CHICAGO HEALTH COLLEAGUES

Clinical Guideline* | Colorectal Cancer Screening

SUMMARY OF CLINICAL GUIDELINE	
Disease or Condition	Colorectal Cancer (CRC)
Guideline Title:	Colorectal Cancer Screening - Ages and Options
Guideline Source:	American Cancer Society
Guideline Link	https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/colorectal-cancer-screening-guidelines.html
Guideline Original Date	May 30, 2018
Guideline Most Recent Revision Date	NA
CHC Review Dates	Guidelines and Components in Summary were reviewed and approved September 2018 by the Colon Cancer Screening in Primary Care Workgroup. Recommendations for adoption referred to the Board of Managers for approval on September 2018. Guideline Approval/Update/Revision Meetings: • Approved September 2018 • Revisions reviewed and approved on January 21, 2021 • Will be reviewed with updates or at least every two years.
Guideline Summary	**Screenings for average risk patients should begin at age 50 and continue until age 75. The Multi-Society Task Force on Colorectal Cancer (2017) recommends that African Americans should start colorectal cancer screening at the age of 45.** **The options for CRC screening for average risk patients are:** • Fecal immunochemical test, annually; • High-sensitivity, guaiac-based fecal occult blood test, annually; • Multi-target stool DNA test every 3 years; • Colonoscopy every 10 years; • Computed tomography colonography every 5 years; • Flexible sigmoidoscopy every 5 years. **NOTE: Digital Rectal Exam (DRE) is excluded as a screening method for CRC**
Recommendations/ Other Considerations	**Recently released by the American Cancer Society (2018):** • Adults aged 45 years and older with an average risk of colorectal cancer (CRC) undergo regular screening with either a high-sensitivity stool-based test or a structural (visual) examination, depending on patient preference and test availability. **This recommendation has not been endorsed by other governing bodies such as the U.S. Preventative Services Task Force (USPSTF), therefore, it is still recommended that screening start at 50 years old for adults who are at average risk of colorectal cancer. Updated guidelines will be forthcoming in the future.** **American Cancer Society also endorsed:**

	• 1) Average-risk adults in good health with a life expectancy of more than 10 years continue CRC screening through the age of 75 years; • 2) Clinicians individualize CRC screening decisions for individuals aged 76 through 85 years based on patient preferences, life expectancy, health status, and prior screening history; and • 3) Clinicians discourage individuals older than 85 years from continuing CRC screening.
Implementation Components **Identify component(s) of the guideline CHC should adopt.**	**Key Components/Message:** Colorectal cancer is the second most common cause of cancer death in the United States. Earlier detection can lead to better outcomes and less intensive treatments. • Screening for colorectal cancer should be a routinely promoted health maintenance item within the applicable age groups • Patients should be made aware of the different types of screening available and the advantages and disadvantages of each one • Colonoscopy is considered the "gold standard" in colorectal cancer screening The end goal is to have patients follow through with a screening utilizing one of the available screening options.
CHC Adoption and Implementation Resources	Resources available in UpToDate https://www.uptodate.com/contents/screening-for-colorectal-cancer-strategies-in-patients-at-average-risk • https://www.uptodate.com/contents/screening-for-colorectal-cancer-in-patients-with-a-family-history-of-colorectal-cancer • https://www.uptodate.com/contents/tests-for-screening-for-colorectal-cancer
Other Supplemental Documents **(to support guideline adoption/education)**	• Colorectal Cancer Screening Improvement Toolkit: http://chicagohealthcolleagues.com/wp-content/uploads/2018/06/WCHQ-Colorectal-Cancer-Screening-Improvement-Toolkit.pdf • American Cancer Society Guideline Summary and screening option comparison chart: https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/summary-for-clinicians-acs-guideline-for-colorectal-cancer-screening.pdf • CDC Printable Patient Education Materials: https://www.cdc.gov/cancer/dcpc/publications/index.htm

Clinical Guideline* | Colorectal Cancer Screening

Quality Measures and Associated Programs List of current related CHC and ACO quality measures	**Blue Cross and Blue Shield of Illinois Commercial ACO and Medicare Next Generation ACO Quality Measure specifications:** • Patients 50-75 years of age • Fecal occult blood test (FOBT), yearly • Flexible Sigmoidoscopy, this year, or in the prior 4 years • Colonoscopy, this year, or in the prior 9 years • Computed tomography (CT) colonography this year, or in the prior 4 years • Fecal immunochemical DNA test (FIT-DNA) this year, or in the prior 2 years **(FIT-DNA/Cologuard may require prior authorization from BCBS)** Excludes: Patients with a diagnosis of colorectal cancer or total colectomy
Strategies to Improve Performance	**Office practices and procedures:** • Make sure all staff members are educated and committed to the goal of promoting colorectal cancer screening with applicable patients • Implement a system of tracking when patients are due for a colorectal cancer screening • Track whether patients complete a colorectal cancer screening within 90 days of when a provider notifies them that screening is needed • Create a checklist to track if take home test kit results were sent in and results received back within 90 days • Send letters to patients who have a family history of colorectal cancer and have not had their screening or rescreening completed • Counsel apprehensive patients on the screening options that are available • Set an ambitious goal to improve the colorectal cancer screening rate, discuss how the process is working, and share progress monthly with providers / staff • Have a referral resource available to make a direct referral to a specialist for colonoscopy or other structural exam • Make sure you are aware of what insurance plans your specialist referral sources accept and have back up referral resources available should an insurance issue arise
Coding and Documentation Tips	NA
HCC Coding and Documentation Tips	NA
CHC Colorectal Cancer Clinical Guideline Workgroup	• Dr. Wayne Lue, MD • Dr. Jim Draguesku, MD • Dr. Andrius Kudirka, MD

Clinical Guideline* | Colorectal Cancer Screening

Misc. References	https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/colorectal-cancer-screening-guidelines.html https://www.uptodate.com/contents/screening-for-colorectal-cancer-strategies-in-patients-at-average-risk https://www.uptodate.com/contents/screening-for-colorectal-cancer-in-patients-with-a-family-history-of-colorectal-cancer https://www.uptodate.com/contents/tests-for-screening-for-colorectal-cancer
Rationale	Screening for colorectal cancer (CRC) can identify premalignant lesions and detect asymptomatic early-stage malignancy. Screening has been shown to decrease mortality from CRC.

Last Revised: January 21, 2021

**These guidelines are provided only as "guides" or assistance for physicians making clinical decisions regarding the care of their patients and may not apply to all patients and all clinical situations. Thus, they are not intended to override clinicians' judgment. As such, they cannot substitute the individual judgment brought to each clinical situation by the patient's physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.*