Challenges in Colorectal Screening: How to Improve Screening Rates

Colorectal Cancer: Causes, Incidence Rates, Risk Factors, AND Latest Recommendations and Guidance for Screening

- Be aware of your patients' age
- 10.5% of **new** CRC cases are in people < 50 years of age
- USPSTF's recommendations: A for ages 50-75, B for age 45-49, C for ages 76-85

Recommendation Summary

Population	Recommendation	Grade
Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	A
Adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	B
Adults aged 76 to 85 years	The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults aged 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health, prior screening history, and preferences.	C

- Be aware of your patients' sex
  - CRC is the 2nd most common cause of cancer death in US men and women (combined)
  - The incidence of CRC is 25% higher in males than females
- Be aware of your patients' race/ethnicity
  - African Americans have the worst CRC stats for screening, time of diagnosis and survival
    - Incidence is 20% higher than in White Americans
    - American Indian, Alaska Native, Asian/Pacific Islander stats almost as bad
- Be aware of your patients' socioeconomic reality/geographic location

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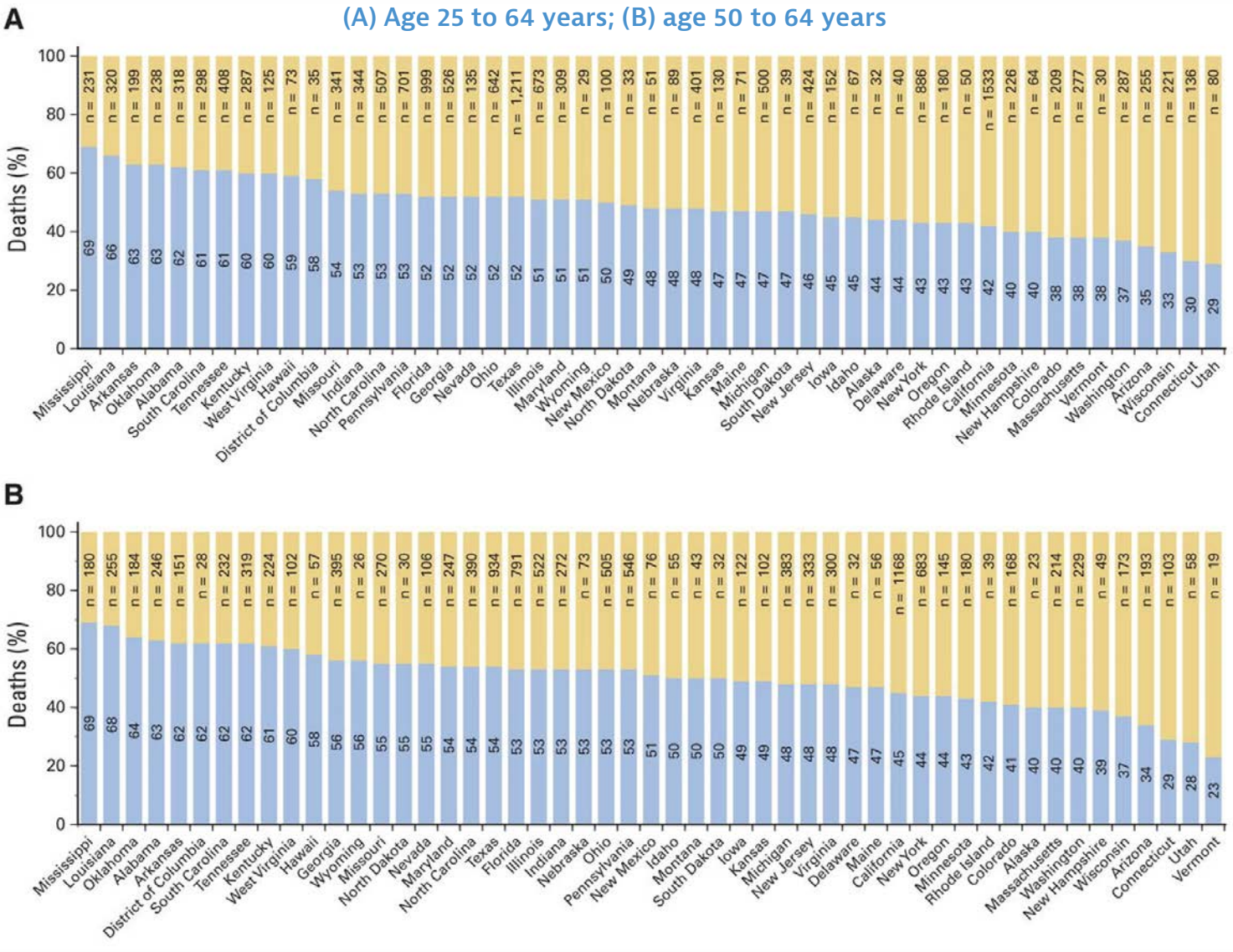
Proportion of colorectal cancer deaths that could be avoided annually in each state by eliminating racial/ethnic, socioeconomic, and geographic inequalities

(A) Age 25 to 64 years; (B) age 50 to 64 years



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Colorectal Cancer: Causes, Incidence Rates, Risk Factors, AND Latest Recommendations and Guidance for Screening (cont)

- Know the risk factors
  - **Non-modifiable:** Age, Sex, Race, Inflammatory bowel disease (IBD), Family History
  - **Modifiable:** Poor Diet, Lack of Physical Activity, Smoking, Excess Alcohol, BMI > 30
- Sources:
  - Rawla P, Sunkara T, Barsouk A. Epidemiology of colorectal cancer: incidence, mortality, survival, and risk factors. *Prz Gastroenterol*. Epub 2019 Jan 6.
  - Lansdorp-Vogelaar I, Kuntz KM, Knudsen AB, et al. Contribution of screening and survival differences to racial disparities in colorectal cancer rates. *Cancer Epidemiol Biomarkers Prev*. 2012;21:728–36.
  - Pankratz VS, Kanda D, Edwardson N, et al. Colorectal Cancer Survival Trends in the United States From 1992 to 2018 Differ Among Persons From Five Racial and Ethnic Groups According to Stage at Diagnosis: A SEER-Based Study. *Cancer Control*. 2022;29:10732748221136440. doi:10.1177/10732748221136440

Screening Options: Benefits, Risks, Costs, and Outcomes

- Know Your Screening Options:
  - **Guaiac Fecal Occult Blood Test (or gFOBT):** 33% reduction in CRC mortality; q yearly. (+) results require colonoscopy.
  - **FIT (Fecal Immunochemical Test):** greater accuracy than gFOBT; small sample collected at home; q yearly. (+) results require colonoscopy.
  - **FIT-DNA:** Improved sensitivity over FIT; whole bowel movement collected at home; q1-3 years (per manufacturer). (+) results require colonoscopy.
  - **Colonoscopy:** Requires bowel prep; not done at home BUT diagnostic and therapeutic; q10 yrs.
  - **Flexible sigmoidoscopy:** It has its place, but this only examines the lower third of the colon and rectum; q5 years; q10 years w/FIT.
  - **CT colonography:** Only if necessary; q5 yrs.
- Get the details here (Table 1): **Recommendation: Colorectal Cancer: Screening | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)**
- Correlate the information to make the best screening decisions for your patients based on sex, age, race, ethnicity, and socio-economic status
- And remember: The best screening test is the one that gets DONE!!

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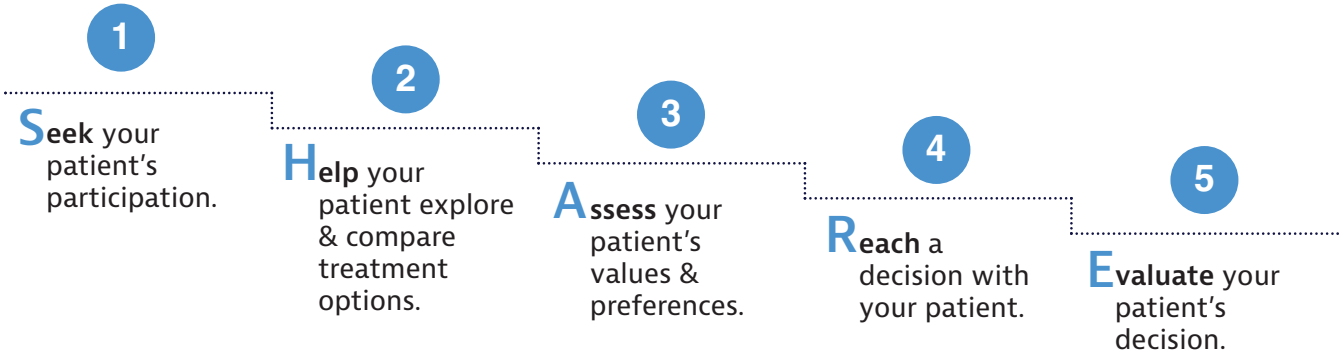
Work Collaboratively With Patients Using Shared Decision-Making Information **AND** Assess Barriers to Adherence to CRC Screening and Strategies to Improve Adherence

The SHARE Approach: 5 Essential Steps of Shared Decision-Making



Summary:
JAMA | USPSTF Task Force | Recommendations Statement

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