



# Practice Tips

Michelle Greiver, MD, CCFP

## Colorectal cancer screening in my practice

The United States and Canadian task forces on preventive health care have now recommended screening patients for colorectal cancer.<sup>1,2</sup> Methods of screening include fecal occult blood (FOB) testing, sigmoidoscopy, colonoscopy, and barium enema.


I have chosen to implement annual FOB testing in my practice because it is a grade A recommendation (good evidence for inclusion) of both task forces; it is the only screening method with level 1 evidence (from three large randomized controlled trials) of reduced mortality.<sup>3-5</sup> As well, several endoscopists in my community now refuse to provide screening colonoscopies because they think this is not the best use of their limited time and resources.

I discuss and offer FOB screening to all my patients age 50 and older at average risk of colorectal cancer at each annual preventive health examination. Patients receive a kit, the Hemoccult II, and a handout (available at <http://members.rogers.com/mgreiver/colorectalcancer.htm>). In my office, I briefly explain how to do the test; detailed instructions are written on the kit. I tell patients that positive test results will mean referral for colonoscopy.<sup>6</sup> Use of low-dose acetylsalicylic acid or warfarin is not a contraindication to FOB testing.<sup>7</sup>

I record that FOB testing was offered by circling the relevant maneuver on my preventive health table (available at <http://members.rogers.com/mgreiver/tables.htm>) and noting "kit given" and year. If a patient refuses the test, I note this as well.

Once the kit is returned, I note the month and year on the right lower corner of the Cumulative Patient Profile (CPP).

If a patient is referred for colonoscopy, I note the date of the examination in the same area of the CPP. Because negative results of colonoscopy make development of cancer unlikely for the next 10 years,<sup>1</sup> I no longer offer that patient FOB testing.

In conclusion, organized colorectal cancer screening can be offered in family physicians' offices. I have found that a handout is helpful for counseling, and I use both CPP and preventive health tables to help me track this screening maneuver. 

### References

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Dr Greiver is a family physician in North York, Ont.