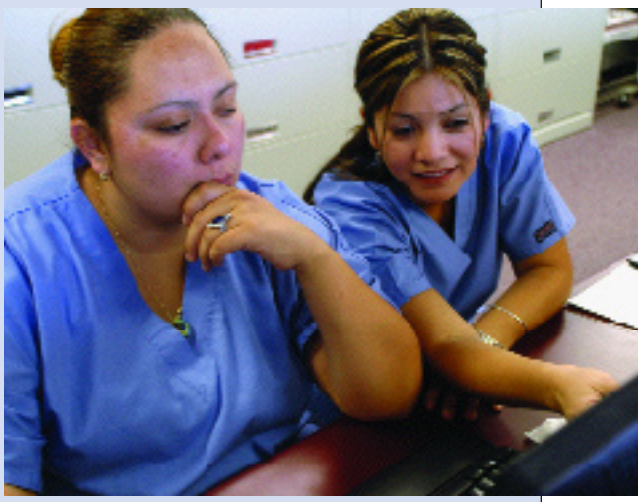
Essential #2: An Office Policy

A. An Office Policy Is Vital

B. Fit the Policy to Your Practice

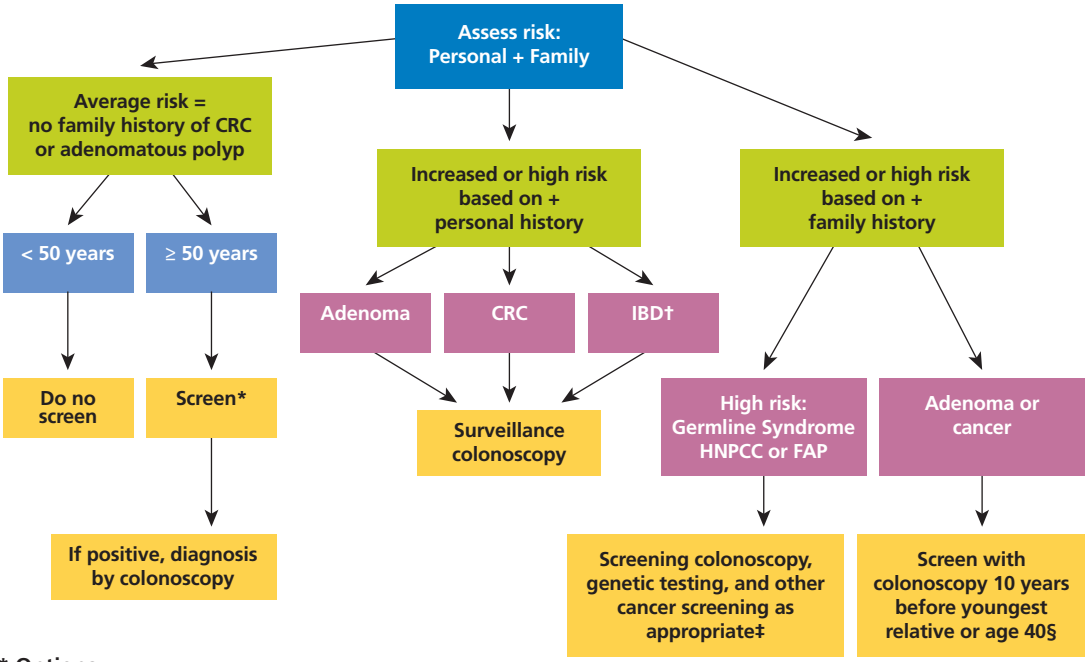
- Determine Individual Risk Level
- Identify Local Medical Resources
- Assess Insurance Coverage
- Consider Patient Preference
- Attend to Office Implementation



Questions to Determine Risk

- Have you or any members of your family had colorectal cancer?
- Have you or any members of your family had an adenomatous polyp?
- Has any member of your family had a CRC or adenomatous polyp when they were under the age of 50? (If yes, consider a hereditary syndrome.)
- Do you have a history of Crohn's disease or ulcerative colitis (more than eight years)?
- Do you or any members of your family have a history of cancer of the endometrium, small bowel, ureter, or renal pelvis? (If yes, consider hereditary non-polyposis colorectal cancer (HNPCC). Check the criteria.)

Sample Screening Algorithm



*** Options**

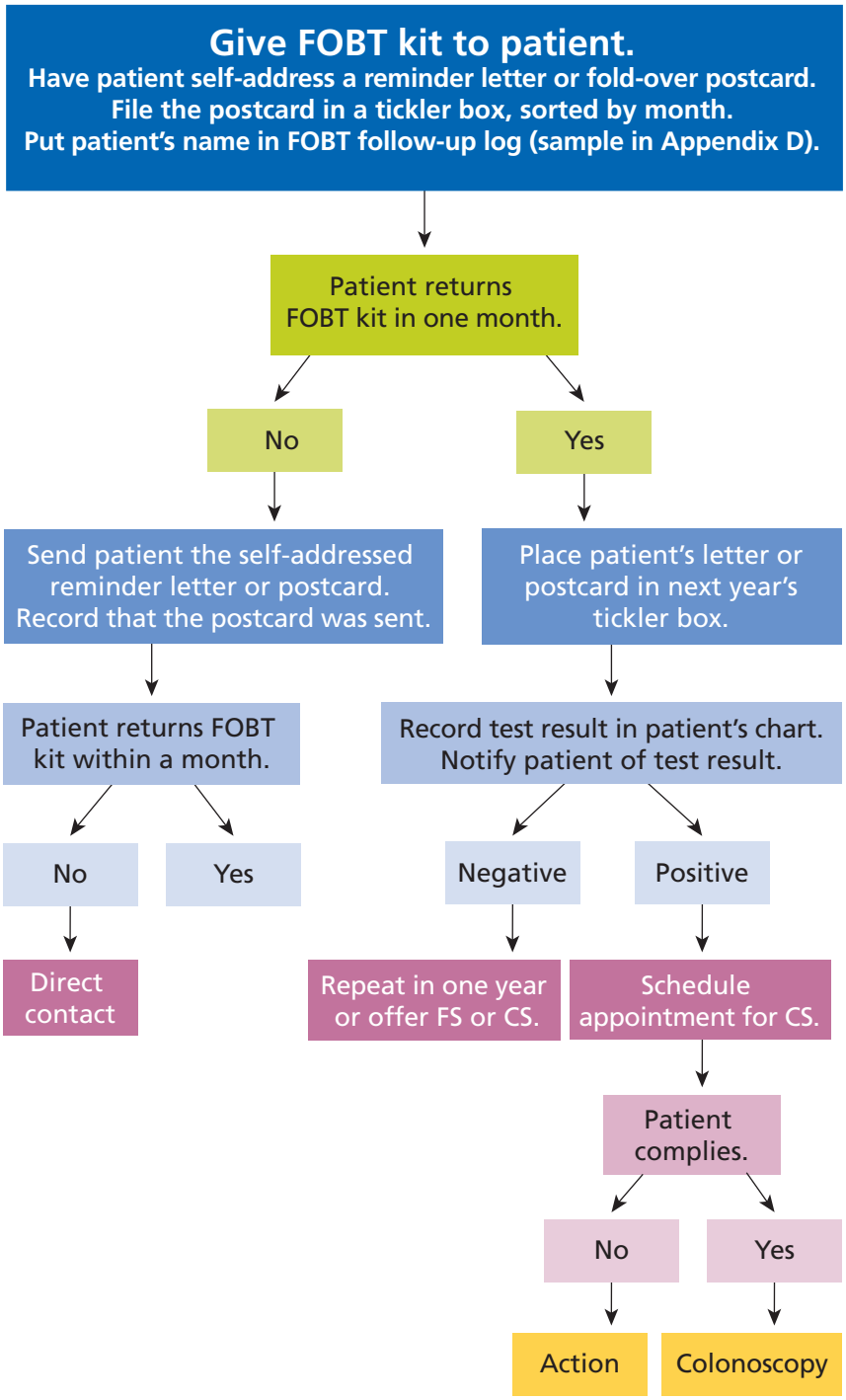
Tests That Find Polyps and Cancer
Flexible sigmoidoscopy every 5 years, or
Colonoscopy every 10 years, or
Double-contrast barium enema every 5 years, or
CT colonography (virtual colonoscopy) every 5 years

Tests That Primarily Find Cancer
Yearly fecal occult blood test (gFOBT)*, or
Yearly fecal immunochemical test (FIT)*, or
Stool DNA test (sDNA), interval uncertain

* The multiple stool take-home test should be used. One test done by the doctor in the office is not adequate for testing.

The tests that are designed to find both early cancer and polyps are preferred if these tests are available and the patient is willing to have one of these more invasive tests.

Sample FOBT Policy in Flow Chart Form‡‡‡‡



‡‡‡‡ From Seabury J. Tools and Strategies to Increase Colorectal Cancer Screening Rates: A Practical Guide for Health Plans. Harvard Center for Prevention and American Cancer Society, 2004. Approach reprinted from procedures of Dartmouth Medical School, 2003.

Sample Script

"I would like you to be screened for CRC. You have a number of choices:"

1) You may choose a structural exam, which is a type of test that is more likely to prevent cancer by finding noncancerous polyps. By removing these polyps we can decrease your chance of developing cancer.
   a) Tests in this category include flexible sigmoidoscopy, double-contrast barium enema, and computerized tomographic colonography, also known as virtual colonoscopy.
   b) Colonoscopy is also a structural exam. You may go directly to colonoscopy for screening. Also be aware that you should always have a colonoscopy if you have an abnormal finding on any of the other screening tests.
2) You can choose a simpler, take-home stool test. These tests are mainly effective at finding cancer early. They may also find some polyps, but are less likely to find polpys and lead to cancer prevention than are the structural exams.
   a) Tests in this category include stool tests that look for blood and stool DNA tests.