



## In This Issue

Gaps in care Outreach topic:

### Colorectal Cancer Screening

Follow the Link:

Helpful Links:

<https://www.cdc.gov/colorectal-cancer/screening/index.html>

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Colorectal cancer remains one of the most diagnosed cancer types in the U.S. and a leading cause of cancer-related death, according to the Colorectal Cancer Alliance.

While overall cancer death rates have declined, the incidence of colorectal cancer in adults under 50 has been steadily climbing. In fact, the disease has become the leading cause of cancer death in adults under 50.

Current U.S. Preventive Services Task Force guidelines recommend screening for colorectal cancer begin at age 45 unless one has a personal or family history of the disease, inflammatory bowel disease (IBD) or other known risk factors. Screenings should continue at regular intervals until age 76, at which point the decision should be made on an individual basis with one's physician.

#### Core Components of Optimal Screening:

- **Target Group:** Average-risk adults aged 45 to 75.
- **Gold Standard:** Colonoscopy every 10 years (high sensitivity, allows for immediate polyp removal).
- **Alternative Options:**
  - Annual FIT or High-sensitivity guaiac fecal occult blood test (HSgFOBT).
  - Stool DNA-FIT (Mt-sDNA) every 1–3 years.
  - Flexible sigmoidoscopy every 5 years (or every 10 with annual FIT).
  - Computed Tomography (CT) colonography every 5 years.
- **High-Risk Strategy:** Individuals with a family history or specific genetic disorders may require earlier, more frequent, or different diagnostic methods

#### Best Practices for Implementation

- **Strong Recommendation:** A physician's recommendation is the most influential factor in a patient getting screened.
- **Offer Choices:** Offer a choice between stool-based tests (for ease and low invasiveness) and colonoscopy (for prevention via polyp removal) to improve compliance.
- **Risk-Stratified Screening:** For high-risk individuals (family history of CRC/polyps, IBD), screening should start before age 45 (often at 40 or 10 years younger than the youngest affected relative).
- **Use Reminder Systems:** Utilize Electronic Medical Record (EMR) prompts to identify patients due for screening.
- **Ensure Follow-up:** Positive results from any non-colonoscopy test (FIT, stool DNA) **must** be followed up with a diagnostic colonoscopy

**Reach out to your UOP PCP today!**

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