

March is National Colorectal Cancer Awareness Month

Of cancers that affect both men and women, colorectal cancer is the second leading cause of cancer-related deaths in the United States and the third most common cancer in men and in women. More than 140,000 Americans are diagnosed and more than 50,000 die from the disease each year. Colorectal cancer affects all racial and ethnic groups, it is most often found in people aged 50 years or older, and the risk for developing this cancer increases with age.

To help combat this disease, Medicare provides coverage for screening and the early detection of colorectal cancer. All Medicare beneficiaries aged 50 and older are covered; however, when a beneficiary is at high risk, there is no minimum age required to receive a screening colonoscopy (or a barium enema rendered as an alternative). Medicare defines high risk of developing colorectal cancer as someone who has one or more of the following risk factors:

- A close relative (sibling, parent, or child) who has had colorectal cancer or an adenomatous polyp
- Family history of familial adenomatous polyposis
- Family history of hereditary nonpolyposis colorectal cancer
- Personal history of adenomatous polyps
- Personal history of colorectal cancer
- Personal history of inflammatory bowel disease, including Crohn's Disease and ulcerative colitis

Medicare pays for the following colorectal cancer screening services:

- Fecal Occult Blood Test
- Flexible Sigmoidoscopy
- Colonoscopy
- Barium Enema (as an alternative to a covered screening flexible sigmoidoscopy or a screening colonoscopy)

What Can You Do?

About nine out of every 10 people whose colorectal cancer is found early and treated are still alive five years later. CMS needs your help to promote the early detection and prevention of colorectal cancer. As a provider of healthcare services to seniors and other people with Medicare, you can help increase their awareness of colorectal cancer. Talk with them about colorectal cancer. Inform them about their risk factors and help them understand the importance of early detection. Encourage seniors to take full advantage of colorectal cancer screenings covered by Medicare, as appropriate. Your recommendation can help save lives! Colorectal cancer is preventable, treatable, and beatable.

More Information for Healthcare Professionals:

- [MLN Guide to Medicare Preventive Services for Healthcare Professionals](#) (see Chapter 11)
- [MLN Preventive Services Educational Products Webpage](#)
- [MLN Cancer Screenings Brochure](#)
- [MLN Quick Reference Information: Medicare Preventive Services](#)
- [National Colorectal Cancer Roundtable](#)
- [National Colorectal Cancer Awareness Month website](#)

March is National Colorectal Cancer Awareness Month—Is Your Practice Ready?

March is National Colorectal Cancer Awareness Month – is your practice or office organized to support either the delivery of, or referrals for colorectal cancer screening and follow-up? Several resources are

available to help practitioners and their office staff improve their practices' support for colorectal cancer screening.

What Can You Do?

To help improve office practice to support either the delivery of or recommendations for colorectal cancer screening, please view the [What You Should Know about Screening for Colorectal Cancer: A Primary Care Clinician's Evidence-Based Toolbox and Guide](#), which was developed by the American Cancer Society, Thomas Jefferson University, and the National Colorectal Cancer Roundtable.

More Information for Healthcare Professionals:

- [MLN Guide to Medicare Preventive Services for Healthcare Professionals](#) (see Chapter 11)
- [MLN Preventive Services Educational Products Webpage](#)
- [MLN Cancer Screenings Brochure](#)
- [MLN Quick Reference Information: Medicare Preventive Services](#)
- [National Colorectal Cancer Roundtable](#)
- National Colorectal Cancer Awareness Month website

Colorectal cancer is preventable, treatable, and beatable. Encourage your patients to get screened — it could save their lives.

March is National Colorectal Cancer Awareness Month—Encourage Your Patients to Get Screened

Studies have repeatedly demonstrated that a physician's recommendation is the most powerful factor in a patient's decision to receive preventive and screening services. March is National Colorectal Cancer Awareness Month, encourage your patients 50 and older to get screened.

Resources to Support Decision-Making:

Cancer screening decisions, like other medical decisions, require weighing the harms and benefits, especially among chronically ill patients. These persons may be at risk for adverse screening outcomes or have a life expectancy that is shorter than any survival benefit from cancer screening. In addition, patient preferences and values must be considered in decisions regarding screening and what test is most appropriate. Several articles shed some light on these issues:

- Walters LC, Covinsky KE. Cancer screening in elderly patients: a framework for individualized decision-making. *JAMA*. 2001, Jun 6;285(21):2750-6.
- Walters LC, Lewis CL, Barton MB. Screening for colorectal, breast, and cervical cancer in the elderly: a review of the evidence. *Am J Med*. 2005, Oct;118(10):1078-86.

The American Cancer Society has developed materials to help support practitioners in discussing colorectal cancer screening with their patients. These resources include reminder letters, phone reminder scripts, brochures, and wall charts, and [are available for downloading or ordering here](#).

The National Colorectal Cancer Roundtable has also published a report that describes the components of a quality screening colonoscopy referral system in primary care practice:

- Sifri R, Wender R, Lieberman D, Potter M, Peterson K, Smith R. "Developing a Quality Screening Colonoscopy Referral System in Primary Care Practice: A Report from the National Colorectal Cancer Roundtable". *CA Cancer J Clin* 2010;60:40-49; originally published online Dec 18, 2009. <http://onlinelibrary.wiley.com/doi/10.3322/caac.20048/abstract>

What Can You Do?

Discussing colorectal cancer screening and the various options available can be challenging, especially with older, chronically ill patients. Engage patients in decision-making regarding their options, as it is important for promoting appropriate screening among older adults. Colorectal cancer is preventable, treatable, and beatable. Encourage your patients to get screened—it could save their lives.

More Information for Health Care Providers:

- [MLN Guide to Medicare Preventive Services for Healthcare Professionals](#) (see Chapter 11)
- [MLN Preventive Services Educational Products Webpage](#)
- [MLN Cancer Screenings Brochure](#)
- [MLN Quick Reference Information: Medicare Preventive Services](#)
- [National Colorectal Cancer Roundtable](#)
- [National Colorectal Cancer Awareness Month website](#)
- [The National Cancer Institute website](#)

National Colorectal Cancer Awareness Month is Almost Over—Don't Forget to Follow-Up

The month of March, and National Colorectal Cancer Awareness Month are almost over—but that doesn't mean that the colorectal cancer awareness messages to your patients should stop until next year. Remind patients who have taken home a fecal occult blood test kit to use it. Follow up with patients on all screening results, even negative ones—everyone likes to hear good news. Remember, the appropriate follow-up for a positive fecal occult blood test result is a colonoscopy, not another fecal occult blood test.

Guidelines to Guide Next Steps When Polyps Are Found:

A recent survey by the National Cancer Institute found that gastroenterologists and surgeons are performing surveillance colonoscopies at more frequent intervals than those recommended by evidence-based guidelines. For example, 24% of gastroenterologists and 54% of surgeons recommended a colonoscopy, either alone or with another procedure, at least every five years after the identification of a small, benign, hyperplastic polyp. Medical guidelines do not recommend any follow-up colonoscopy for hyperplastic polyps because their presence has not been shown to increase the risk of colorectal cancer. Review the [evidence-based Colorectal Cancer Screening and Surveillance Guidelines](#) from the American Cancer Society.

For More Information for Healthcare Providers:

- [MLN Guide to Medicare Preventive Services for Healthcare Professionals](#) (see Chapter 11)
- [MLN Preventive Services Educational Products Webpage](#)
- [MLN Cancer Screenings Brochure](#)
- [MLN Quick Reference Information: Medicare Preventive Services](#)
- [National Colorectal Cancer Roundtable](#)
- [National Colorectal Cancer Awareness Month website](#)
- [The National Cancer Institute website](#)

Thank you for helping CMS spread the word regarding the importance of colorectal cancer screening.