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Activating cancer Survivors and their Primary care providers to Increase coloREctal cancer Screening

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CCSS
Childhood Cancer Survivor Study

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ASPIRES: Rationale and Goal

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- Colorectal cancer (CRC) risk is 11-fold the general population in survivors with exposure to abdominal/pelvic radiotherapy (RT) (SIR=11.2, 95% confidence interval 7.6 to 16.4)
  - Similar to the general population, outcomes are dependent on stage at diagnosis and CRC is preceded with adenomas
- Less than 20% of high-risk survivors are adherent to screening guidelines; PCPs and gastroenterologists unaware of risk/guidelines

Table 1: COG Long-Term Follow Up Guidelines for High-Risk CRC Screening	
Therapeutic exposure	Any RT: Abdomen, Pelvis Spine TBI
Radiation-related CRC Screening Options Beginning 5 years after RT or age 30 years (whichever occurs last)	
Test	**Frequency**
Multitarget stool DNA test*	Every 3 years
Colonoscopy	Every 5 years
*Positive result should be followed by a timely colonoscopy.	

Goal: To evaluate the effectiveness of an mHealth intervention with or without PCP activation to increase completion of CRC screening recommendations among high-risk survivors

n Intern Med 2010;
n Intern Med 2014

Study Design

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***315* individuals in CCSS**

- Age ≥ 30 years
- Previous abdominal/pelvic RT of any dose
- No history of CRC
- Did not receive a colonoscopy in the last 5 years or a multitarget stool DNA test in the last 3 years

C	PA	PA + PCP	Intervention
X	X	X	Mailed SCP and screening recommendations
	X	X	Text messages, video vignettes, animations via MOSIO / electronic SCP
		X	Mail/fax information and screening recommendation sent to PCPs

- Type I hybrid effectiveness and implementation study
- Primary outcome is self-report of colonoscopy or Cologuard test* (*with colonoscopy if positive)
- Secondary outcomes
  - Consolidated framework for implementation research (CFIR) evaluation
  - Examination of moderators and mediators to screening uptake
  - Evaluation of the incremental costs and cost-effectiveness of the intervention

Patient activation model: activated patients are better prepared to participate in self-management

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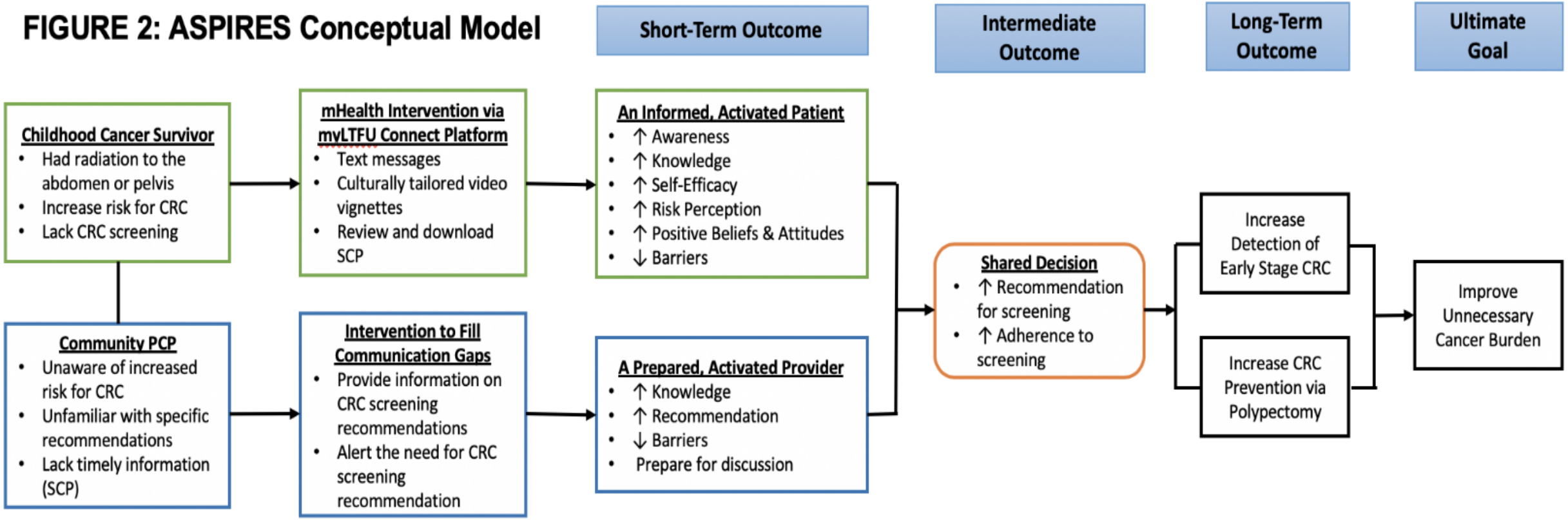

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Recruitment and Intervention

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- CCSS staff will lead recruitment with the myLTFU online portal
- Those who meet inclusion criteria sent invitation letter via myLTFU
- Text based intervention (motivational texts, videos, animations) to be delivered via MOSIO text intervention platform in collaboration with the University of Chicago.
- Continued recruitment efforts until we reach 315 participants

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Study Timeline and Status

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- Year 1 of grant started 3/1/2021
- University of Chicago IRB approved
    - Amendment will be necessary prior to start
- Clinicaltrials.gov registered
- Target enrollment start date: Fall 2021

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