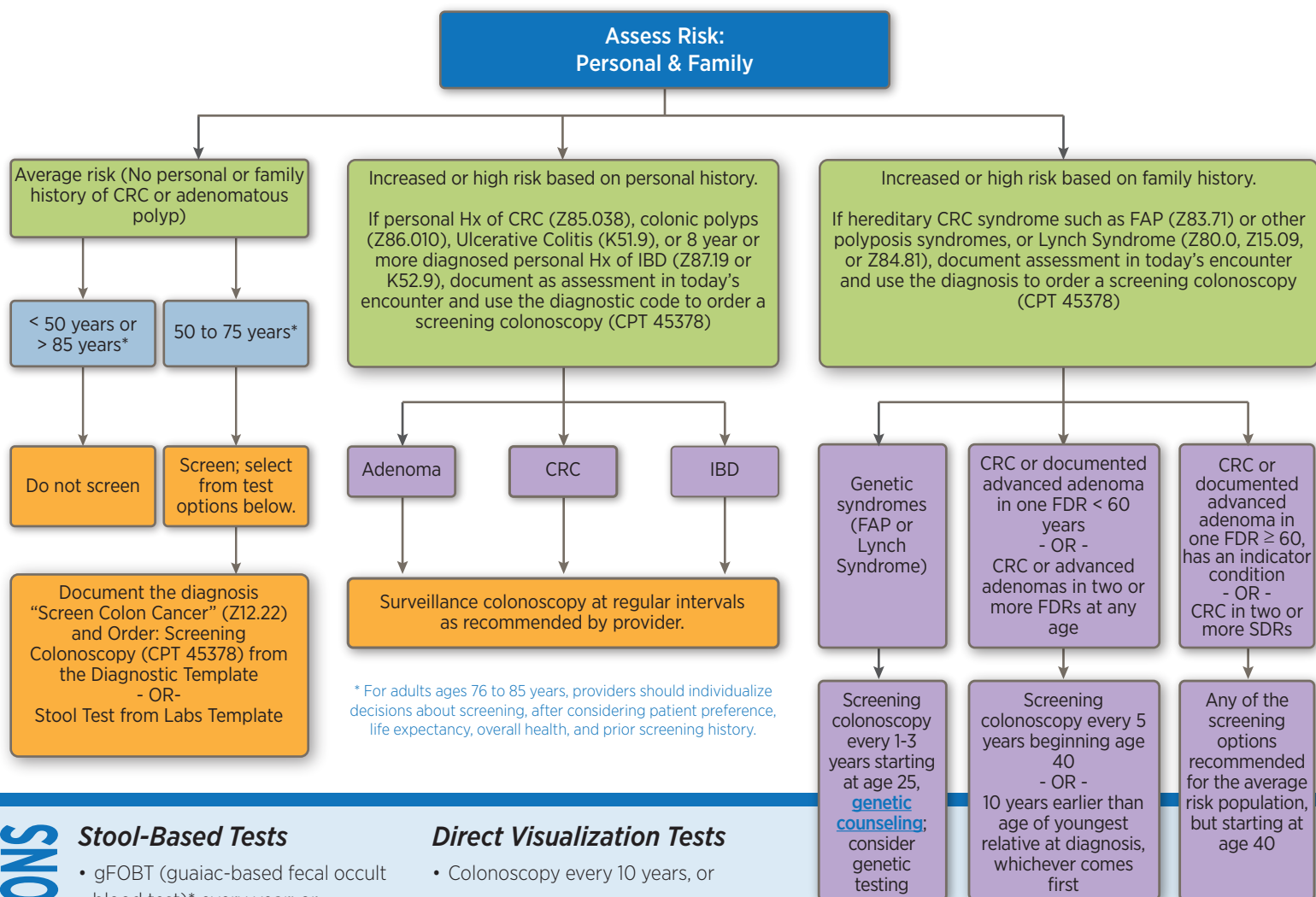


Sample Colorectal Cancer Screening Algorithm

Per Recommendation to Start Screening at Age 50



SCREENING OPTIONS

Stool-Based Tests

- gFOBT (guaiac-based fecal occult blood test)* every year; or
- FIT (fecal immunochemical test every year)*; or
- FIT DNA (multitargeted stool DNA test) every 1 to 3 years

* Stool samples obtained by digital rectal exam (DRE) have low sensitivity for cancer (missing 19 of 21 cancers in one study) and should **never be used for CRC screening**.

All patients who undergo a test other than colonoscopy as a first-line screening exam and receive a positive test result must follow up with a colonoscopy to complete the screening process.

Direct Visualization Tests

- Colonoscopy every 10 years, or
- CT colonography (virtual colonoscopy) every 5 years, or
- Flexible sigmoidoscopy every 5 years

For Medicare patients, use G codes:

- G0105** - Colonoscopy (high risk)
- G0121** - Colonoscopy (not high risk)
- G0328** - Fecal Occult Blood Test (FOBT), immunoassay, 1-3 simultaneous
- G0464** - Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)

DEFINITIONS

- **IBD:** inflammatory bowel disease
- **CRC:** colorectal cancer
- **FDR:** first-degree relative
- **SDR:** second-degree relative
- **CTC:** computed tomographic colonography
- **FAP:** familial adenomatous polyposis
- **Hx:** history
- **Screening colonoscopy** is performed on asymptomatic patients due for colorectal cancer screening because of age or familial risk indicators such as a family history of CRC or adenomatous polyps.
- **Surveillance colonoscopy** is performed when a patient has an indicator condition or has had a personal malignancy or premalignancy that needs follow up and requires colonoscopy at more frequent intervals. Examples are Personal history of CRC (Z85.038) or Personal History of Colonic Adenomatous Polyps (Z86.010).
- **Diagnostic colonoscopy** is performed when a patient has indicator condition requiring diagnostic workup that includes consideration of colon cancer as a potential diagnosis (i.e. persons with a history of rectal bleeding, anemia, or unexplained weight loss).
- An **“advanced adenoma”** is a lesion ≥1 cm in size or having high-grade dysplasia or villous elements.