

**NORTH CAROLINA BREAST & CERVICAL CANCER CONTROL PROGRAM
(NC BCCCP)**

<p align="center">NC BCCCP Colorectal Cancer Screening Information and Assessment Policy</p>	<p>Category/Number: N/A</p>
<p>Approved By: <i>Kimberly McDonald</i> NC BCCCP Medical Advisor</p> <p><i>Heather Dolinger</i> NC BCCCP Program Manager</p>	<p>Section: NC BCCCP Training Manual Appendices</p> <p>Program: NC BCCCP</p>
<p>Effective Date: 05/29/15</p> <p>Current Revision Effective Date: 01/12/24</p> <p>Revision History Date/s: 02/24/21; 04/01/21; 01/12/24</p>	<p>Review Date/s: _____</p> <p>_____</p> <p>_____</p>

Purpose:

Of cancers affecting both men and women, colorectal cancer (cancer of the colon and rectum) is the second leading cancer killer in the United States, but it does not have to be. Screening can find precancerous polyps—abnormal growths in the colon or rectum—so they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage when treatment often leads to a cure.

Policy:

Local agencies will assess colorectal cancer screening status of BCCCP patients.

All patients enrolled in NC BCCCP should be assessed beginning at age **45** for colorectal cancer screening status. If a patient has had a colonoscopy, it is not necessary to have any other tests for 10 years (unless prescribed sooner by their doctor for findings, such as a polyp). If they have not been screened, they should be educated on the benefits of screening. They should be informed of screening methods. The recommended screening methods are:

- Fecal immunochemical testing (FIT) or guaiac fecal occult blood testing (gFOBT) done every year or
- Flexible sigmoidoscopy every 5 years or every 10 years with an annual FIT or

NC BCCCP Colorectal Cancer Screening Information and Assessment Policy; Revision 01/12/24.

- Colonoscopy every 10 years

The NC BCCCP sample history form includes fields for documenting assessment of a patient's CRC screening status. Providers who use electronic medical records (EMR) must document the CRC screening status of each patient enrolled in their EMR.

Although CRC screening status data is not currently being reported, patient records are monitored to determine if this assessment is being conducted.

Responsibilities: Local BCCCP Providers

Procedure:

1. Assess BCCCP patients ages 45 and above for whether they have been screened for colorectal cancer.
2. Inform patients ages 45 and above who have NOT been screened or are due for a screening on appropriate screening methods.
3. Document patient's CRC screening status in the patient's medical record.
4. Educate BCCCP patients about the importance of colorectal cancer screening.
5. If a patient requests a referral, please assist them in locating a facility based on their needs. Please see 'Free or Low-Cost Screening Options' in the resources page.

References:

1. National Breast and Cervical Cancer Early Detection Program Manual
2. United States Preventive Services Task Force (2021). Recommendation: Colorectal Cancer Screening Final Statement May 2021.
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>

Recommended Screening Tests for Colorectal Cancer

Patient Handout

Of cancers affecting both men and women, colorectal cancer (cancer of the colon and rectum) is the second leading cancer killer in the United States, but it doesn't have to be. Screening can find precancerous polyps—abnormal growths in the colon or rectum—so they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage when treatment often leads to a cure. Colorectal Cancer is one cancer that can be prevented; a screening could save your life.

Both men and women 45 years or older should get screened for colorectal cancer

- Those with a personal or family history of colorectal cancer, colorectal polyps or inflammatory bowel disease are at an increased risk for developing colorectal cancer and should get screened earlier than 45.
- *However, most people who get colorectal cancer have no family history of the disease. You can have the disease without any symptoms.*

Screening Options:

1. High-Sensitivity Fecal Occult Blood Test (FOBT) - Stool Test

There are two types of FOBTs. One uses the chemical guaiac to detect blood (gFOBT). The other, a fecal immunochemical test (FIT), uses antibodies to detect blood in the stool. You receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test kit to the doctor or a lab, where the stool samples are checked for the presence of blood.

How often: Once a year.

2. Flexible Sigmoidoscopy

For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon.

How often: Flexible Sigmoidoscopy every 5 years or every 10 years combined with an annual FIT.

3. Colonoscopy

This is like flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers. Colonoscopy is also used as a follow-up test if anything unusual is found during one of the other screening tests.

How often: Every 10 years.

NC BCCCP Colorectal Cancer Screening Information and Assessment Policy; Revision 01/12/24.

RESOURCES

Colorectal Cancer Screening Information - Center for Disease Control (CDC)
www.cdc.gov/cancer/colorectal/basic_info/screening and www.cdc.gov/screenforlife

“This is Personal” (featuring Terrence Howard) - CDC
<https://www.youtube.com/watch?v=nGu6CsYSOdc&list=PL2C96A037BE62E6FB&index=1>

“The Screening” (featuring Jimmy Smits) - CDC
<https://www.youtube.com/watch?v=uq2aFwNoWz8&list=PL2C96A037BE62E6FB>

Six Myths About Colorectal Cancer - American Cancer Society
www.cancer.org/cancer/colon-rectal-cancer/colorectal-cancer-quiz.html

Insurance Coverage for Colorectal Cancer Screening - American Cancer Society
<https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/screening-coverage-laws.html>

Free or Low-Cost Screening Options:

Colonoscopy Assist

Offers low-cost colon cancer screenings, including FOBT and Colonoscopies. A FOBT test can be ordered online for \$25, shipped to and completed in the privacy of your home, and mailed out for diagnosis. Colonoscopies procedures are offered at a flat rate of \$1075, no other fees will be charged.

FOBT - http://www.colonoscopyassist.com/FOBT_Uninsured.html

Colonoscopy - http://www.colonoscopyassist.com/Facility_Locations_State_Self_Pay.html

Free Health Clinics and Community Health Centers:

This directory includes 305 affordable and free clinics across North Carolina that may offer free or discounted rates for cancer screening services. Some community health centers have been able to arrange formal written agreements with local or regional gastroenterologists to provide affordable colonoscopies. Other CHC providers have informal verbal agreements with colleagues in their geographic area to perform colonoscopies for uninsured patients with a positive FOBT/FIT.

http://freeclinicdirectory.org/north_carolina_care.html

Shopping for an affordable colonoscopy:

Consider requesting a discount from the gastroenterologists or explore payment plan options. Stop Colon Cancer Now.com – Information on how to shop for colonoscopy costs for uninsured. stopcoloncancer.com/colonoscopy/cost-of-a-colonoscopy/colonoscopy-cost-for-uninsured

Find a screening facility or surgeon:

American College of Gastroenterology

<https://gi.org/patients/find-a-gastroenterologist/>

American Society of Colon and Rectal Surgeons

<https://fascrs.org/>