

Dear

Increasing colorectal cancer screening rates in our community

We healthcare providers know that colorectal cancer (CRC) screening is a national priority, as together, we strive to achieve the National Colorectal Cancer Roundtable's screening goal of 80% in every community.¹ I look forward to supporting you and your patients in CRC screening and rescreening as soon as they become eligible.

Along with my gastroenterology colleagues, I perform many screening colonoscopies. However, despite our collective best efforts, we know there remains a large part of the population that goes unscreened or not screened on time. I support and endorse a shared decision-making approach between you and your patients that offers choices, including guideline recommended non-invasive screening modalities alongside colonoscopy, to help improve CRC screening rates in our local community. To be clear, for all of your patients at high risk for CRC, optical colonoscopy is the recommended screening option. And for patients at average risk for CRC, the non-invasive screening option I recommend most often is Cologuard.[®] It is significantly more sensitive than fecal occult blood testing (OC FIT-CHECK, Polymedco) for early stages and all stages of CRC, as well as precancerous polyp detection as shown in a prospective, head-to-head, 10,000 patient study of individuals 50-84 years of age.² In addition to being highly sensitive, Cologuard is a non-invasive screening option for your patients 45 years of age or older who are at average risk of CRC and due for screening. It is not for patients at increased CRC risk, due to a family history of colorectal cancer, a personal history of colorectal cancer or adenoma, IBD, and certain hereditary syndromes. Cologuard is also not a replacement for diagnostic or surveillance colonoscopy.³ With Cologuard, there is a chance for false positives and false negatives.

When you prescribe Cologuard and your patient completes the test, you will receive a "positive" or "negative" result. Positive tests may reflect the presence of CRC or advanced adenoma.² A positive result does not necessarily mean the patient has colorectal cancer. It means that Cologuard detected elevated levels of altered DNA and/or hemoglobin in the patient's stool. Patients with a positive result should have a diagnostic colonoscopy, which may involve a cost share. If the Cologuard result is negative, the patient should continue participating in a screening program at an interval and a method appropriate for the individual patient. Guidelines recommend re-screening with Cologuard again in three years.^{3, 4}

Let's see if we can get more patients screened for CRC by offering them choice. Please feel free to contact me if you have any questions.

Sincerely,

References:

1. National Colorectal Cancer Roundtable. 80% In Every Community. <https://nccrt.org/80-in-every-community/> Accessed August 23, 2019.
2. Imperiale TF, Ransohoff OF, Itzkowitz SH, et Al. Multitarget stool DNA testing for colorectal-cancer screening. *N Engl J Med.* 2014; 370(14):1287-1297.
3. Exact Sciences. Cologuard[®] Physician Brochure. Madison, WI.
4. Wolf A, Fonham E, Church TR, et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. *CA Cancer J Clin.* 2018;68:250-281.