



Colorectal Cancer Screening

This Care Pathway is intended to provide guidance for Penn State Health and affiliated providers in the evaluation and screening of Colorectal Cancer. The guidance provided in this document is based on evidence-based standards. This document provides an approach applicable for most patients; however, clinicians should use clinical judgement and adapt to individual patients and situations.

BACKGROUND

There is very strong evidence that screening for colorectal cancer reduces morbidity and mortality from this condition, and that these benefits outweigh the risks of testing. Testing is now widely available with a variety of options, making it easier to identify a method that is acceptable to our patients. The screening methods are differentiated into Tier 1 (best option) and Tier 2 (good alternatives).

GOALS

We will improve awareness and understanding of the available methods for colorectal cancer screening throughout the population we serve. This will support our goal to provide evidence-based, individualized colorectal cancer screening for every at-risk individual who chooses to get tested. Additionally, our goal is to insure that all tests that are not normal have documented additional follow up and testing per this guideline.

OUTCOMES MEASUREMENT

We will measure the rates of colorectal cancer screening in all individuals aged 50-74 for whom we care. This will include the percentage of individuals screened using each available method (colonoscopy, FIT, etc.)

CARE TEAM OPPORTUNITIES

We will develop clinical protocols (workflow redesigns) to improve efficiency and, ultimately, screening rates. For example, Quality personnel and/or office-based staff will identify patients who are candidates for screening, and facilitate the order for the appropriate tests.

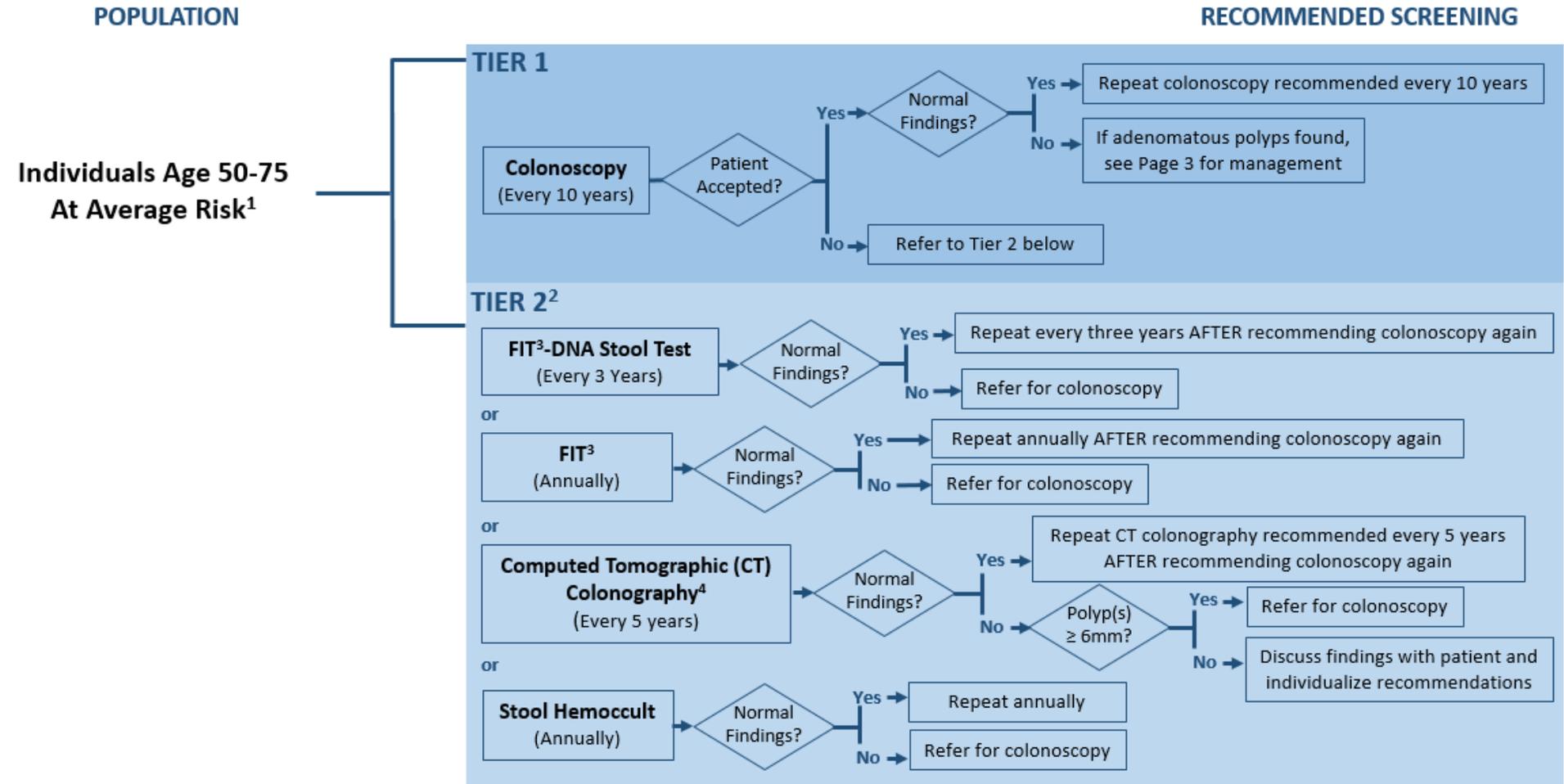
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Average Risk – Colorectal Cancer Screening

Diagrams modified from: <https://www.mdanderson.org/content/dam/mdanderson/documents/for-physicians/algorithms/screening/screening-colorectal-web-algorithm.pdf>



¹ Consider starting at age 45 years in all average-risk individuals (per 2018 American Cancer Society guidelines, and based on patient preference), **but be aware that population-based modeling, not clinical studies, are the basis of the ACS guidelines, and that insurance may not pay for testing.** African Americans have a higher risk of colorectal polyps and cancers; it is important to start screening this population by age 50. Follow-up testing frequency for all individuals is based on colonoscopy findings.

² There are no comparative studies of all of the methods listed in Tier 2. However, we recommend that the following order of preference be strongly considered - based on an

estimate of comparative effectiveness, cost, ease of use for the patient, frequency of testing, and individual patient preference considerations:

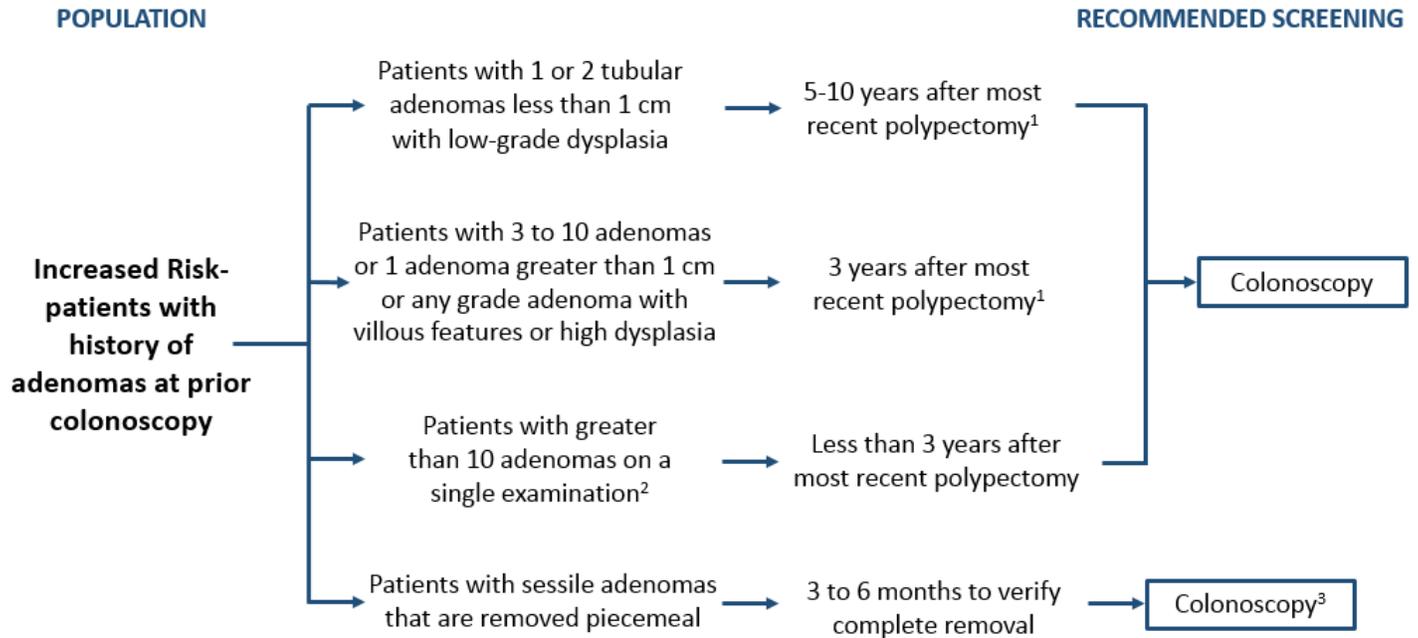
- A. FIT-DNA stool test
- B. FIT stool test
- C. CT colonography
- D. Stool hemocult

³ FIT – Fecal immunochemical test

⁴ Preauthorization with one’s insurance carrier is always advised.



Increased Risk – Colorectal Cancer Screening

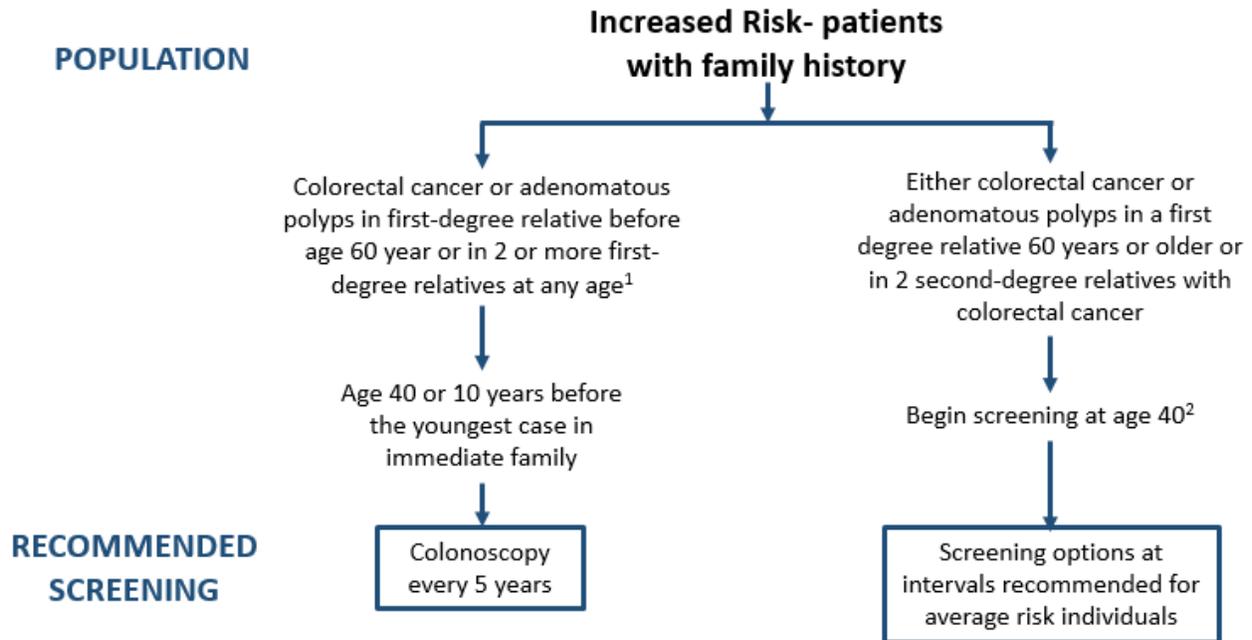


¹ Precise timing based on clinical factors, patient and physician preference.

² Genetic evaluation for familial cancer syndromes is recommended.

³ Surveillance individualized based on endoscopist judgment.

Increased Risk – Colorectal Cancer Screening



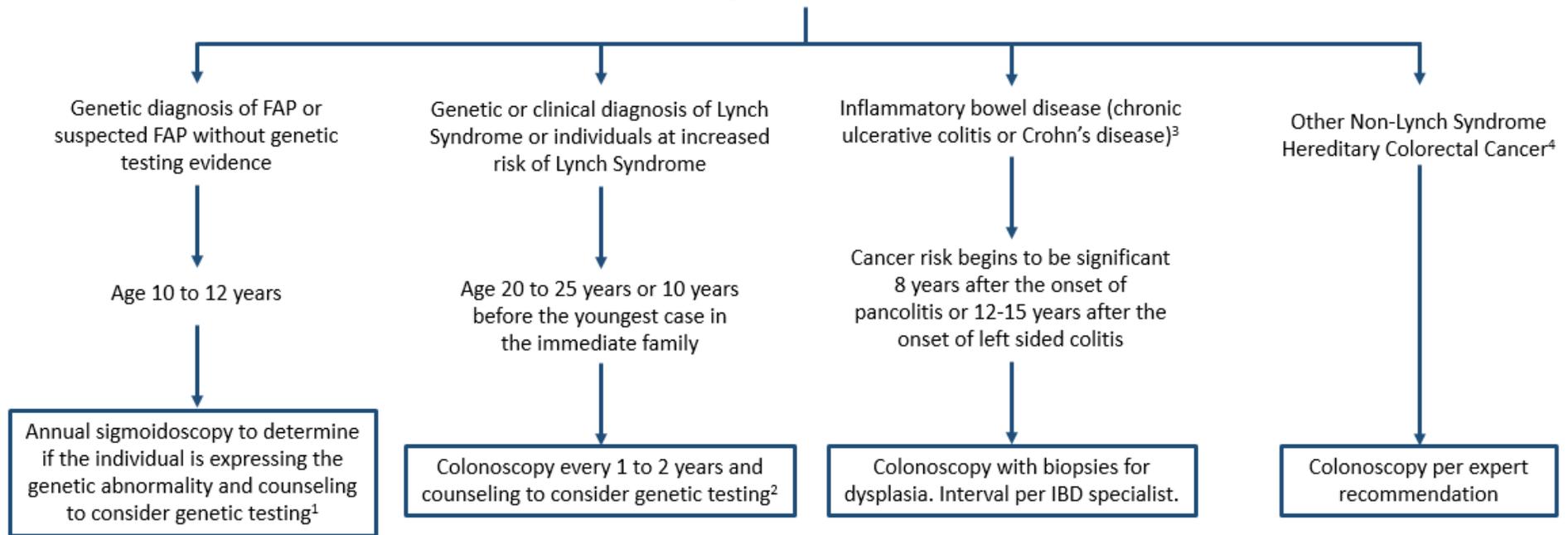
¹ Consider Familial Syndrome

² Screening should begin at an earlier age, but individuals may be screened with any recommended form of testing



High Risk – Colorectal Cancer Screening

High Risk Patient



¹ If the genetic test is positive, refer to colorectal surgery.

² Genetic testing for Lynch Syndrome should be offered to first-degree relatives of persons with a known inherited Lynch Syndrome gene mutation.

³ These patients are best referred to a center with experience in the surveillance and management of inflammatory bowel disease.

⁴ These patients are best referred to a center with experience in the surveillance and management of inherited colorectal cancer syndrome.

