



NATIONAL
COLORECTAL
CANCER
ROUNDTABLE



A Clinician's Guide to Colorectal Cancer Screening

✓ DO

- ✓ **Do** make a recommendation! Be clear that screening is important. Ask patients about their needs and preferences. Several test options are available.
- ✓ **Do** use the American Cancer Society and the USPSTF recommendation to start colorectal cancer screening in average-risk adults at age 45.
- ✓ **Do** discuss colorectal cancer screening with patients prior to the age 45. Colorectal cancer is now the leading cause of cancer death in men and the second in women younger than age 50. Conversations about when to screen based on age, familial cancer history, and risk factors should begin early.
- ✓ **Do** assess your patient's family history and medical history.
- ✓ **Do** be persistent with reminders.
- ✓ **Do** communicate that it is essential to follow any positive or abnormal non-colonoscopy test with a timely colonoscopy. Delays in receiving follow-up colonoscopy are associated with increased colorectal cancer incidence and mortality.
- ✓ **Do** develop standard office operating procedures and policies for colorectal cancer screening, including the use of electronic health record prompts and patient navigation.
- ✓ **Do** encourage patients to alert you if they experience symptoms related to colorectal cancer. These may include blood in the stool, persistent abdominal pain, changes in bowel habits, or unexplained weight loss.

✗ 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 an abnormal stool test. Any abnormal finding should be followed up with a timely 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 help hand out educational materials and schedule follow-up appointments.
- ✗ **Do not** forget to coordinate care across the continuum. Effective care coordination between primary care and other specialty physicians is essential.
- ✗ **Do not** forget how helpful culturally and linguistically appropriate messaging about colorectal cancer screening can be to encourage on-time and regular screening.