

Source: Adapted from materials of the Maryland State Cancer Program, and the Montgomery County Cancer Crusade, 2001.

FOBT/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 blood test kit for colon cancer screening.

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 them know that you will mail them their results.

If the answer is NO, ask the following question.

Mr./Ms. _____, do you have any questions or concerns that I can help you address?

(Document reason; possible reasons are listed below.)

- Confused about diet or drug restrictions
- Test is difficult and disgusting
- Haven’t had the time
- Received other colorectal cancer testing
- Concern it is not effective way of screening/would have preferred colonoscopy*
- Health insurance
- Feeling healthy/have no symptoms

2. Emphasize the benefits of screening.

If your practice follows US Preventive Services Task Force Guidelines use this language:

“Colon cancer can affect anyone – men and women alike – and your risk increases with age. There are often no symptoms of early stage colon cancer, but it can be detected early or even prevented through screening. That’s why it’s so important for you to return your test. The American Cancer Society recommends stool testing as one of many options, as an effective way to screen for colon cancer, and we know it can save lives. Many people appreciate that it is an affordable test they can do at home. [Explain how to return test].

3. Do you have any other questions?

4. When do you think you can complete the test?

Note when patient commits to completing the test _____

***If patient indicates that they prefer a colonoscopy, ask “Do you have health insurance?”**

If they are insured, suggest a visit to an endoscopist (gastroenterologist or general surgeon) for a colonoscopy. If they do not know a gastroenterologist, give physician referral phone number and appropriate form.

If they are uninsured, encourage them to follow through with FOBT/FIT, using script above.

Mr./Ms. _____ Thank you for your time today.

If you need further assistance with completing your kit or have any questions, please give us a call at _____.

Note: Please document and track these conversations.