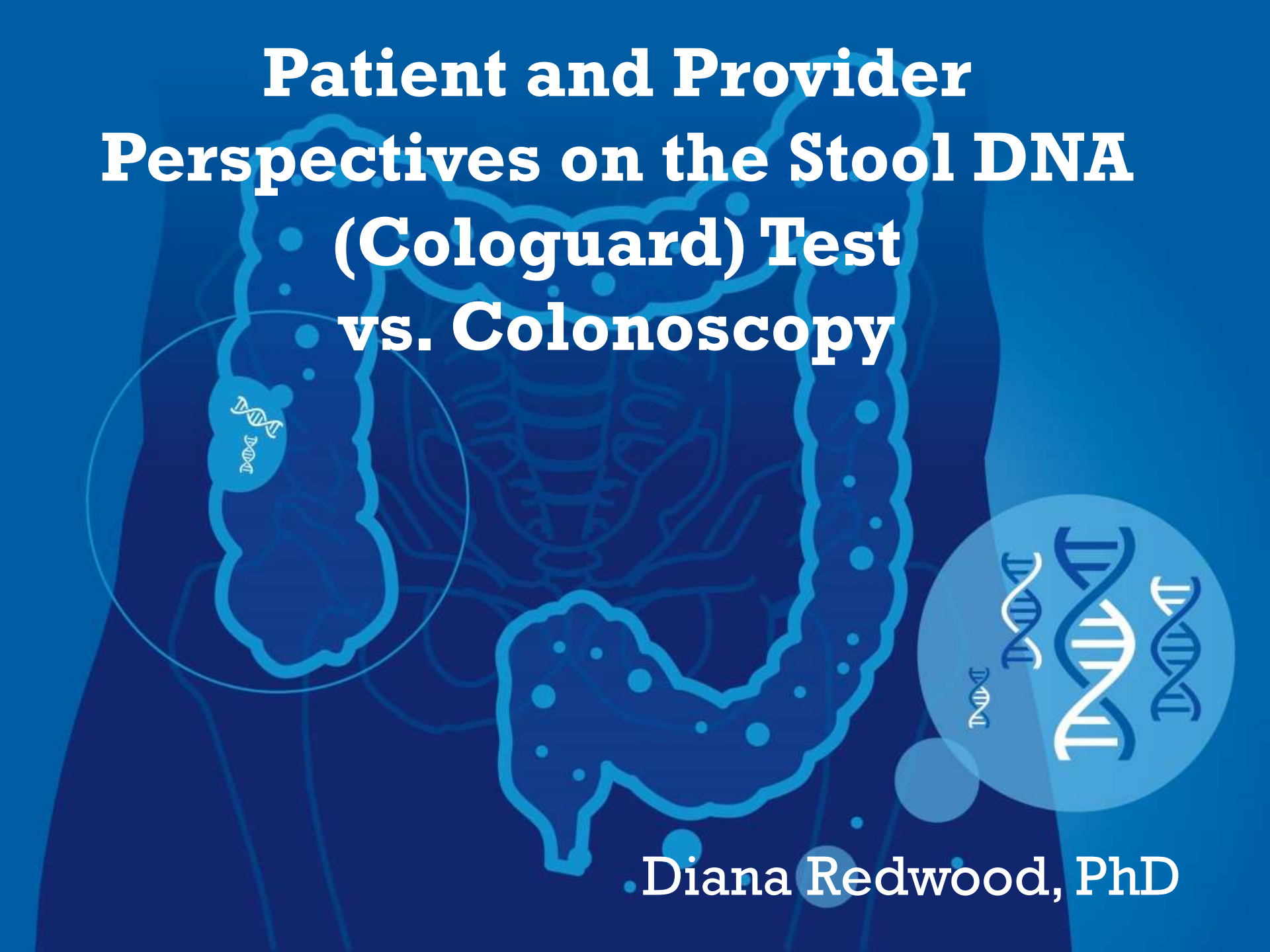


# **Patient and Provider Perspectives on the Stool DNA (Cologuard) Test vs. Colonoscopy**

A stylized illustration of the human digestive system, including the esophagus, stomach, small intestine, and large intestine, rendered in various shades of blue. The large intestine is the most prominent feature, shown in a light blue outline. Several white DNA double helix icons are scattered throughout the image, with a cluster of three in a circular inset on the right and two in a circular inset on the left. The background is a solid dark blue.

**Diana Redwood, PhD**



Study funding provided by  
Schultze Family Foundation via  
Mayo Clinic

?



**Colonoscopy**  
*every 10 years*



**Stool DNA Test**  
*every 3 years*



**Fecal Immunochemical  
Test (FIT)**  
*yearly*

# Study Aims

- To evaluate patient and provider attitudes towards Cologuard vs. colonoscopy
- Provide results to Tribal leadership
- Identify potential areas to address to increase CRC screening

# COMPARISON TABLE

## PRE-TEST PREPARATION

Laxatives to clean out colon  
Fasting (not eating)  
Medication change

## TEST FEATURES

Requires travel/time off work  
Invasive procedure  
Requires sedation  
May cause complications  
Done at home  
Test frequency

## DETECTION RATES

For cancer  
For highest risk pre-cancerous growths

## Colonoscopy

YES  
YES  
YES  
  
YES  
YES  
YES  
YES  
NO  
EVERY 10 YEARS

92-96%  
ABOUT 80%

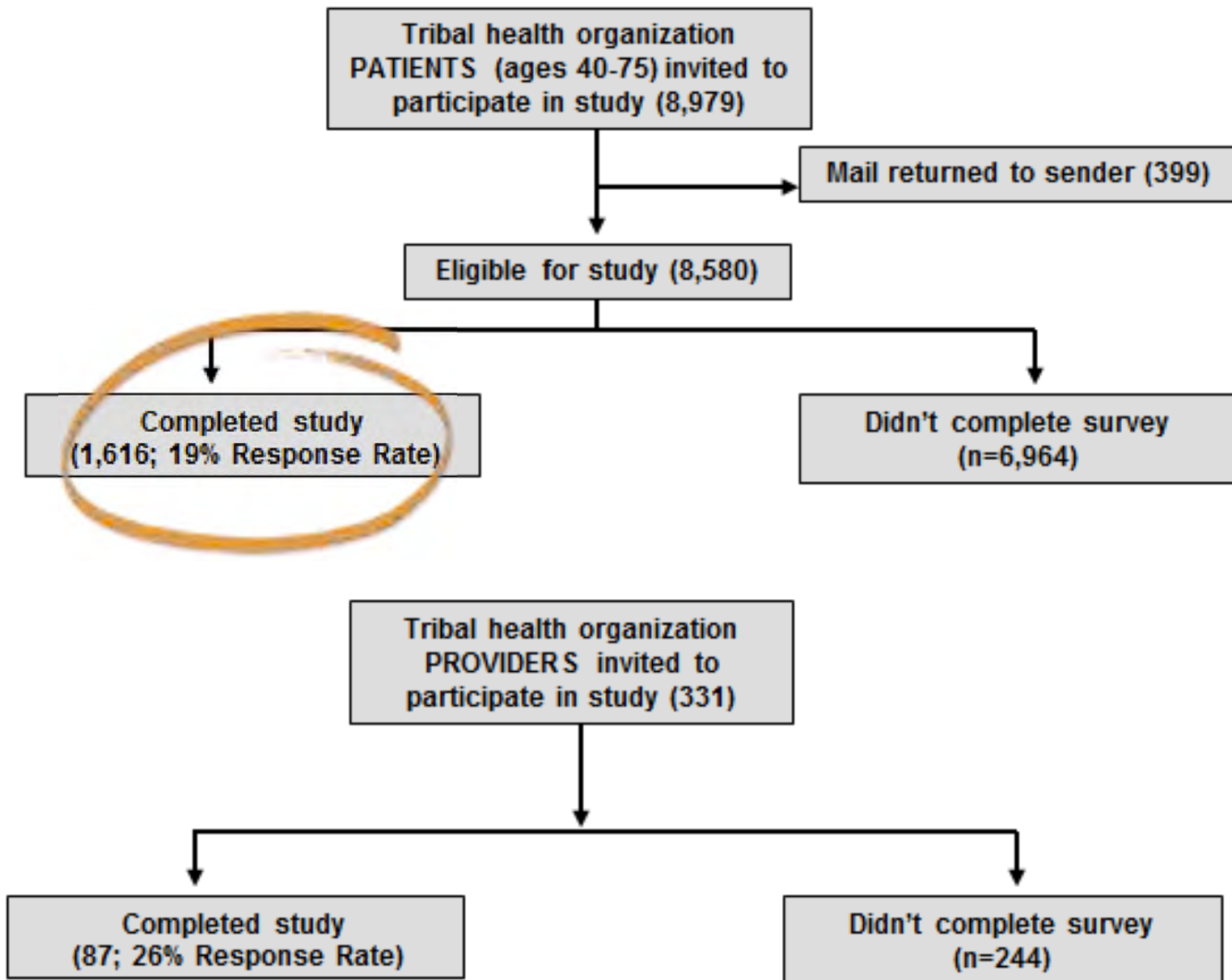
## Stool DNA

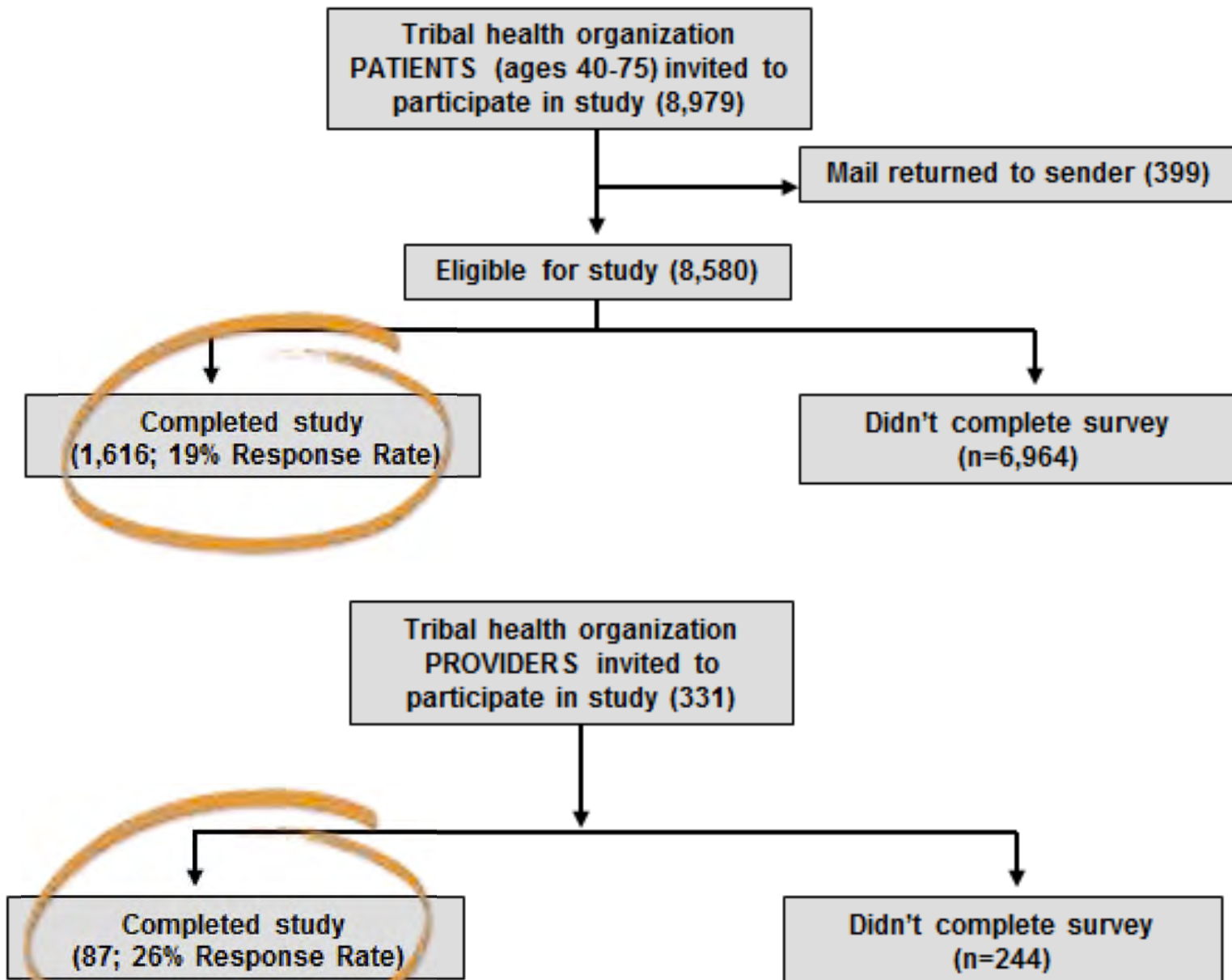
NO  
NO  
NO  
  
NO  
NO  
NO  
NO  
YES  
EVERY 3 YEARS

92-100%  
ABOUT 70%

# Patient and Provider Survey









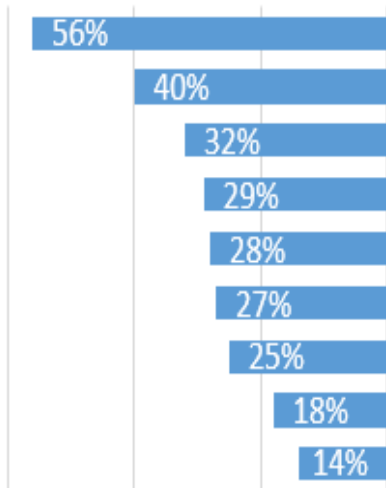
58% of patients reported being previously screened.

Top reasons for not being screened:

- Never thought about it
- Haven't had any problems
- Doctor didn't suggest it

## Patient

60% 40% 20% 0%

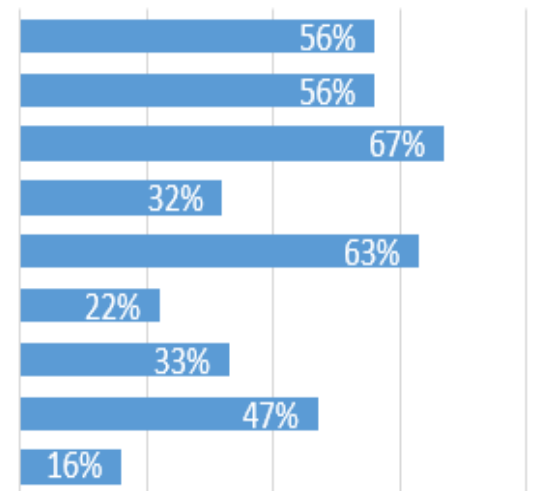


## Barriers to MT-sDNA

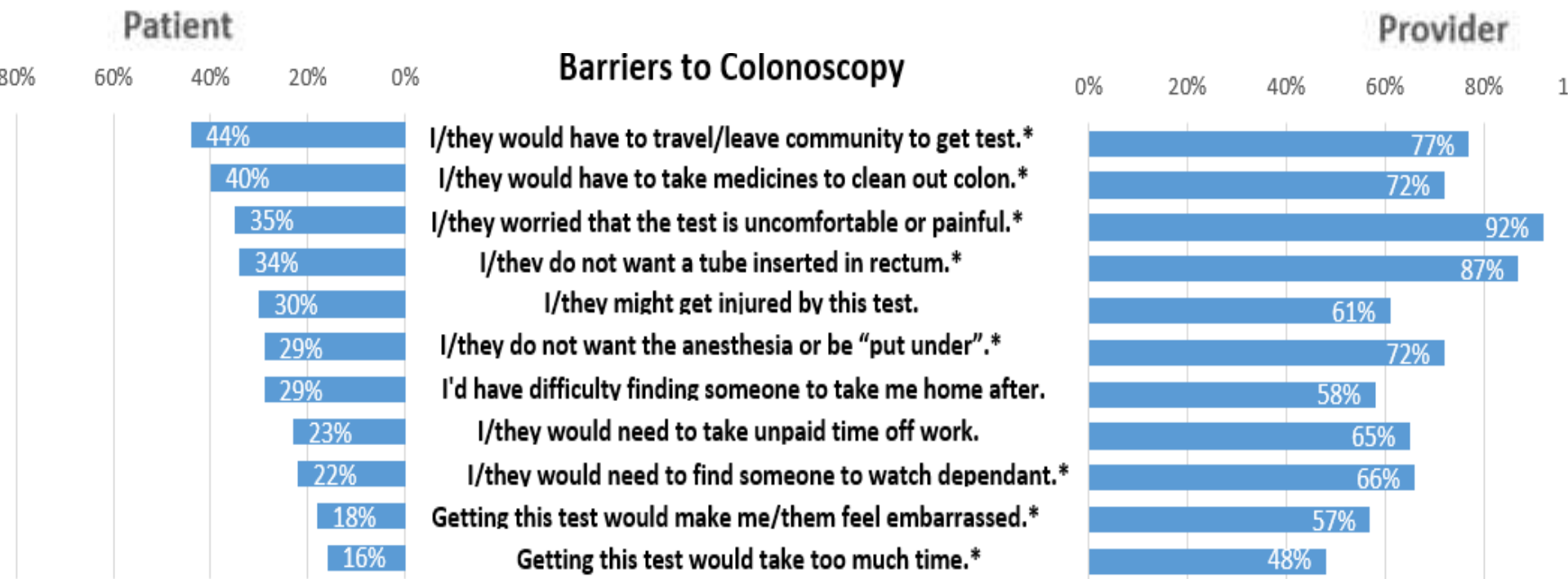
- I/they believe colonoscopy is better at preventing cancer.
- I/they would have to learn how to do the test.\*
- I/they would have to take a sample of stool.\*
- I/they would need a private place to do the test.
- I/they would have a stool sample in a container in home.\*
- I/they would have to do the test every 3 years.
- I/they would need a toilet with a seat cover to do the test.
- Getting this test would make me/them feel embarrassed.\*
- Getting this test would take too much time.

## Provider

0% 20% 40% 60% 80%



\* indicates statistical significant difference between patients and providers ( $p < 0.05$ ).



\* indicates statistical significant difference between patients and providers (p<0.05).

**38%** of patients said they would be more likely to get screened for CRC if they could use the stool DNA test instead of colonoscopy.

**54%** said they would prefer colonoscopy.

## Providers

- 69% think that using Cologuard could improve screening rates.
- 79% think if Cologuard was available would be feasible to implement in their practice.
- 79% of providers would recommend Cologuard to patients if available.



**Additional patient thoughts  
about colonoscopy**

# Additional patient thoughts about Cologuard



# Stool DNA test: A new tool for screening?





# Thank You

- Study Participants
- Mayo Clinic
- Regional Tribal Health Organizations
- Tribal Research Review Committees

**Redwood D**, Blake I, Provost E, Kisiel J, Sacco F, Ahlquist D. Alaska Native patient and provider perspectives on the multi-target stool DNA test compared with colonoscopy for colorectal cancer screening. *Journal of Primary Care and Community Health* 2019; 10:2150132719884295.



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM

EPIDEMIOLOGY CENTER

qagaasakung baasee' tsin'aen quyanaq  
dogedinh quyanaa igamsiqanaghalek

# Thank You

gunalchéesh 'awa'ahdah chin'an mahsi'  
tsin'e e way dankoo háw'aa quyana

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## **OUR VISION:**

Alaska Native people are the healthiest people in the world.



ALASKA NATIVE  
**TRIBAL HEALTH**  
CONSORTIUM