

**[Organization Name]**  
**Colorectal Cancer Screening Policy**

**SECTION 1. TITLE:**

This policy shall be known as the [Organization Name] Preventative Colorectal Cancer Screening (CRC) Policy.

**SECTION 2. FINDINGS AND PURPOSE:**

[Organization Name] recognizes the value of effective preventative cancer screenings and prevention strategies to ensure patients maintain optimal health.

CRC screening rates are lower in American Indian/Alaska Native (AI/AN) individuals age 50-75 compared to White individuals (56% up to date with screening vs 68%), and AI/AN individuals are less likely to be diagnosed with CRC in localized stages. [Cancer statistics for American Indian and Alaska Native individuals, 2022: Including increasing disparities in early onset colorectal cancer - Kratzer - 2023 - CA: A Cancer Journal for Clinicians - Wiley Online Library](#)

This policy intends to cover colorectal cancer screenings recommended by United States Preventative Services Task Force (USPSTF).

[Organization Name] will update this policy to reflect current and up-to-date screening guidelines.

Colorectal cancer screening has eligibility requirements (age, personal health history, and family health history). However, health care providers may recommend colorectal cancer screening outside the established age or frequency guidelines.

**SECTION 3. SCOPE:**

This policy applies to all [Organization Name] patients eligible or deemed eligible for colorectal cancer screening.

## **SECTION 4. DEFINITIONS:**

Direct visualization tests- colorectal cancer screening performed using machines for visualization of the colon.

Stool based tests- colorectal cancer screening performed using a stool sample.

Screening- testing of a person or group of people for the presence of a disease or other condition.

## **SECTION 5. POLICY/GUIDELINES:**

[Organization Name] will provide employees paid leave for the following preventative cancer screenings.

### **Cancer Type: Colorectal** (Source: [USPSTF 2021](#))

- **Screening Tests:** Stool based tests, Direct visualization tests
  - Stool based tests
    - High-sensitivity fecal occult blood test (gFOBT)- every year
    - Fecal immunochemical test (FIT)- every year
    - Stool DNA test- every 1 to 3 years
  - Direct Visualization Tests
    - Colonoscopy- every 10 years
    - CT Colonography- every 5 years
    - Flexible Sigmoidoscopy- every 5 years OR 10 years + FIT every year
- **Screening Age:** 50-75 – Recommended screening may vary based on screening test chosen.
- **Screening Age:** 45-49 – Recommended screening may vary based on screening test chosen.

## **SECTION 6. EDUCATION, AWARENESS AND ENFORCEMENT:**

1. [Organization Name] Colorectal Cancer Screening Policy is required to be reviewed by the [Departments] as deemed necessary to determine any updates or revisions to be made to the policy.

2. A summary of the Colorectal Cancer Screening Policy will be included in [handbook, newsletter, binder, etc.].

**SECTION 7. EFFECTIVE DATE:**

This policy is effective on \_\_\_\_ \_\_, 20\_\_.