How Can Women's Health Providers Save More Lives from Colorectal Cancer?

Learn what you can do to advance the shared goal to reach screening rates of 80% and higher in adults ages 45 and older.

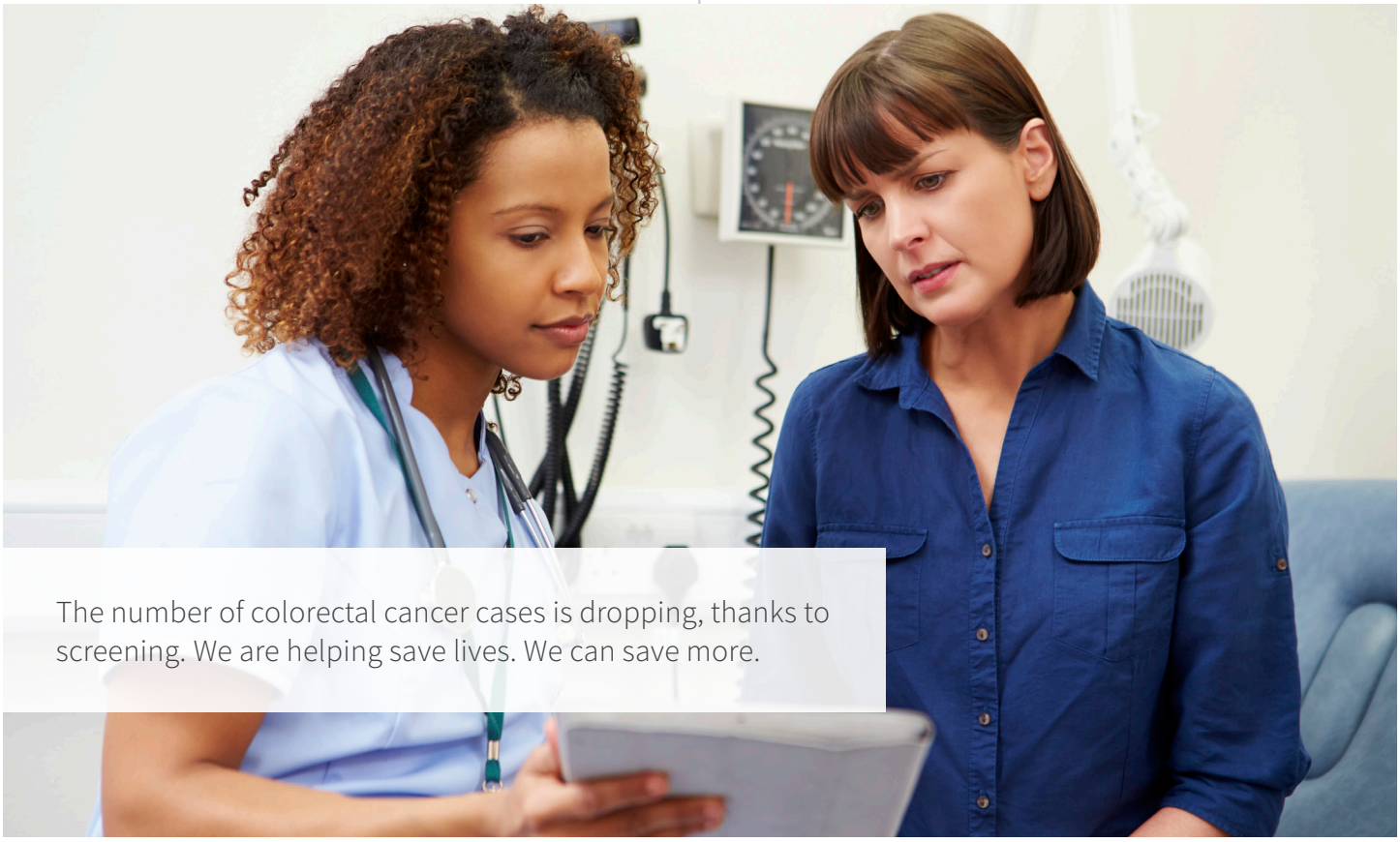
Colorectal cancer is the second-leading cause of cancer-related deaths for men and women combined, yet it is often preventable.

It's now recommended that all men and women at average risk of colorectal cancer start regular screening at age 45. Yet, about 1 in 3 adults ages 50 and older – about 38 million people – is not getting screened as recommended. The shift to screening at age 45 will only add to this deficit.

Fortunately, there are several high-quality screening tests for colorectal cancer. Learn how you can play a role in saving more lives from colorectal cancer.

80% in Every Community is a National Colorectal Cancer Roundtable initiative in which more than 1,800 organizations are working toward the shared goal of reaching colorectal cancer screening rates of 80% and higher in communities across the nation.

The American College of Obstetricians and Gynecologists (ACOG) is a proud supporter of this effort.



The number of colorectal cancer cases is dropping, thanks to screening. We are helping save lives. We can save more.

Everyone deserves to live a life free of colorectal cancer.

Working together we can achieve 80% in Every Community.

As a physician, here are six things that you can do to support 80% in Every Community:

1

Understand the toll colorectal cancer can take on your patients, and make sure your knowledge is up to date about the recommended screening options.

2

Understand the power of the physician recommendation for your patients ages 45 and older, as well as to younger patients who have an increased risk of disease.

3

Understand the screening options for colorectal cancer. Educate your patients and staff on the various options.

4

Measure the colorectal cancer screening rate in your practice; it may not be as high as you think. Track colorectal cancer screening along with breast and cervical cancer screening.

5

Use evidence-based practice changes to systematize screening in your office. More screening doesn't have to mean more work for you.

6

Make sure that patients and staff understand that most insurance companies are required to cover colorectal cancer screening.

1

Understand the toll colorectal cancer can take on your patients, and make sure your knowledge is up to date about the recommended screening options.

- Colorectal cancer affects men and women in nearly equal numbers. An estimated 70,340 women will be diagnosed with colorectal cancer in 2022.[1]
- Update your knowledge about the evidence supporting regular colorectal cancer screening and the various screening modalities.[2]
- Understand the connection between other women's cancers and colorectal cancer. For instance, there is an association between endometrial cancer and HNPCC/Lynch syndrome, with uterine cancer often being the primary presentation.[3,4,5]

2

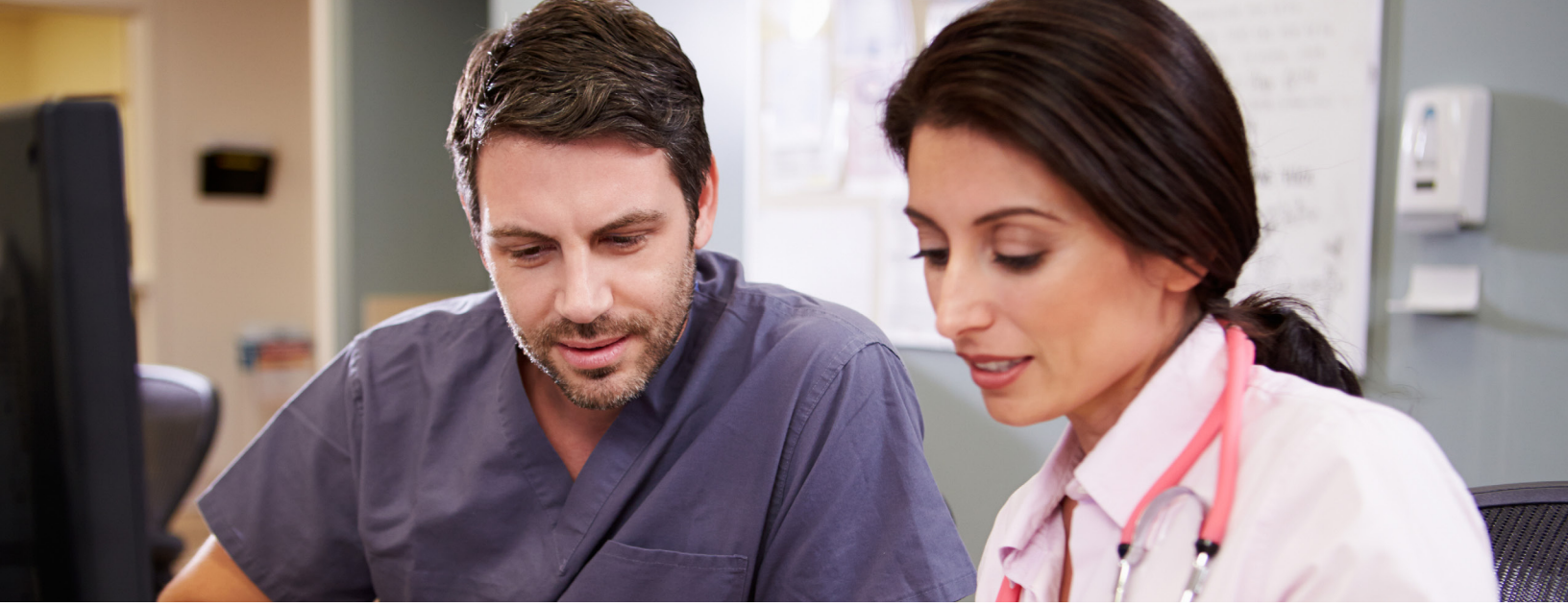
Understand the power of the physician recommendation. Recommend colorectal cancer screening to your patients ages 45 and older, as well as to younger patients who have an increased risk of disease; they may need to start screening at an earlier age.

- Your recommendation is ***the most influential factor*** in whether a person decides to get screened.
- Surveys show that 90% of people who reported a physician recommendation for colorectal cancer testing were screened, while only 17% of those who reported that they did not have a provider recommendation were screened.[6]
- Recent market research shows unscreened women are most likely to cite unpleasantness of prep and no family history as barriers to getting screened.[7]
- Women are often the gatekeepers of their family's health. Ensure that even younger patients are aware of the importance of screening to convey to their spouse, parents, and other family members.

Early Age Onset Colorectal Cancer

Research now indicates half of new diagnoses are now in people 66 and younger. An estimated 18,000 cases of CRC (12%) were diagnosed in people under 50 in 2020, with 1 in 4 patients younger than 50 diagnosed with metastatic disease.[8]

It's more important than ever that we ensure everyone make a plan for getting regular, potentially life-saving screening as soon as they become eligible—at 45 for people at average risk or earlier for people at increased or high risk of the disease. People of any age with symptoms should undergo an appropriate diagnostic workup.



3

Understand the screening options for colorectal cancer. Educate your patients and staff on the various options.

- There are several acceptable screening options, including: colonoscopy and stool tests (fecal immunochemical tests [FIT], high-sensitivity fecal occult blood tests [gFOBT] and multi-targeted stool DNA tests [mt-sDNA]).
- Modeling studies suggest that lives saved through a high quality stool-based screening program are nearly the same as with a high quality colonoscopy-based screening program when strict adherence to screening and needed follow up occurs at recommended intervals over a lifetime.[9]
- Some patients cannot or will not have a colonoscopy. Patients should be made aware that there are alternatives to colonoscopy for screening. When informed of their options, many patients prefer stool tests.
- Screening with gFOBT, FIT or mt-sDNA requires that stool specimens be collected at home. One study demonstrated that the in-office stool test missed 90% of cancers found at subsequent colonoscopy.[10] ACOG recommends against in-office stool testing.[11]

4

Measure the colorectal cancer screening rate in your practice; it may not be as high as you think. Track colorectal cancer screening along with breast and cervical cancer screening.

- Set goals to get screening rates up.
- Recognize clinicians in your practice who are meeting screening goals.
- Share advice with those who could be doing better.
- Utilize available tools to help your staff understand how to accurately measure screening rates.[2]

5

Use evidence-based practice changes to systematize screening in your office.[2] More screening doesn't have to mean more work for you.

- Set up reminder systems, which have been demonstrated to be effective.
- Rely on your staff to alert you to patients who are due for screening, even if they are not coming in for a wellness visit.
- Have standing protocols in place to make sure that patients at any age – and all risk-eligible patients – get a recommendation when they are due for screening.
- Offer educational materials in waiting and exam rooms, and promote screening during National Colorectal Cancer Awareness Month in March with research-tested messages, which can be found in the 2019 Colorectal Cancer Screening Messaging Guidebook (**https://nccrt.org/resource/2019messagingguidebook/**).[7]

6

Make sure that patients and staff understand that most insurance companies are required to cover colorectal cancer screening.

- Affordability is a very real barrier for some patients, but most insurance companies are now required to cover colorectal cancer screening tests.
- Know the resources and support available in your area to recommend the best option for screening and appropriate follow-up.

You have the power to have a huge impact on screening rates in your community!

Visit nccrt.org to learn more about how to act on the preceding recommendations and be part of 80% in Every Community.

Sources

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