Health Services
LOS ANGELES COUNTY

Specialty: Gastroenterology

Subject: Colorectal Cancer Screening

Date: September 17, 2021

Purpose:

Colorectal Cancer Screening

Target Audience:

Primary Care Providers, Gastroenterologists

Expected Practice:

Who should be screened?

Annual colorectal cancer screening via fecal occult blood testing should be performed in patients with an average risk of colorectal cancer between the ages of 45 and 75. Exceptions to colorectal cancer screening are listed below:

- Colonoscopy within the past 10 years, FIT testing in the last 12 months or flexible sigmoidoscopy in the last 5 years
- Patients with above average risk for colon cancer (see "Colonoscopy" section below
- History of colectomy
- Patients with significant gastrointestinal symptoms that may be indicative of cancer, e.g., overt bleeding, bowel obstruction, etc.
- Patients with significantly shortened life expectancy as well as increased procedural risk should not be screened (until the underlying condition has been addressed). Specific conditions include:
  - BMI greater than or equal to 50. Defer colorectal cancer screening until BMI is less than 50.
  - Decompensated cirrhosis, e.g., with varices, encephalopathy or ascites. However patients who have been seen by hepatology for potential liver transplantation can be screened for colon cancer.
  - Advanced dementia.

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

What test should I use?
The preferred method of colorectal cancer screening is fecal occult blood testing (FOBT). FOBT tests consist of Fecal Immunohistochemical Test (FIT) and guaiac-based tests.

- FIT must be used at DHS facilities. It is superior since it will exclude upper GI bleeding sources and is specific for human blood. There are no medication or dietary restrictions for sending a FIT.

- For community partners, using a FIT is recommended but guaiac-based tests can be used if FIT is not available. Aspirin, NSAIDs or anticoagulants should be stopped prior to guaiac-based testing. If guaiac testing is available only and these medications cannot be stopped, recommend CT colonography (or barium enema) for colorectal cancer screening.

FIT/FOBT should be performed within the past 12 months. If a positive FIT/FOBT is older than 12 months, the test should be repeated.

A positive FIT done less than 10 years after a negative colonoscopy will not be followed up on.

Do not refer for positive tests done as an inpatient, in the emergency room/urgent care or done in a clinic (non-certified CLIA lab). If the test was not performed at a DHS lab, please attach documentation of a positive result.

Patients who are 45 to 75 years old with a documented positive FIT/FOBT from a CLIA-certified lab and not in the exception list above should be referred for colonoscopy.

Colonoscopy
Patients with above average risk for colon cancer should receive screening via colonoscopy. These patients include: family history, personal history of polyps or colon cancer, or history of inflammatory bowel disease. See the Expected Practices for "Personal or Family History of Colorectal Cancer or Polyps" for additional details. Screening colonoscopy of patients of average risk for colon cancer is not performed at DHS.

CT Colonography
CT colonography ("virtual colonoscopy") is a minimally invasive structural examination of the colon and rectum to evaluate for colorectal polyps and neoplasms. CT colonography may be utilized in certain patients who are unable to perform fecal occult blood testing, for example patients unable to stop anticoagulation medications prior to a guaiac test. Note patients will need to take a colon preparation prior to receiving this study. Community partners can order CT colonoscopy via eConsult under Diagnostics. See CT colonography and barium enema EP for details.

Barium Enema

Barium enema uses contrast and air injected rectally into the colon and fluoroscopy to visualize the colon. Barium enema may be utilized in certain patients who are unable to perform fecal occult blood testing, for example patients unable to stop anticoagulation medications prior but are unable to access CT colonography. Note that barium enemas require a bowel preparation. Community partners can order RF barium enema via eConsult under Diagnostics. See CT colonography and barium enema EP for details.

When to submit an eConsult:

- For any positive FIT/FOBT test to schedule follow up colonoscopy (Submit to the "Gastroenterology – Occult Blood Positive Only" portal.)
- For patients with above average risk for colon cancer (Submit to "Gastroenterology" portal.)
- For any questions about screening utility or choice of modality

References:

1. US Preventative Services Task Force. Final recommendation statement – Colorectal Cancer: Screening (May 2021) https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening#bootstrap-panel--7
2. Colorectal Cancer Screening: Recommendations for Physicians and Patients From the U.S. Multi-Society Task Force on Colorectal Cancer. Gastroenterology 2017;153:307–323
3. Association between Class III Obesity (BMI of 40–59 kg/m2) and Mortality: A Pooled Analysis of 20 Prospective Studies. PLoS Med 11(7): e1001673. doi:10.1371/journal.pmed.1001673
4. Prognostic indicators of survival in patients with compensated and decompensated cirrhosis. Liver Int. 2012 October; 32(9): 1407–1414. doi:10.1111/j.1478-3231.2012.02830.x.
5. Survival times in people with dementia: analysis from population based cohort study with 14 year follow-up. doi: 10.1136/bmj.39433.616678.25