

Implementation of mailed colon cancer screening testing

Submission date	Recruitment status	<input checked="" type="checkbox"/> Prospectively registered
02/01/2024	No longer recruiting	<input type="checkbox"/> Protocol
Registration date	Overall study status	<input type="checkbox"/> Statistical analysis plan
08/01/2024	Ongoing	<input type="checkbox"/> Results
Last Edited	Condition category	<input type="checkbox"/> Individual participant data
09/01/2024	Cancer	<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

In the Veterans Health Administration, traditionally, colon cancer screening is offered only when a Veteran is seen by their provider. Therefore, if a Veteran does not regularly meet with their provider, they may not be screened for colon cancer or be under-screened. Mailed colon cancer screening testing (FIT kits) programs have been successfully implemented in select VAs in the U. S. Therefore, to improve cancer screening rates, the goal of this project is to evaluate if patients are more likely to complete colon cancer screening if they are mailed a home test kit.

Who can participate?

Veterans ages 45-75 living in the U.S.

What does the study involve?

A post-card will be mailed to eligible Veterans stating that they will be mailed a FIT kit and instructions. There will also be instructions on who to reach if they have had a colonoscopy elsewhere or wish no further contact. Two weeks later they will receive a packet that contains an information letter, instructions, FAQs and a FIT kit with a pre-addressed pre-paid return envelope. After 2 weeks, nonresponders will be called with a pre-recorded scripted phone call, reminding them to complete their FIT kit or call to schedule a colonoscopy. In another 2 weeks, non-responders will be mailed a final reminder letter to complete their FIT kit screening or call to schedule a colonoscopy. Two weeks after that, a templated note will be placed in their electronic health chart to alert their PCP that the Veteran did not respond to the multi-step screening invitation outreach and that they should proceed as they see best regarding screening that patient. If the Veteran mails their FIT kit back, it will be processed by the clinical lab.

What are the possible benefits and risks of participating?

Benefits are increased rates of colon cancer screening which can lead to catching colon cancer earlier thereby improving mortality. Additionally, many patients can complete colon cancer screening in the convenience of their home rather than requiring a colonoscopy. Risks include false positive results.

Where is the study run from?

Minneapolis VA Health Care System (USA)

When is the study starting and how long is it expected to run for?
February 2024 to March 2026

Who is funding the study?
U.S. Department of Veterans Affairs (USA)

Who is the main contact?
Susan Lou, MD, susan.lou2@va.gov

Contact information

Type(s)
Public, Scientific, Principal investigator

Contact name
Dr Susan Lou

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
Nil known

Study information

Scientific Title
Implementation of mailed (faecal immunochemical test) FIT outreach

Study objectives
Patients that are sent a colonoscopy screening test in the mail will have increased completion of colon cancer screening compared to standard of care.

Ethics approval required

Ethics approval not required

Ethics approval(s)

This project was submitted to the Minneapolis VA Institutional Review Board (IRB) and they determined on 30/11/2023 that, as a quality improvement project, it did not meet the definition of research and therefore did not require IRB oversight

Study design

Prospective pragmatic trial with 2 arms

Primary study design

Interventional

Study type(s)

Screening

Health condition(s) or problem(s) studied

Completion of colon cancer screening

Interventions

Patients who are average risk, asymptomatic, and due for colon cancer screening will be identified via a national VA cohort identification tool. Primary care providers will be split into two arms. Eligible patients of the primary care providers in arm "A" will receive the intervention while eligible patients of primary care providers in arm "B" will serve as the control. For those in the intervention arm, a post-card primer will be mailed to eligible Veterans stating that they will be mailed a FIT kit and instructions. There will also be instructions on who to reach if they have had a colonoscopy elsewhere, are not otherwise average risk, or wish no further contact. A "return service requested" will be enabled to track both undeliverable and changes of address. Two weeks after receiving the postcard, Veterans will receive a packet that contains an information letter, instructions, FAQs and a FIT kit with a pre-addressed, pre-paid return envelope. After 2 weeks, nonresponders will be called with a pre-recorded scripted phone call, reminding them to complete their FIT kit or call to schedule a colonoscopy. In another 2 weeks, non-responders will be mailed a final reminder letter to complete their FIT kit screening or call to schedule a colonoscopy. Two weeks after that, a templated note will be placed in their electronic health chart to alert their PCP that the Veteran did not respond to the multi-step screening invitation outreach, and that they should proceed as they see best regarding screening that patient. If the veteran mails their FIT kit back, it will be processed by the clinical lab.

Intervention Type

Other

Primary outcome(s)

Completion of colon cancer screening completion four weeks after being mailed a FIT kit measured using patient records

Key secondary outcome(s)

Reach of the intervention - proportion of patients that schedule a colonoscopy following a positive test measured using patient records at the end of the study

Completion date

01/03/2026

Eligibility

Key inclusion criteria

1. Is not deceased
2. Is a Veteran
3. Must have deliverable address
4. Active or pending primary care provider assignment

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

45 years

Upper age limit

75 years

Sex

All

Key exclusion criteria

1. Exclude patients from Northern Mariana Islands, Armed Forces Pacific, Palau, Virgin Islands, American Samoa, Armed Forces AF, EU, ME, CA, Puerto Rico, or any foreign country
2. CAN score with 1 year mortality rate of >50%
3. Have received hospice care in the last two years
4. Have received palliative care in the last year
5. Have had ulcerative colitis diagnosis in the last year
6. Have had crohn disease diagnosis in the last year
7. History of adeoma in the last year
8. Have had metastatic cancer diagnosis in the last year
9. Any total colectomy procedures in the last year
10. Frailty and advanced illness diagnosis in the last year
11. Clopidogrel (or other thienopyridine) prescription in the last four months of prescription and no prescription for 121-365 days prior
12. Have had FOBT in the last 10 months
13. Have had colonoscopy in the last 112 months
14. Have had a CT colonography in the last 54 months
15. Have had a DNA FIT in the last 33 months
16. Have had a Flex Sigmoid in the last 4.5 years
17. Active/pending/scheduled colonoscopy consults in the last 90 days
18. Have existing mailed FIT orders

Date of first enrolment

01/02/2024

Date of final enrolment

02/01/2026

Locations

Countries of recruitment

United States of America

Study participating centre

Minneapolis VA Health Care System
1 Veterans Dr
Minneapolis
United States of America
55417

Sponsor information

Organisation

Minneapolis VA Health Care System

ROR

<https://ror.org/02ry60714>

Funder(s)

Funder type

Government

Funder Name

U.S. Department of Veterans Affairs

Alternative Name(s)

Department of Veterans Affairs, United States Department of Veterans Affairs, US Department of Veterans Affairs, U.S. Dept. of Veterans Affairs, Veterans Affairs, Veterans Affairs Department, VA, USDVA

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United States of America

Results and Publications

Individual participant data (IPD) sharing plan

The data-sharing plans for the current study are unknown and will be made available at a later date

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes