

SNAPP SURVEY SHOWS OPPORTUNITY FOR NURSE PRACTITIONERS (NPs) TO HELP ADDRESS COLORECTAL CANCER (CRC) SCREENING COMPLIANCE

RESULTS FROM THE CRC SCREENING KNOWLEDGE AND PRACTICE PATTERNS (SNAPP) SURVEY

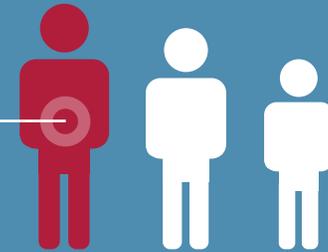
COLORECTAL CANCER: THE MOST PREVENTABLE BUT LEAST PREVENTED CANCER¹

REGULAR SCREENING IS IMPORTANT²



But the reality is that 1 in 3, or 35 million Americans, are not current with their screening⁴

With low screening rates, CRC remains the second leading cause of cancer death in both women and men combined⁵



OF CRCs ARE TREATABLE WHEN CAUGHT EARLY³

SNAPP SURVEY UNDERSCORES THAT NPs MAY BE KEY TO ENCOURAGING ELIGIBLE AMERICANS TO FOLLOW THROUGH WITH RECOMMENDED CRC SCREENING

CRC screening is a personal and professional priority for NPs...

PERSONAL PRIORITY

91% of NPs age 50 and over (n=209) said they had already been screened

93% of NPs younger than 50 surveyed (n=136) said that CRC screening would be a personal priority when they turn 50



...and there is an opportunity for those surveyed to embrace the latest recommended noninvasive screening options

98% are familiar with colonoscopy (n=173)

92% are familiar with fecal blood tests (n=173)

50% are familiar with the multitarget stool DNA test (n=174)

*Rated familiarity as a 4 or 5 on a 5-point scale where 5 was very familiar

PROFESSIONAL FOCUS

79% About four out of five (79%, n=174) of NPs said they routinely discuss CRC screening with their eligible patients

64% About two thirds of NPs (64%, n=149) said they often or always talk to eligible patients about both invasive and noninvasive CRC screening options.



PERCENT OF NPs WHO HAVE RECOMMENDED AND/OR PRESCRIBED

Colonoscopy: 99% (n=174)

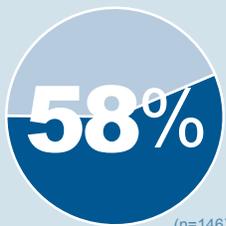
Fecal blood test: 78% (n=174)

Multitarget stool DNA test: 45% (n=174)

Each of these screening options is included in the US Preventive Services Task Force CRC Screening Recommendations.



NPs SAY THE MOST COMMON REASON PATIENTS GIVE FOR NOT GETTING SCREENED IS THAT TEST PREPARATION IS TOO DISRUPTIVE



(n=146)

of NPs say patients are often or always more likely to undergo CRC screening when they find out there is a noninvasive screening test they can use at home



GIVEN LOW CRC SCREENING RATES, IT IS IMPERATIVE THAT NPs GAIN ACCESS TO INFORMATION ON ALL RECOMMENDED CRC SCREENING OPTIONS TO PROMOTE SHARED DECISION-MAKING WITH THEIR PATIENTS, WHICH MAY RESULT IN HIGHER COMPLIANCE

THE CRC SNAPP SURVEY

From December 2017 to March 2018, 358 clinically practicing nurse practitioners completed an online survey designed to explore colorectal cancer screening awareness and practice patterns. The survey was conducted by HealthyWomen in collaboration with the American Association of Nurse Practitioners, with funding from Exact Sciences.

References

1. Itzkowitz SH. Incremental Advances in Excremental Cancer Detection Tests. *J Natl. Cancer Inst.* 2009; 101(18): 1225-1227.
2. American Cancer Society, *Cancer Facts & Figures 2018*. Atlanta: American Cancer Society; 2018.
3. Noone AM, Howlader N, Krapcho M, Miller D, Brest A, Yu M, Ruhl J, Tatalovich Z, Mariotto A, Lewis DR, Chen HS, Feuer EJ, Cronin KA (eds). *SEER Cancer Statistics Review, 1975-2015*. National Cancer Institute. Bethesda, MD, https://seer.cancer.gov/csr/1975_2015/, based on November 2017 SEER data submission, posted to the SEER web site, April 2018. Accessed June 12, 2018.
4. Centers for Disease Control and Prevention. Vital signs: colorectal cancer tests saves lives. <https://www.cdc.gov/vitalsigns/colorectalancerscreening/>. Updated November 2013. Accessed June 12, 2018
5. Centers for Disease Control and Prevention. Colorectal Cancer Statistics. <https://www.cdc.gov/cancer/colorectal/statistics/index.htm>. Updated May 29, 2018. Accessed June 12, 2018.

