

Colorectal Cancer Awareness

Neighborhood News – January 2025

Colorectal cancer is a leading cause of cancer-related deaths in the United States, ranking third among men and fourth among women. It's the second most common cause of cancer deaths when men and women are combined, according to the American Cancer Society. Despite a declining death rate in older adults due to effective screening, the death rate in individuals under 55 has been increasing since the mid-2000s.

In Measurement Year (MY) 2023, the Healthcare Effectiveness Data Information Set (HEDIS®) rate for colorectal cancer screening among Neighborhood's Medicaid members was 52.14%. This places us in the 90th percentile of the Medicaid Quality Compass® (QC), indicating strong performance yet highlighting substantial room for improvement.

Guidelines for Early Detection

The American Cancer Society recommends that those at average risk of colorectal cancer **start regular screening at age 45**. Screening options include:

- Stool-based tests, such as the highly sensitive fecal immunochemical test (FIT) annually or a multi-targeted stool DNA test every three years.
- Visual exams, such as colonoscopy every ten years, CT colonography every five years, or sigmoidoscopy every five years.

Individuals in good health and with a life expectancy of more than 10 years should continue regular screenings through age 75. Those aged 76 to 85 should make screening decisions based on a personal preferences, life expectancy, overall health, and prior screening history. Screening is not recommended for individuals over 85.

Test Options for Colorectal Cancer Screening

- **Stool-based tests**
 1. Highly sensitive fecal immunochemical test (FIT) every year
 2. Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year
 3. Multi-targeted stool DNA test with fecal immunochemical testing (MT-sDNA or sDNA-FIT or FIT-DNA)) every 3 years
- **Visual (structural) exams of the colon and rectum**
 1. Colonoscopy every 10 years
 2. CT colonography (virtual colonoscopy) every 5 years
 3. Sigmoidoscopy every 5 years

Best Practices

- Educate patients about the importance of early detection and prevention.
- Ensure all screenings include a date of service when documented.
- Submit codes for patients with colorectal cancer or those who had a total colectomy (Z85.038 and Z85.048)

- Address patients' hesitations about screenings, particularly colonoscopies. Refusal is not an exclusion for the measure.

Digital rectal exams or FOBT tests performed in the office setting do not count towards compliance for the measure.

For more detailed information about preventing colorectal cancer, visit the [Centers for Disease Control and Prevention](#) or the [American Cancer Society](#).

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