UCLA Health

Best practices for U

Colorectal Cancer Screening

Your recommendation is the most powerful motivator for a patient to get screening.

Colon cancer is 90 percent curative if detected at an early stage. Your actions make the biggest difference!

UCLA Health policy is to screen average-risk patients **45 to 80 years-old** with colonoscopy or fecal immunochemical testing (FIT).

We strongly encourage **FIT and colonoscopy** as first-tier screening tests over CT colonography, flexible sigmoidoscopy, and Cologuard®, except in specific settings.

Most patients do not need to be referred to GI for consult prior to screening colonoscopy. You can **order a screening colonoscopy directly**. Your responses to questions in the order will ensure the patient is triaged appropriately. Patients learn about their bowel prep formulation when they call to schedule their procedure.

FIT kits should be picked up in primary care clinics. Ask your clinic manager to have these available so that patients leave with a kit in hand. FIT is not appropriate for high-risk patients (family history, prior polyp).

Patients who received a FIT kit at home through the **FIT kit mailing program** will have results updated in the Health Maintenance (HM) tab.

When FIT is abnormal (i.e. positive) a colonoscopy is indicated, even in the setting of a recent colonoscopy. **Abnormal FITs should not be repeated.**

HM Due? DUE

If a patient refuses screening, there is an option to postpone the screening for one year on the HM tab. All screening completion and surveillance intervals must be documented in the HM tab.

Download new UCLA Health **patient educational materials** (FIT instructions, colonoscopy scheduling, and bowel prep instructions) at: www.uclahealth.org/colon-cancer-screening/educational-materials.

Colonoscopy 13484

Colonoscopy SmartText: "Colonoscopy patient instructions UCLA [13484]."

FIT 13488

FIT SmartText: "FIT patient instructions UCLA [13488]."