

# I. Phone Scripts, Reminder Letters, Postcards

## gFOBT/FIT Follow-up Phone Script for Average-Risk Individuals

### Introduction:

Good morning/afternoon. May I speak with \_\_\_\_\_?

(Note: Due to HIPAA regulations, the conversation should not proceed unless speaking directly with the patient.)

My name is \_\_\_\_\_ and I am calling from \_\_\_\_\_.

You recently received a stool test for colon cancer screening.

Did you have any questions about the test?

We are calling everyone who received one of these to see if there is any way we can help you complete the test.

### 1. “Have you had the chance to complete and mail your kit?”

**If the answer is YES**, get the approximate date to ensure that the test will be valid, and get the approximate date of receipt. Thank the participant and let him or her know that you will mail them the results.

**If the answer is NO**, ask the following question.

Mr./Ms. \_\_\_\_\_, is there any reason why you have not completed your kit?  
(Document reason; possible reasons are listed below.)

- Diet and drug restrictions
- Test is difficult and disgusting.
- Haven't had the time
- Changed my mind
- Received other colorectal cancer testing
- Believe it is not effective way of screening
- Health insurance/doctor

**2. Emphasize the benefits of screening and program services.**

“Colorectal cancer can affect anyone – men and women alike – and your risk increases with age. Colorectal cancer is highly preventable, treatable, and often curable. There are several screening tests for colorectal cancer. These tests not only detect colorectal cancer early, but also can prevent colorectal cancer.

Beginning at age 50, men and women should be screened regularly for colorectal cancer. If you have a personal or family history of colorectal cancer or colorectal polyps, or personal history of another cancer or inflammatory bowel disease, you should begin screening earlier.

**3. If patient indicates that he or she prefers a colonoscopy, ask “Do you have health insurance?”**

**If he or she is insured,** suggest a visit to an endoscopist (gastroenterologist or general surgeon) for a colonoscopy. If he or she does not know a gastroenterologist, give physician referral phone number and appropriate form.

**If he or she is uninsured,** encourage him or her to follow through with a stool blood test.

**Mr./Ms. \_\_\_\_\_ Thank you for your time today.**

**Do you have any questions? If you need further assistance completing your kit or have any questions, please give us a call at \_\_\_\_\_ .**

**Note: Please document and track these conversations.**

## Follow-up Phone Script for Individuals at Increased Risk

### Introduction:

Good morning/afternoon. May I speak with \_\_\_\_\_ DOB: \_\_\_\_\_  
(Full Name)

(Note: Due to HIPAA regulations, the conversation should not proceed unless speaking directly with the patient.)

My name is \_\_\_\_\_ and I am calling from \_\_\_\_\_ .

You recently received a referral for a colonoscopy screening test for colon cancer.

Did you have any questions about the test?

We are calling to see if there is any way we can help you get screening for colorectal cancer.

### 1. “I see that on the form you filled out, you checked off.” (Confirm their response.)

- Family history of colorectal cancer or polyps – specify: \_\_\_\_\_
- Personal history of colorectal cancer or polyps – specify: \_\_\_\_\_  
or \*inflammatory bowel disease – specify: \_\_\_\_\_

### 2. “Can you tell me more about your history (family history) or symptoms?”

Assess the history or symptoms for significance. (Significant personal or family history is an adenomatous polyp or colorectal cancer in one first-order relative under age 60 or more than one first- or second-degree relative over age 60, or a personal history of inflammatory bowel disease such as Crohn’s disease or ulcerative colitis\* for more than eight years.)

### 3. “Because of your history/family history/symptoms, we recommend that you have a colonoscopy for proper screening.”

### 4. If the person needs more motivation, emphasize the benefits of screening.

“Colorectal cancer can affect anyone – men and women alike – and your risk increases with age. Colorectal cancer is highly preventable, treatable, and often curable. Most colorectal cancers cause no symptoms in the early stages, which is why screening is so important. There are several screening tests for colorectal cancer. These tests not only detect colorectal cancer early but can also prevent colorectal cancer. Beginning at age 50, men and women should be screened regularly for colorectal cancer. If you have a personal or family history of colorectal cancer or colorectal polyps, or a personal history of an inflammatory bowel disease, you should begin screening earlier.”

\* Inflammatory bowel disease – ulcerative colitis, Crohn’s disease

5. **“Have you heard about the colonoscopy (or other procedures)?”**

**Discuss as appropriate.**

If further assessment indicates that the individual is at increased risk or has significant symptoms, continue to encourage a colonoscopy.

6. **“Do you have health insurance? Do you have a gastroenterologist or surgeon who does colonoscopy?”**

Respond as appropriate with suggestions and problem solving. **If the person is uninsured**, explore alternative options that are available. The office should determine in advance what these options might be.

Mr./Ms. \_\_\_\_\_ **Thank you for your time today.**

**Do you have any questions? If you need further assistance or have any questions, please give us a call at \_\_\_\_\_ .**