

A PROVIDER'S GUIDE TO COLORECTAL CANCER SCREENING



Do

- ✓ **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 the USPSTF recommendation to start colorectal cancer screening in average-risk adults at age 45.*
- ✓ **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.

**Some health plans will not be required to follow the May 2021 USPSTF recommendation that lowered the age from 50 to 45 until 2023. Patients under age 50 should talk to their insurance provider about their coverage.*

Don't

- ✗ **Do not** use digital rectal exams (DREs) for colorectal cancer screening. In one large study, DREs missed 19 of 21 cancers.
- ✗ **Do not** repeat a positive stool test. Any abnormal finding should be followed up with a colonoscopy.
- ✗ **Do not** use stool tests on those with a higher risk. A colonoscopy must be performed.
- ✗ **Do not** minimize or ignore symptoms in patients younger than screening age. Evaluate and refer symptomatic patients to colonoscopy as needed, regardless of age.
- ✗ **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.

