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Friday Focus



Who Needs a Colonoscopy?

For most patients, colon cancer screenings begin at an adult well-visit with their primary care provider (PCP) soon after they turn 50 years old. However, providers usually assess colon cancer risk factors well before a patient's 50th birthday. Patients who are identified as high-risk will receive screenings at a different rate than those at average risk. From the PCP's office, patients are referred to a gastroenterologist to undergo any non-lab-based testing.

It is recommended that average-risk patients over 50 years of age should get one of the following tests:

Tests that find polyps and cancer

- flexible sigmoidoscopy every 5 years*
- colonoscopy every 10 years
- double-contrast barium enema every 5 years* (not recognized by NCQA/HEDIS standards)
- CT colonography (virtual colonoscopy) every 5 years* (not recognized by NCQA/HEDIS standards)

Tests that mainly find cancer

- guaiac-based fecal occult blood test (gFOBT) every year*^{***}
- fecal immunochemical test (FIT) every year*^{***}
- stool DNA test every 3 years* (not recognized by NCQA/HEDIS standards)

Most high-risk patients should be referred to a gastroenterologist to determine which test is appropriate for them.

If patients are hesitant to complete the more invasive tests, such as a colonoscopy or flexible sigmoidoscopy, an excellent alternative is the fecal immunochemical test (FIT), which average-risk patients can complete annually.

To learn more about colon cancer screenings go to: www.cdc.gov or www.cancer.org.

As always, we appreciate your ideas and feedback. Thank you for the quality work you do!

All editions of the Friday Focus are available on the SWHP website: <https://swhp.org/en-us/prov/news/providers-friday-focus>.

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*Colonoscopy should be done if test results are positive.

** Highly sensitive versions of these tests should be used with the take-home multiple sample method. A gFOBT or FIT done during a digital rectal exam in the doctor's office is not enough for screening.

