

## **POLICIES AND PROCEDURES**

**SUBJECT:** COLON CANCER SCREENING IN DHS FACILITIES

POLICY NO: 336

#### **PURPOSE:**

To standardize the approach to colon cancer screening in DHS facilities, by utilizing the most efficient and effective methodologies.

#### **POLICY:**

Screening colonoscopies shall not be performed in DHS facilities as a method of colon cancer screening of lower risk, asymptomatic patients. Colonoscopy is not currently recommended by the American Cancer Society, the US Preventive Task Force or the Institute of Medicine as the most effective or cost-effective colon cancer screening strategy.

### PROCEDURE:

- Colon cancer screening in ambulatory patients shall be performed by the use of annual Fecal Immunochemical Testing (FIT), instead of annual Fecal Occult Blood (Guiac) Testing. Evidence demonstrates that the FIT method is superior to Guiac Testing for a number of reasons, including:
  - the results of stool Guiac Testing can be falsely influenced by diet and drugs;
  - Guiac testing, unlike FIT, cannot distinguish colonic bleeding from bleeding from other parts of the GI tract;
  - sample collection with FIT testing takes less effort and results in better patient compliance; and
  - FIT tests are quantifiable by optical technology.

The use of the FIT methodology in DHS should result in fewer asymptomatic patients (i.e. those with positive Guiac, but negative FIT's) being referred for colonoscopies, with better access for patients needing diagnostic colonoscopies.

- Other acceptable methods of colon cancer screening include flexible sigmoidoscopy and/or double-contrast barium enemas every five years.
- 3. Colonoscopy testing should be diagnostic, i.e. reserved for those patients who are symptomatic including those with positive FIT's, or potentially those with strong risk factors for colon cancer.

APPROVED BY:	EFFECTIVE DATE:	May 23, 2011
REVIEW		-

DATES: SUPERSEDES:

# DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

SUBJECT:	COLON CANCER SCREENING IN	DHS FACILITIES POLICY NO.:
This policy is sub	oject to modification, as new evidence I	pecomes available.
EFFECTIVE DATE:		
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