

June 10, 2016



# 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 50<sup>th</sup> 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\*<sup>\*\*</sup>
- fecal immunochemical test (FIT) every year\*<sup>\*\*</sup>
- 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](http://www.cdc.gov) or [www.cancer.org](http://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>.

A handwritten signature in black ink that reads "Rachelle Byroad".

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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.

