

Letter to Patient at Average Risk

Date

Name
Street
City

Dear (Name):

Our office has made a commitment to promote the health of its patients, and to provide education regarding preventive health measures that you can take to maintain a healthy lifestyle. Our records indicate that you are either overdue for colorectal cancer screening tests, or that you have never had a colorectal cancer screening test. Colorectal cancer is the second leading cause of cancer death in the US, among men and women combined, yet it can often be prevented through screening.

I am writing to ask you to call our office today to schedule a colorectal cancer screening appointment. By getting regularly screened for colorectal cancer, colorectal cancer can be found early when treatment works best. There are multiple screening options available. Many of these screening options can also help prevent the development of colorectal cancer.

The ACS recommends that people at average risk of colorectal cancer (described below) start regular screening at **age 45**¹. Screening 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). These options are listed below. If you choose to be screened with any of these tests other than colonoscopy, any abnormal test result should be followed up with colonoscopy to complete the screening process.

Stool-based tests

- Highly sensitive fecal immunochemical test (FIT) every year
- Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year
- Multi-targeted stool DNA test (MT-sDNA) every 3 years

Visual (structural) exams of the colon and rectum

- Colonoscopy every 10 years
- CT colonography (virtual colonoscopy) every 5 years
- Flexible sigmoidoscopy (FSIG) every 5 years

¹ If your practice chooses to follow USPSTF recommendations you can replace this sentence with "Screening for people at average risk of colorectal cancer should start no later than age 50"

There are some differences between the tests to consider, but the most important thing is to get screened, no matter which test you choose. Talk to your health care provider about which tests might be good options for you, and talk to your insurance provider about your coverage.

For screening, people are considered to be at average risk if they do not have:

- A personal history of colorectal cancer or certain types of polyps
- A family history of colorectal cancer
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)
- A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer

If you have any of the conditions listed above please talk to your health care provider to determine whether you are at increased or high risk for colorectal cancer and might need to start colorectal cancer screening before age 45, be screened more often, and/or get specific tests.

We have also included for your reference an informational pamphlet on colorectal cancer. Should you have any questions about this pamphlet or colorectal cancer screening tests, please contact us. Thank you for taking time to take care of your health.

Sincerely,

Enclosure: *Colorectal Cancer Screening Brochure*