

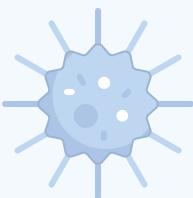
# PROMOTING COLORECTAL CANCER SCREENING DURING THE COVID-19 PANDEMIC



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The American Cancer Society (ACS) recommends that people at average risk of colorectal cancer start regular screening at age 45. This can be done either with a sensitive test that looks for signs of cancer in a person's stool (a stool-based test), or with an exam that looks at the colon and rectum (a visual exam). [To learn more, access the ACS guidelines for colorectal cancer screening.](#)

## WHY COLORECTAL CANCER SCREENING?



- Colorectal cancer is the second-leading cause of cancer death in the U.S. among men and women combined, and an estimated 147,950 adults are expected to be diagnosed in 2020.
- Colorectal cancer screening can save lives, but only if people get tested.
- Screening can prevent colorectal cancer through the detection and removal of precancerous growths, as well as detect cancer at an early stage, when treatment is usually less extensive and more successful.
- There are several safe and effective tests to screen for colorectal cancer, including stool-based tests (fecal immunochemical test [FIT], high-sensitivity guaiac fecal occult blood test [FOBT], multi-target stool DNA [mt-sDNA]), and tests that provide a structural exam of the colon and rectum, including colonoscopy, sigmoidoscopy, and CT colonography (also called virtual colonoscopy).

## IMPLICATIONS OF COVID-19 ON COLORECTAL CANCER SCREENING



- [An estimated 90% drop in colonoscopies and biopsies in March through mid-April](#) compared to same period in 2019
- [1.7 million missed colonoscopies](#) estimated from March to June 5.
- [18,000 missed or delayed diagnoses of colorectal cancer](#) from mid-March through early June
- [4,500+ excess deaths from CRC over next decade](#)

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## SCREENING FOR COLORECTAL CANCER (CRC) DURING COVID-19



- Despite the challenges we face during the pandemic, colorectal cancer remains a public health priority, and we must provide the public with safe opportunities to prevent and detect colorectal polyps and cancer.
- Colonoscopy remains safe, is a good option for screening, and is quickly reopening around the country, but identifying patients who should receive higher priority for colonoscopic screening is a critical step.
- During a time when availability of elective screening colonoscopy may be limited by the COVID-19 pandemic, colorectal cancer screening can be safely offered through at-home stool-based tests. Importantly, a positive (abnormal) stool-based test must be referred promptly for colonoscopy to complete the screening process.
- Screening disparities are already evident and, without deliberate focus, are likely to increase as a result of the COVID-19 pandemic.
- Close collaboration between every partner in the health care system and critical policy changes will help us regain traction.

## PRIORITIZING PATIENT POPULATIONS FOR CRC SCREENING



- For those at the highest risk, access to colonoscopy should be prioritized. Priority should be given to:
  - ✓ Those with abnormal stool-based cancer screens;
  - ✓ Patients with a family history of adenomas or cancer;
  - ✓ Patients with inflammatory bowel disease; and/or
  - ✓ Patients with a genetic syndrome that elevates risk for colorectal cancer.
- Although screening colonoscopy is now available in many communities, in locales experiencing colonoscopy limitations or a high burden of COVID-19 related illness the average risk group should predominately be screened using non-invasive stool test screening options.

## A UNITED RESPONSE TO COVID-19

The colorectal cancer fighting community stands prepared and well-positioned to respond to and overcome the difficult task ahead. Learn more at [NCCRT.org](https://NCCRT.org).