

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.

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.