

The Dos and Don'ts of Colorectal Cancer Screening

Do's

- ✓ **Do** make a recommendation! Be clear that screening is important. Ask patients about their needs and preferences. The best test is the one that gets done.
- ✓ **Do** use the American Cancer Society and/or the USPSTF recommendations for colorectal cancer screening in average-risk adults, starting at age 50.*
- ✓ **Do** assess your patient's family history, medical history, and age.
- ✓ **Do** be persistent with reminders.
- ✓ **Do** develop standard office operating procedures and policies for colorectal cancer screening, including the use of EHR prompts and patient navigation.

Don'ts

- ✗ **Do not** use digital rectal exams (DREs) for colorectal cancer screening. In 1 large study, DREs missed 19 of 21 cancers.
- ✗ **Do not** repeat a positive stool test. Always refer the patient for a colonoscopy.
- ✗ **Do not** use stool tests on those with a higher risk. A colonoscopy must be performed.
- ✗ **Do not** forget to use non-clinical staff to help make sure screening gets done. They can hand out educational materials and schedule follow-up appointments.
- ✗ **Do not** forget to coordinate care across the continuum.

** If a patient at any age is symptomatic, please evaluate and refer them as needed for a colonoscopy.*