

Colorectal Cancer Control Program: Increasing Screening to Save Lives

People are not getting screened for cancers of the colon and rectum (colorectal cancer) as often as they should, if at all. More than 40% of adults ages 50 to 75 are not up-to-date with colorectal cancer screening using any of the recommended tests—regardless of whether they have health insurance.

CDC's Colorectal Cancer Control Program (CRCCP) works with health systems, including clinics, hospitals, and other health care organizations, to use and strengthen strategies that have been shown to work to improve quality screening. CRCCP focuses on increasing screening among people ages 50 to 75 within a health system, geographic area, or group most affected and in need. In some geographic areas, it supports screening directly.

CRCCP collects and uses data to determine whether the program increases screening, and if so, by how much, where, and for which groups. These data guide plans for prevention and early detection.

CRCCP uses strategies recommended by the [Guide to Community Preventive Services](#), focusing on four activities in partner health systems:

1. Provider assessment and feedback.
2. Provider reminders.
3. Patient reminders.
4. Removing structural barriers for patients.

The best test is the one that a person is willing to get.

CRCCP grantees use only screening tests recommended by the United States Preventive Services Task Force (USPSTF). Those options include:

At-home stool tests

- High-sensitivity guaiac fecal occult blood test (FOBT) every year.
- High-sensitivity fecal immunochemical test (FIT) every year.

Tests performed in clinics

- Colonoscopy every 10 years.
- Sigmoidoscopy every 5 years, with FOBT or FIT every 3 years.

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Of cancers that affect both men and women, colorectal cancer is the second leading cause of cancer death in the United States.

But it doesn't have to be.

Screening tests can find *precancerous polyps*—abnormal growths in the colon or rectum—so they can be removed before they turn into cancer. Screening also helps find colorectal cancer early, when treatment works best.

CRCCP priority strategies

1. Provider assessment and feedback

Physicians are the most trusted and preferred source of colorectal cancer information. To make the best use of this resource, these strategies look at how doctors and other health care professionals are offering screening to patients. Feedback is then given to these health care providers. Examples include:

- Within a clinic, looking at health care providers' history of recommending appropriate screening and telling them how they are doing in comparison to each other.
- Among many clinics, looking at the percentage of patients who are screened according to guidelines and publishing results compared to a target rate.

2. Provider reminders

Reminders inform health care providers when it's time for a client's screening test, or that the client is overdue for screening. Reminders can be delivered via e-mail or by:

- Using the reminder function in an electronic health record (EHR). Reminders could include the recommendations for colorectal cancer screening.
- Creating a system that places clearly visible reminders on paper charts before an office visit.

3. Patient reminders

Patient reminders are written (letter, postcard, e-mail, text message) or telephone messages telling patients that they are due for screening. A provider might use the EHR to support this strategy and track responses.

4. Removing structural barriers for clients

Structural barriers are problems other than money that make it hard for people to get screened. Strategies that reduce these barriers may include:

- Extending clinic hours.
- Offering services in alternative or nonclinical settings, such as making stool tests available at flu vaccination sites.
- Simplifying paperwork or procedures.
- Providing patient navigators to help patients through part or all of the screening process, including translation services, if needed.
- Providing transportation to and from a clinic.
- Providing an escort for the day of procedure.
- Providing child care.

Preventing colorectal cancer saves money for everyone.

- Patients: Lost wages are reduced.
- Employers: Health care costs and absenteeism are lowered. Costs of hiring and training new workers are reduced.
- Insurers: High costs associated with colorectal cancer treatment are avoided.

CRCCP works to:

- **Partner** with health systems that serve people who are less likely to get screened and more likely to die from colorectal cancer.
- **Improve** the use of public health strategies that have been shown to increase screening.
- **Monitor** the impact of strategies on screening rates.