Transcript Details
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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Adherence to OB/GYN-Ordered CRC Screening: Real-World Insights

Announcer:
You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Mallik Greene, whose background includes a PhD and a Postdoctoral Fellowship in Health Economics and Outcomes Research as well as a Doctorate in Business Administration. He'll be discussing his recent study, which evaluated adherence among US women to multi-target stool DNA testing and follow-up colonoscopy ordered by OB/GYNs. Here's Dr. Greene now.

Dr. Greene:
The main question we were aiming to answer was—it was pretty simple actually—when OB/GYNs order colorectal cancer screening, do patients actually follow through? That was a simple, straightforward question we had. We know a lot of women see their OB/GYN as their primary provider, but there has been very little real-world data on whether screening initiated in that setting gets completed.

So to study that, we used a large national data set with multi-payer claims from 2016 to 2022. We focused on average-risk women between 45 to 75 years of age and looked at two key steps. The first one was whether they completed the stool DNA test, and the second was, if the test was positive, whether they went on to complete a follow-up colonoscopy within a year.

The key findings we found out were the adherence was consistently strong across both steps of the current screen process. About 71 percent of women completed the stool DNA test within a year, and among those who had a positive result, about 71 percent also completed a follow-up colonoscopy. So you're really seeing that this isn't just about ordering tests. Patients are actually following through, even on that second, more complex step of getting a colonoscopy. And in real-world data, especially at this scale, that level of adherence is meaningful. It suggests that when screening is initiated in the OB/GYN setting, it can translate into action.

We did see some important patterns. Adherence tended to increase with age, so older women were more likely to complete screening. We also saw differences by insurance type. Women with Medicare had higher adherence, while those with Medicaid had a lower rates. Geography and socioeconomic factors played a role, too. Women in non-metropolitan areas and higher-income areas are more likely to complete testing. So overall, while adherence was strong, these differences highlight that there are still gaps and opportunities to better support certain operations.

I think the big takeaway is that this approach works in real-world practice. We are seeing that, when OB/GYNs order stool-based screening, most patients are completing it, and importantly, they're also following through with colonoscopy when needed. From a real-world evidence perspective, that is critical. It shows that this isn't just effective in theory or clinical trials. It is working at a scale in everyday care. And that's really supports mt-sDNA as a practical, scalable screening option.

Announcer:
That was Dr. Mallik Greene sharing key findings from his study that focused on adherence to OB/GYN-ordered colorectal cancer screening modalities. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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