

# Colorectal Screening Clinical Practice Guideline



## Overview of the Condition/Disease

**Definition:** Screening tests that check the colon and rectum for signs of cancer or growths, called polyps, that could become cancerous. It is done in people that have no symptoms and have no suspicion of cancer. The goal is to identify colorectal cancer and remove polyps before they become cancerous or cause problems.

**Pathophysiology:** Colorectal cancer (CRC) starts in the colon or rectum when cells start to grow out of control. Most colorectal cancers start as a growth on the inner lining of the colon or rectum, called a polyp.

### Types of Colorectal screenings:

- Colonoscopy: valid for 10 years (looks at the entire colon-can remove polyps)
- Flexible Sigmoidoscopy: valid for 5 years (looks at the lower 1/3 of the colon)
- CT Colonography: valid for 5 years ("virtual colonoscopy", uses images to look at the entire colon)
- FIT-DNA testing (Cologuard): valid for 3 years (looks at a whole stool sample and analyzes for altered DNA -cancer cells-can be done at home)
- Guaiac Fecal Occult Blood Test (gFOBT): Requires up to 3 separate samples. valid for 1 year (used to detect blood in the stool, only uses a small sample of stool-can be done at home)
- Immunochemical Fecal Occult Blood Test (iFOBT) (also known as the FIT test-not to be confused with FIT-DNA): Requires ONLY 1 sample. Test valid for 1 year (used to detect blood in the stool, only uses a small sample of stool-can be done at home)



## Best Practice Standards for Prevention and Management

**Education:** Age is a major factor in colorectal cancer, the incidence begins to increase significantly between the ages of 40 and 50

### Interventions:

- People age 45-75 should be screened; the frequency of testing should be based on the type of test completed
- People should be screened before the age of 50 if they have any of the additional conditions negatively impacting the condition or disease listed below

**Lifestyle changes:** Physical activity, a healthy, well-balanced diet high in fiber

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## Additional conditions that negatively impact the condition/disease:

- Positive family history
- Black, American Indian or Alaskan Native ethnicity
- Men
- Age > 45
- Inflammatory Bowel Disease
- History of abdominal radiation
- Predisposing inherited syndrome
- Tobacco use
- Alcohol use
- Obesity
- Eating a diet high in red and processed meats

## Anticipating, Recognizing, and Responding to Symptoms



Seek timely medical attention when current interventions and/or medications are not managing symptoms.

### Potential symptoms and their Manifestations

- Change in bowel habits (most common symptom): typically, more common for left-sided cancers compared to right sided
- Rectal bleeding in combination with change in bowel habits: hematochezia is more likely with rectal than colon cancers and occult colonic bleeding is more common with cecal and ascending colon cancers
- Rectal mass or abdominal mass
- Iron deficiency anemia
- Abdominal pain
- Emergency admission with intestinal obstruction, peritonitis or rarely, an acute gastrointestinal bleed



### Interventions to manage symptoms:

- Surgery to remove the part of the colon or rectum that has the cancer; this type of surgery may require the use of an ostomy for a period of time to rest the bowel for the healing process
- Chemotherapy
- Radiation therapy

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## Guidelines and Process for Interdisciplinary Team

Members age 45-75 should have a colorectal screening regularly (timing depends on the test)

- Exclusions:
  - Member in hospice
  - Total Colectomy
  - History of colorectal cancer

Schedule appointments early (waiting lists can be months out)

Prevention and Wellness Policy



## Quality Assurance Monitoring

Quality Management identifies the eligible population and provides care teams with a list to monitor and encourage screenings throughout the year.



## References

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