Do

✔ Do make a recommendation! Be clear that screening is important. Ask patients about their risk factors, needs, and preferences. The best test is the one that gets done.

✔ Do use the American Cancer Society recommendation that adults at average risk for colorectal cancer start regular screening at age 45.*

✔ Do assess all patients for factors contributing to a higher risk: family history, certain medical history, some lifestyle behaviors, and age.

✔ Do be persistent with reminders.

✔ Do develop standard office operating procedures and policies for colorectal cancer screening, including the use of EHR prompts and patient navigation.

✔ Do be sure patients check with their insurance company about coverage.

Don’t

✘ Do not use digital rectal exams (DREs) for colorectal cancer screening. In 1 large study, DREs missed 19 of 21 cancers.

✘ Do not repeat a positive stool test. Any abnormal finding should be followed up with a colonoscopy.

✘ Do not use stool tests on those with a higher risk. A colonoscopy must be performed.

✘ Do not minimize or ignore symptoms in patients of any age. Evaluate and refer symptomatic patients for diagnostic testing, regardless of age.

✘ Do not forget to use non-clinical staff to help make sure screening gets done. They can hand out educational materials and schedule follow-up appointments.

✘ Do not forget to coordinate care across the continuum.

*Patients at increased risk for colorectal cancer might need to start screening before age 45, be screened more often, and/or get specific tests.