

# Colorectal Cancer Screening

## Prevention and Wellness Practice Guideline



### Overview of the Condition/Disease

**Definition:** Colorectal cancer screening tests check the colon and rectum for signs of abnormal growths, called precancerous polyps. 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, called a polyp, on the inner lining of the colon or rectum.

#### Types of Colorectal screenings:

- Colonoscopy: valid for 10 years for people who do not have an increased risk of colon cancer (looks at the entire colon-can remove polyps)
- Flexible Sigmoidoscopy: valid for 5 years or 10 years with a FIT every year (looks at the lower 1/3 of the colon)
- CT Colonography (“Virtual Colonoscopy): valid for 5 years (uses images to look at the entire colon)

#### Stool Tests:

- 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-Based 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)
- Fecal Immunochemical Test (FIT) (not to be confused with FIT-DNA): Requires only 1 sample. Test valid for 1 year (uses antibodies 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:

Colorectal cancer is a leading cause of death in the United States, but it doesn't have to be. Routine screening can find precancerous polyps and remove them before they turn into cancer. Screening can also find colorectal cancer at an early state, when treatment works best.

#### Interventions:

- People aged 45-75 should be screened routinely (HEDIS tracks screenings for anyone age 50-75); the frequency of testing should be based on the type of test completed

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- People should speak to their doctor about being screened before the age of 45 if they believe they are at increased risk or have any of the risk factors listed below

### Risk Factors:

- Personal family history of colorectal cancer or colorectal polyps
- Black, American Indian or Alaskan Native ethnicity
- Men
- Age > 45
- Inflammatory Bowel Disease, such as Crohn's disease or ulcerative colitis
- A genetic syndrome such as familial adenomatous polyposis or Lynch syndrome
- Tobacco use
- Alcohol use
- Overweight and obesity
- Lack of regular physical activity
- A diet low in fruit and vegetables
- Eating a diet high in red and processed meats, or a low-fiber and high-fat diet

**Recommended lifestyle changes:** A diet low in animal fats and high in fruits, vegetables, and whole grains is often recommended to reduce the risk of chronic diseases and may also reduce the risk of colorectal cancer. Increasing physical activity, keeping a healthy weight, limiting alcohol consumption, and avoiding tobacco may also reduce the risk.

## Anticipating, Recognizing, and Responding to Symptoms



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

It is important to note that colorectal polyps and colorectal cancer don't always cause symptoms, especially at first.

### Potential symptoms and their manifestations:

- Change in bowel habits
- Blood in or on your stool (bowel movement)
- Diarrhea, constipation, or feeling that the bowel does not empty all the way
- Abdominal pain, aches, or cramps that don't go away
- Unexplained weight loss

If you are experiencing any of these symptoms, speak to your doctor immediately.

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## Interventions for treatment and symptom management:

- 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



## Guidelines and Process for Interdisciplinary Team

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

- Exclusions:
  - Member in hospice or receiving palliative care
  - Members who had a total Colectomy
  - Member with a history of colorectal cancer
  - Members living in a skilled nursing facility
  - Members 66 years and older meeting Frailty and Advanced Illness Criteria based on claims.



## 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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[cancer?search=colorectal%20cancer%20sympoms&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www.cancer.org/cancer/colon-rectal-cancer/about/what-is-colorectal-cancer.html)

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