

The Do's and Don'ts of Colorectal Cancer Screening

Do's

- ✓ **Do** make a recommendation! Be clear that screening is important. Ask patients about their needs and preferences. The best test is the one that gets done.
- ✓ **Do** use the American Cancer Society or the USPSTF recommendations for colorectal cancer screening in average-risk adults, starting no later than age 50.*
- ✓ **Do** assess your patient's family history, medical history, and age.
- ✓ **Do** be persistent with reminders.
- ✓ **Do** develop standard office operating procedures and policies for colorectal cancer screening, including the use of EHR prompts and patient navigation.

Don'ts

- ✗ **Do not** use digital rectal exams (DREs) for colorectal cancer screening. In 1 large study, DREs missed 19 of 21 cancers.
- ✗ **Do not** repeat a positive stool test. Always refer the patient for a colonoscopy.
- ✗ **Do not** use stool tests on those with a higher risk. A colonoscopy must be performed.
- ✗ **Do not** minimize or ignore symptoms in patients younger than screening age. Evaluate and refer symptomatic patients to colonoscopy as needed, regardless of age.
- ✗ **Do not** forget to use non-clinical staff to help make sure screening gets done. They can hand out educational materials and schedule follow-up appointments.
- ✗ **Do not** forget to coordinate care across the continuum.

* The American Cancer Society recommends starting colorectal cancer screening at age 45, while the USPSTF recommends starting at 50. Patients under age 50 should talk to their insurance provider about their coverage.