

80% by 2018



What can Women's Health Providers Do to Advance 80% by 2018?



Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, yet it's one of the most preventable.

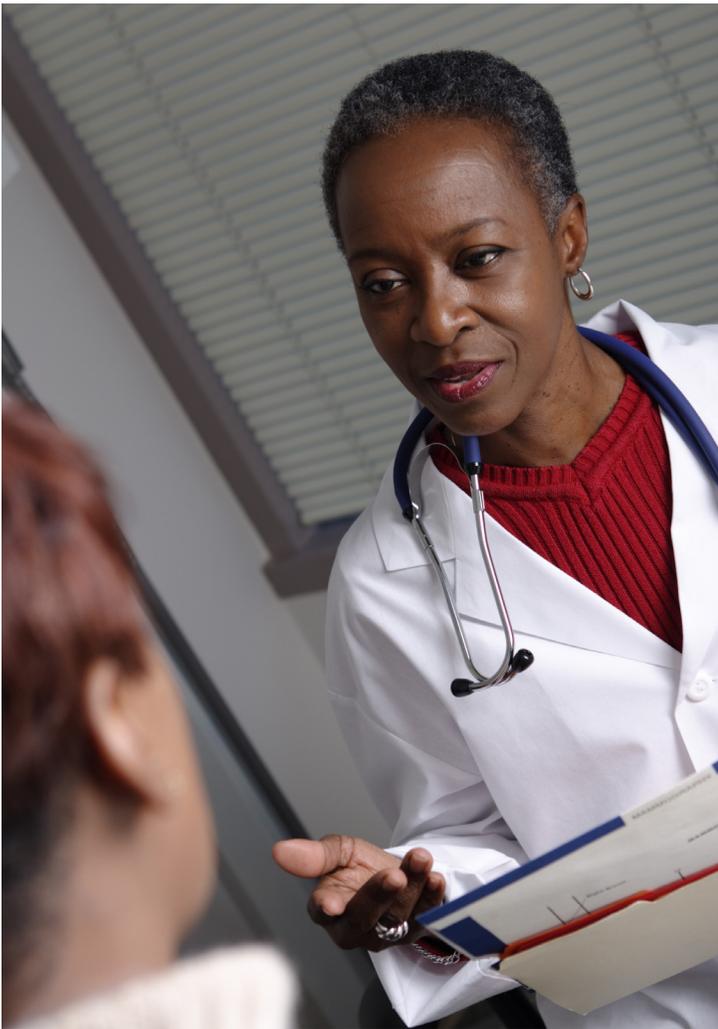
Join the national effort to get 80% of adults ages 50 and older regularly screened for colorectal cancer by 2018.

80% by 2018 is a National Colorectal Cancer Roundtable initiative in which hundreds of organizations have committed to reducing colorectal cancer as a major public health problem. Organizations are working toward the shared goal of 80% of adults ages 50 and older being regularly screened for colorectal cancer by 2018. The American College of Obstetricians and Gynecologists (ACOG) is a proud supporter of this effort.

**The number of colorectal cancer cases is dropping, thanks to screening.
We are helping save lives.
We can save more.**



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



As a physician, here are six things that you can do to support 80% by 2018:

1. Understand the toll colorectal cancer can take on your patients, and make sure your knowledge is up to date about the recommended screening options.

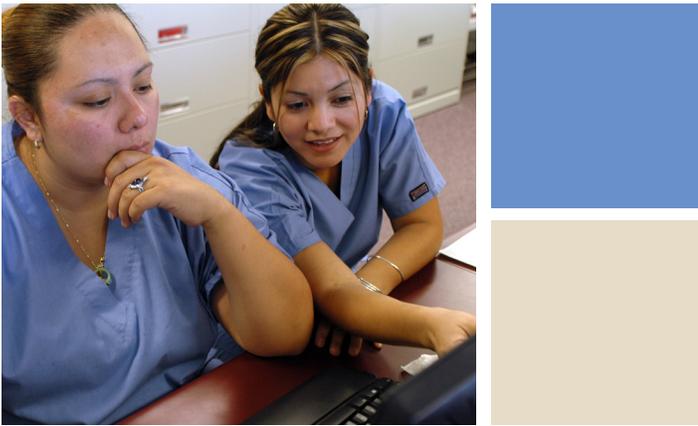
- Colorectal cancer affects men and women in nearly equal numbers. An estimated 23,170 women will die of colorectal cancer in 2016.¹
- Update your knowledge about the evidence supporting colorectal cancer screening and the various screening modalities.²
- Understand the connection between other women's cancers and colorectal cancer. For instance, there is an association between endometrial cancer and HNPCC/Lynch syndrome, with uterine cancer often being the primary presentation.^{3,4,5}

2. Understand the power of the physician recommendation. Recommend colorectal cancer screening to your patients ages 50 and older, as well as to younger patients who have an increased risk of disease; they may need to start screening at an earlier age.

- Your recommendation is ***the most influential factor*** in whether a person decides to get screened.
- Surveys show that 90% of people who reported a physician recommendation for colorectal cancer testing were screened, while only 17% of those who reported that they did not have a provider recommendation were screened.⁶
- In a recent survey, "My doctor did not recommend it" was the primary reason for not getting screened among blacks, and the third most commonly cited reason among Hispanics.
- Women are often the gatekeepers of their family's health. Ensure that even younger patients are aware of the importance of screening to convey to their spouse, parents, and other family members.

How can you be part of the national effort to make sure 80% of adults ages 50 and older are regularly screened for colorectal cancer by 2018?





3. Understand the screening options for colorectal cancer. Educate your patients and staff on the various options.

- There are several acceptable screening options, including: colonoscopy and stool tests (guaiac-based fecal occult blood test [gFOBT] and fecal immunochemical test [FIT]).
- High-quality stool testing programs⁷ using gFOBTs and FITs can help save lives with annual testing and appropriate follow-up of all positives.
- Some patients cannot or will not have a colonoscopy. Patients should be made aware that there are alternatives to colonoscopy for screening. When informed of their options, many patients prefer stool tests.
- Screening with gFOBT or FIT requires that stool specimens be collected at home. One study demonstrated that the in-office stool test missed 90% of cancers found at subsequent colonoscopy.⁸ ACOG recommends against in-office stool testing.⁹

4. Measure the colorectal cancer screening rate in your practice; it may not be as high as you think. Track colorectal cancer screening along with breast and cervical cancer screening.

- Set goals to get screening rates up.
- Recognize clinicians in your practice who are meeting screening goals.
- Share advice with those who could be doing better.
- Utilize available tools to help your staff understand how to accurately measure screening rates.¹⁰

5. Use evidence-based practice changes to systematize screening in your office.⁷ More screening doesn't have to mean more work for you.

- Set up reminder systems, which have been demonstrated to be effective.

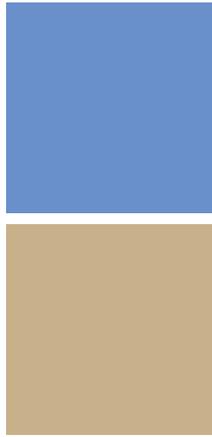


- Rely on your staff to alert you to patients who are due for screening, even if they are not coming in for a wellness visit.
- Have standing protocols in place to make sure that patients at any age – and all risk-eligible patients – get a recommendation when they are due for screening.
- Offer educational materials in waiting and exam rooms, and promote screening during National Colorectal Cancer Awareness Month in March with research-tested messages, which can be found in the [80% by 2018 Communications Guidebook](#).¹¹

6. Make sure that patients and staff understand that most insurance companies are required to cover colorectal cancer screening.

- Affordability is a very real barrier for some patients, but most insurance companies are now required to cover colorectal cancer screening tests.
- Know the resources and support available in your area to recommend the best option for screening and appropriate follow-up.

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Visit nccrt.org/about/provider-education or cancer.org/colonmd to learn more about how to act on the preceding recommendations and be part of 80% by 2018.

Sources

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