Left Voice Message	4	Other (specify) _____	8

**B. Scheduled Date/Time for Follow-Up Navigation Call:** \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_am/pm  
Mo Day Yr

**C. Other comments regarding the call...**

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**If you get voice mail that asks you to leave a message:**

Hello. This message is for <NAME>. My name is \_\_\_\_\_, and I am calling on behalf of <Practice Name>. I am calling about the Colon Cancer Screening Study and the information we recently sent you. Could you please give me a call back at <Patient Assistant Phone Number>. Please leave a message and let me know when a convenient time is for me to call you back and I will return your call. Thank you and have a great day/night/weekend.

**If you get a live voice:**

Hello, my name is \_\_\_\_\_, and I am calling for <Practice Name> \_\_\_\_\_. May I please speak with \_\_\_\_\_?

**If person is unavailable:**

I'm calling about a Study supported by the practice. I would like to call back when \_\_\_\_\_ is available. Could you tell me when the best time is to reach him/her in general? (**Note the time**). Great. I will try to call back around that time. Could you please let Mr./Ms. \_\_\_\_\_ know that he/she may feel free to call me at <Navigator Phone Number> if he/she has any questions. Thank you.

**If you get the participant:****I. Introduction: Receipt and Opportunity to Review Mailed Materials**

Hello, this is \_\_\_\_\_, and I am the Patient Assistant working with <Drs. Names/Practice> to help you with colon cancer screening. This call should take about 15 - 20 minutes, do you have time to talk now?

**IF NO. Schedule time to follow up.**

**IF YES.** By agreeing to be in the colon cancer screening study, you have been selected to receive special patient assistance services, not available to everyone else. I am calling to talk with you about screening...would that be ok?...Great. (**If someone asks, "What special services?"- they include this call, the mailed materials, screening plan development and coordination with the primary care doctor.**)

A few days ago, we mailed you an envelope with materials about colon cancer screening.

1. Did you receive this envelope in the mail?
- Yes
  - No
  - Don't Know

**(NOTE, if "No or Don't Know":** OK, I can send them again, but in the meantime, I'll go over some highlights. We'd like to encourage you to read the whole thing or have someone read it with you when it arrives.) **Skip to "If NO", confirm address to send another mailing, go to section II. Pamphlet Highlights and review highlights of brochure.)**

- 1a. Have you had the chance to read the introductory letter?
- Yes
  - No
  - Don't know

- 1b. Have you had a chance to read the pamphlet?
- Yes
  - No
  - Don't know

**(NOTE, if "No or Don't Know":** I'll go over some highlights. We'd like to encourage you to read the whole thing or have someone read it with you.)

- 1c. *I'd like to just briefly highlight some of the information with you now. That way, if you have any questions, we can discuss them together. Do you have the materials available? Would you like to get them so that we can look at them together?*

**IF YES:** *Great. Let's begin by taking a look at the colon cancer screening pamphlet. I want to mention some of the key points that doctors feel are important. You can follow along in your booklet. (Review pamphlet highlights below)*

**IF NO:** *It's not a problem if you don't have the materials available, we can still talk about the information. Let's start with the colon cancer screening pamphlet. I want to mention some of the key points that doctors think are important. (Review pamphlet highlights below)*

## II. Pamphlet Highlights

***First, it's important to know that screening makes sense and saves lives.***

- For Hispanics colon cancer is the 2<sup>nd</sup> most common kind of cancer and the third most common cause of cancer deaths.
- Colon cancer screening means checking for problems when there aren't any symptoms.
- Screening helps find growths inside the colon known as polyps. Polyps sometimes change to cancer if they are not removed.
- Colon cancer can be prevented by having polyps removed before they change into cancer.
- Colon cancer has a good chance of being cured if you find the cancer at an early stage.

*Do you have any questions about the information that we talked about?*

**Continue to next page...**

**III. Clarify Screening Stage** *Now, I would like to talk about the screening tests. When we initially talked you were <Baseline SBT Stage> about a stool blood test and <Baseline SBT Stage> about having a colonoscopy. Is that still the case?*

**IF Yes, move forward with the preferred test**

**IF Test different than baseline survey, move forward with the NEW preferred test**

**IF Unsure, you can take them through the set of responses for each test below**

SBT	Colonoscopy
<p><i>A stool blood test is done at home. You place a small amount of stool or bowel movement on a card and mail the card to a trained professional who tests it for any hidden blood, which may be a sign of colon polyps or colon cancer. This test should be done every year. If the test result is abnormal, you will need to have a colonoscopy.</i></p> <p><b>(3) How do you feel <i>now</i> about doing a stool blood test?</b></p>	<p><i>A colonoscopy is a test to look for polyps and colorectal cancer. It uses a narrow lighted tube to examine the entire colon. You're given medicine to make you sleepy and will need someone to drive you home. This test should be done every 10 years.</i></p> <p><b>(4) How do you feel <i>now</i> about having a colonoscopy?</b></p>
<p><input type="checkbox"/> Decided Against ("Do not want to have SBT")</p> <p><input type="checkbox"/> Undecided ("Not sure if want to do a SBT or not")</p> <p><input type="checkbox"/> Not Considering ("I'm not considering an SBT")</p> <p><input type="checkbox"/> Decided to Do* ("Want to do a SBT")</p> <p><input type="checkbox"/> Recently Completed SBT:</p> <p style="padding-left: 20px;">(3a) Date ____/____/____ (month &amp; year ok)</p> <p style="padding-left: 20px;">(3b) Where Obtained _____</p>	<p><input type="checkbox"/> Decided Against ("Do not want to have CX")</p> <p><input type="checkbox"/> Undecided ("Not sure if want to have a CX or not")</p> <p><input type="checkbox"/> Not Considering ("I'm not considering a CX")</p> <p><input type="checkbox"/> Decided to Do* ("Want to have a CX")</p> <p><input type="checkbox"/> Recently Scheduled CX:</p> <p style="padding-left: 20px;">(4a) Scheduled Date ____/____/____</p> <p><input type="checkbox"/> Recently completed Colonoscopy:</p> <p style="padding-left: 20px;">(4c) Date ____/____/____</p>
<p><b>IF SBT COMPLETED: Skip To End &amp; CLOSE</b></p>	<p><b>If CX COMPLETED: Skip To End &amp; CLOSE</b></p>

**(REMINDER: If Patient Has Completed an SBT in the last year or a Colonoscopy in the last 10 years, got to Close.)**

So at this point ...

**5.** You appear to be leaning more towards completing a SBT/ CX than a SBT/CX. Is that right?  
(Circle One)

**If screening stages are equal for both tests:** *It looks as if you feel similar about each of these screening tests, Which one are you more interested in doing?*

**IF Patient is unable to choose a test at this time:** *It is important for you to screen for colon cancer. In this case, it may be easier for you to complete the stool blood test. Are you ok to move forward and consider this type of screening?*

**Continue with either: Section V, "Plans to Move Toward Completing Stool Blood Test" OR Section V, "Plans to Move Toward Completing Colonoscopy"**



#### IV. - SBT. Plans to Move Toward Completing the Stool Blood Test (SBT):

*Let's make sure you have what you need to move forward. Since you have decided that a stool blood test is your preferred screening choice:*

*Do you have the stool blood test kit that we sent you? (If not: We can mail one to you and you should have it in a couple of days.)*

**(NOTE: If patient does not have kit, confirm address and send another kit. Briefly summarize instructions and move on to the online decision counseling program.)**

6. Have you opened the kit and looked it over?  Yes  No

*(Briefly Review Instructions) To help you, we have gone ahead and filled in specific information needed on the form inside your SBT kit. Make sure this form is included in the envelope you return to the lab. We have also filled in your information on the sample tube. All you have to do is fill in the date you collected your sample on the sample tube. We have included a return label on the envelope. You will not have to put a stamp in the envelope. Let's take a minute to go over the instructions.*

**(Continue to DCP<sup>®</sup> Online, determine factors that may promote or prevent test completion.)**

7. *Now I would like to introduce you to a decision making process to identify reasons that may help or prevent you from completing the stool blood test. We'll go through a series of steps to identify your reasons for completing the test, and see how important these reasons are to you. This will help us to develop a screening plan with you. Do you have any questions before we begin? For those who have the materials: There is a blue sheet with your materials. If you could pull that out now, it can help us with this discussion. A pen or pencil would be useful too if you have one nearby.*

7a. **Reasons favoring Option 1:**

*To get an idea about what would influence you to do the home stool blood test, I'd like to ask you to complete this sentence: "I would do the home stool blood test because I \_\_\_\_\_."*

*While I enter your reasons onto the computer, would you like to write them down at the top of the blue sheet to help you remember them as well?*

**Ask for additional reasons.** *What other reasons come to mind? Complete the sentence as above with those reasons. Are there any other reasons? Clarify and enter reasons on the computer.*

7b. **Reasons favoring Option 2:**

*To get an idea about what would influence you not to do the home stool blood test, I'd like to ask you to complete this sentence: "I wouldn't do the home stool blood test because I \_\_\_\_\_."*

**Ask for additional reasons.** *What other reasons come to mind? Complete the sentence as above with those reasons. Are there any other reasons? Once the reasons are clarified and entered on the computer you can say something like: Now we'll look at which reasons influence you the most.*

- 7c. **Choose top reasons.** *Out of all the reasons you gave, what are the top three? Which is No. 1? Which is No. 2? Which is No. 3? (Note: The wording will need adjusting if less than 3 factors are given.)*

- 7d. **Confirm top reasons:** *I just want to confirm; your top reasons are \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. Is that right? Great, thank you.*

- 7e. **Importance of top three reasons:** *Part B. of the blue sheet will be helpful now. I am going to ask how important each of your top 3 reasons is to you. Your answer choices are "none", "a little", "some", "much", "very much", and "overwhelming". How important is \_\_\_\_\_ to you? (Insert each reason given into the blank, one at a time, beginning with No. 1 and enter the person's answer into the DCP<sup>®</sup> as applicable. You may need to repeat the question and the answer choices.)*

7f. **Compare how important one reason is to another:** *Part C. of the blue sheet will be helpful now. I am going to ask how much more important one reason is compared to another. Your answer choices are “none”, “a little”, “some”, “much”, “very much”, and “overwhelming”. How much more important is \_\_\_\_\_ than \_\_\_\_\_? (Follow along with the DCP®, inserting the reasons into the blanks as appropriate. Comparisons will be made between reasons 1 & 2, 2 & 3, and 1 & 3. Enter the person’s answers into the program as applicable. You may need to repeat the question and the answer choices.)*

7g. **Decision counseling report:** *Based on the information we discussed, you seem (either)*  
a. *likely to complete a stool blood test at home*  
b. *unlikely to complete a stool blood test at home*  
c. *to have a concern that might hold you back from completing a stool blood test at home*

7h. *Does this result make sense to you, based on what we have talked about?*

**IF UNLIKELY TO COMPLETE:** *For patients like you, your doctor would like us to arrange a time for you to talk with them and develop a plan within about 2 weeks.*

**IF LIKELY TO COMPLETE:** *The next step is to work with you to create a plan of next steps to complete this test and send that plan to you and your doctor.*

8a. Step 1 \_\_\_\_\_

8b. Step 2 \_\_\_\_\_

8c. Step 3 \_\_\_\_\_

9. *Is there anything else you feel you need to talk about in order to move forward with your plan to complete the SBT?*

\_\_\_\_\_

*OK, it sounds like we have a plan, which is great. All we need to do now is set a date for starting the test.*

10. *When do you think you can start the test?*

**(SET A DATE)** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

*You may want to mark the date on your calendar as a reminder to do the test.*

*Now, when would be a good date for me to give you a call and follow-up with you to see how your plan is progressing and/or if you have any questions?*

11. **Scheduled Date/Time for Follow-Up Navigation Call:** \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_am/pm  
Mo Day Yr

**CLOSE**

*That completes our call. Thank you again for your time and patience. Please keep my telephone number (NAVIGATOR NUMBER) in a place that’s easy for you to find and be sure to call if you have any questions. Have a great day/night/weekend.*

**NOTE:** *Remind participant that after the Follow-Up Call is completed (or if this will be the only completed Navigator Call) that they may receive a reminder letter in the mail and that we will contact them by telephone to complete the end-point survey 6 months from when they enrolled in the study.*

**V. Plans To Move Towards Completing Colonoscopy (Cx):**

*Let's make sure you have what you need to move forward. Since you have decided that a **colonoscopy** is your preferred screening choice:*

12. Can I confirm your insurance status? In your chart it states that you are uninsured/insured. Are you currently insured?

Yes

No: **(Describe financial counseling that will occur at initial visit.)**

**(Continue to DCP Online, determine factors that may promote or prevent test completion.)**

13. Now I would like to introduce you to a decision making process to identify reasons that may help or prevent you from completing the colonoscopy. We'll go through a series of steps to identify your reasons for completing a colonoscopy, and look at how important these reasons are to you. This will help us to develop a screening plan with you. Do you have any questions before we begin? **For those who have the materials:** *There is a blue sheet with your materials. If you could pull that out now, it can help us with this discussion. A pen or pencil would be useful too if you have one nearby.*

13a. **Reasons favoring Option 1:**

*To get an idea about what would influence you to have a colonoscopy, I'd like to ask you to complete this sentence: "I would have a colonoscopy because I \_\_\_\_\_."*

*While I enter your reasons onto the computer, would you like to write them down at the top of the blue sheet to help you remember them as well?*

**Ask for additional reasons.** *What other reasons come to mind? Complete the sentence as above with those reasons. Are there any other reasons? Clarify and enter reasons on the computer.*

13b. **Reasons favoring Option 2:**

*To get an idea about what would influence you not to have a colonoscopy, I'd like to ask you to complete this sentence: "I would not have a colonoscopy because I \_\_\_\_\_."*

**Ask for additional reasons.** *What other reasons come to mind? Complete the sentence as above with those reasons. Are there any other reasons? Once the reasons are clarified and entered on the computer you can say something like: Now we'll look at which reasons influence you the most.*

- 13c. **Choose top reasons.** *Out of all the reasons you gave, what are the top three? Which is No. 1? Which is No. 2? Which is No. 3? (Note: The wording will need adjusting if less than 3 factors are given.)*

- 13d. **Confirm top reasons:** *I just want to confirm; your top reasons are \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. Is that right? Great, thank you.*

- 13e. **Importance of top three reasons:** *Part B. of the blue sheet will be helpful now. I am going to ask how important each of your top 3 reasons is to you. Your answer choices are "none", "a little", "some", "much", "very much", and "overwhelming". How important is \_\_\_\_\_ to you? (Insert each reason given into the blank, one at a time, beginning with No. 1 and enter the person's answer into the DCP® as applicable. You may need to repeat the question and the answer choices.)*

- 13f. **Compare how important one reason is to another:** *Part C. of the blue sheet will be helpful now. I am going to ask how much more important one reason is compared to another. Your answer choices are "none", "a little", "some", "much", "very much", and "overwhelming". How much more important is \_\_\_\_\_ than \_\_\_\_\_? (Follow along with the DCP®, inserting the reasons into the blanks as appropriate. Comparisons will be made between reasons 1 & 2, 2 & 3, and*

**1 & 3. Enter the person's answers into the program as applicable. You may need to repeat the question and the answer choices.)**

13g. **Decision counseling report:** *Based on the information we discussed, you seem (either)*

- a. likely to have a colonoscopy
- b. unlikely to have a colonoscopy
- c. to have a concern that might hold you back from having a colonoscopy

13h. Does this result make sense to you, based on what we have talked about?

IF UNLIKELY TO COMPLETE: *For patients like you, your doctor would like us to arrange a time for you to talk with them and develop a plan within about 2 weeks.*

IF LIKELY TO COMPLETE: *The next part of my job is to work with you to create a plan of next steps to complete this test.*

14a. **Step 1** \_\_\_\_\_

14b. **Step 2** \_\_\_\_\_

14c. **Step 3** \_\_\_\_\_

15. Is there anything else you feel you need to talk about in order for you to move forward with your plan to have a colonoscopy?

\_\_\_\_\_

\_\_\_\_\_

*OK, it sounds like we have a plan, which is great. Now all we need to do is schedule your first appointment.*

16. Would you like to schedule your pre-colonoscopy visit now?

- Yes **(Schedule appointment)**
- No: **(Inform participant they can call back and schedule any time, and that you can also follow up)**

17. Your appointment has been scheduled for **(DATE)** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo Day Year

*You may want to mark the date on your calendar as a reminder to your appointment.*

*Now, when would be a good date for me to give you a call and follow-up with you to see how your plan is progressing and/or if you have any questions?*

18. **Scheduled Date/Time for Follow-Up Navigation Call:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ @ \_\_\_\_ am/pm  
Mo Day Yr

**CLOSE**

*That completes our call. Thank you again for your time and patience. Please keep my telephone number (PATIENT ASSISTANT NUMBER) in a place that's easy for you to find and be sure to call if you have any questions. Have a great day/night/weekend.*

*NOTE: Remind participant that after the Follow-Up Call is completed (or if this will be the only completed Navigator Call) that they may receive a reminder letter in the mail and that we will contact them by telephone to complete the end-point survey 6 months from when they enrolled in the study.*

## Screening Plan Template

January 17, 2018

«Honor\_Name» «First\_Name» «Last\_Name»  
«Address\_1»  
«Address\_2»  
«City», «State» «Zip»

«Honor\_Name» «First\_Name» «Last\_Name»  
«Address\_1»  
«Address\_2»  
«City», «State» «Zip»

Dear «Honor\_Name» «Last\_Name»:

It was a pleasure speaking with you by telephone on <<DATE>> about colorectal cancer screening.

I understand that the colon cancer screening test you prefer is the <<TEST>>. It also seems that you <<ARE/ARE NOT>> sure about doing this test because <<DECISION FACTOR(S)>>.

During the call, we planned to:

<< Step 1 >>  
<< Step 2 >>  
<< Step 3 >>

I will call you on <<DATE>> at <<TIME>> to follow up on this plan. If you have any questions or need additional information, please call me. I can be reached at <<NAVIGATOR PHONE>> As we discussed, I have sent a copy of this letter to your primary care physician at <<PRACTICE NAME>>.

Working with you for better health,

<<Patient Assistant Name>>  
Patient Assistant

Colonoscopy Reminder Letter

January 17, 2018

«Honor\_Name» «First\_Name» «Last\_Name»  
«Address\_1»  
«Address\_2»  
«City», «State» «Zip»

Dear «Honor\_Name» «Last\_Name»:

The last time you spoke to your Patient Assistant about colon cancer screening, you said you were closest to having a screening colonoscopy.

If you have not yet scheduled a colonoscopy, please do so by calling **1-877-XXXX**. If you already have an appointment for a colonoscopy, there is no need to call.

If you have decided to complete the stool blood test we sent you instead, please get started today. If you need another kit, call us at 1-877-XXXX

Please note that colorectal cancer screening is covered by the major health insurance companies in Pennsylvania. Call your insurance carrier if you have questions.

The doctors at «Practice» encourage you to screen for colon cancer. Start on your screening plan today.

Working with you for better health,

Patient Assistant  
Lehigh Valley Health Network  
Asistente al Paciente

Brian Stello, MD  
Lehigh Valley Health Network  
Principal Investigator

SBT Reminder Letter

January 17, 2018

«Honor\_Name» «First\_Name» «Last\_Name»  
«Address\_1»  
«Address\_2»  
«City», «State» «Zip»

Dear «Honor\_Name» «Last\_Name»:

The last time you spoke with your Patient Assistant about colon cancer screening, you said you were closest to doing a stool blood test at home. We have not yet received your results.

Please take some time to complete and return the stool blood test that we sent you about a month ago. If you need another kit or have any questions, please call toll-free **1-877-xxx-xxxx**. If we cannot answer, please leave a message. We will get back to you.

If you have decided to have a screening colonoscopy, instead of the stool blood test, you can schedule your first appointment by calling **1-877-xxx-xxxx**

Please note that colorectal cancer screening is covered by the major health insurance companies in Pennsylvania. Call you insurance carrier if you have questions.

The doctors at <<Practice>> encourage you to screen for colon cancer. Start on your screening plan today.

Working with you for better health,

Patient Assistant  
Lehigh Valley Health Network  
Asistente al Paciente

Brian Stello, MD  
Lehigh Valley Health Network  
Principal Investigator

## Screening Status Report

<<Date>>

<<Office>>

<<Address1>>

<<Address2>>

<<City>>, <<State>> <<Zip>>

RE: FName>> <<LName> (DOB <<PtDOB>>)

Dear Dr. <<PhysLName>>

Your patient <<FName>> <<LName> (DOB <<PtDOB>>) is participating in a Patient Centered Outcomes Research Institute-supported research study that involves Lehigh Valley Health Network and Thomas Jefferson University. The study is designed to assess the impact of decision support and navigation on patient colorectal cancer (CRC) screening.

When contacted by a research study patient assistant, your patient indicated a preference for <<PrefTest>> and a screening plan was developed. Below is a report of the patient's CRC screening status as determined by a medical records review 6 months after contact by the patient assistant: .

Results of Medical Records Review		
CRC Screening Test	Date of Test	Test Result
Stool Blood Test		
Colonoscopy		
Other: _____		

If the patient has completed an at home stool blood test, please be sure to revisit screening again in one year. If this test was abnormal, be sure that proper follow up with a colonoscopy has been completed. If the patient has **NOT** had a recent CRC screening test, please be sure to discuss screening with the patient.

If you have any questions about the study or about this report, please contact Brian Stello, MD at (XXX) XXX-XXXX or <EMAIL ADDRESS>.

Best regards,

Brian Stello, MD  
Lehigh Valley Health Network

Ronald E. Myers, PhD  
Thomas Jefferson University



**DATE**

**PROVIDER NAME**  
**PRACTICE ADDRESS**

Dear Dr. **NAME**:

Our screening program records indicate that **NAME (MEXXXXXX)**, a patient in your office, had a positive fecal occult blood test (FOBT) result on **DATE**. As a participant in "The CDE Study," an NCI-funded study on colorectal cancer screening and follow-up, your office is asked to record the information requested below for the patient.

Please fax the completed form to (215) XXX-XXXX, a secure fax line, within two weeks of receipt. Alternatively, send a copy of the completed form by mail using the enclosed addressed, postage-paid envelope. Thank you for your prompt response. If you have any questions, please call Dr. Myers at (215) XXX-XXXX.

Best regards,

Neil Schlackman, MD  
Senior Medical Director  
Aetna US Healthcare

Ronald E. Myers, PhD  
Associate Professor  
Thomas Jefferson University

<small>DEBIS SCOTT</small> <b>FOBT+ FOLLOW-UP FORM</b> <small>08/16/99</small>			
<b>Flexible Sigmoidoscopy (FS)</b>	<b>Barium Enema X-Ray (BE)</b>	<b>Colonoscopy (Cx)</b>	<b>Reason(s) why both FS and BE or CX not advised or not done</b>
Not advised <input type="checkbox"/>	Not advised <input type="checkbox"/>	Not advised <input type="checkbox"/>	<input type="checkbox"/> Procedure(s) completed just prior to FOBT+ result date. <input type="checkbox"/> Patient not known to practice at time of FOBT+ result. <input type="checkbox"/> Patient left practice before procedure(s) could be done. <input type="checkbox"/> Patient medical condition contraindicated use of procedure(s). <input type="checkbox"/> Patient referred to specialist, but procedure(s) not done. <input type="checkbox"/> Patient deceased. Other: _____ _____
Advised, but not done <input type="checkbox"/>	Advised, but not done <input type="checkbox"/>	Advised, but not done <input type="checkbox"/>	
FS Done <input type="checkbox"/>	BE Done <input type="checkbox"/>	Cx Done <input type="checkbox"/>	
Date: ____/____/____	Date: ____/____/____	Date: ____/____/____	
<b>Diagnosis:</b>	<input type="checkbox"/> Colon Cancer <input type="checkbox"/> Rectal Cancer <input type="checkbox"/> Polyp <input type="checkbox"/> Diverticulosis	<input type="checkbox"/> Diverticulitis <input type="checkbox"/> Peptic ulcer disease <input type="checkbox"/> AVM <input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> No pathology found Other: _____ _____

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date