

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

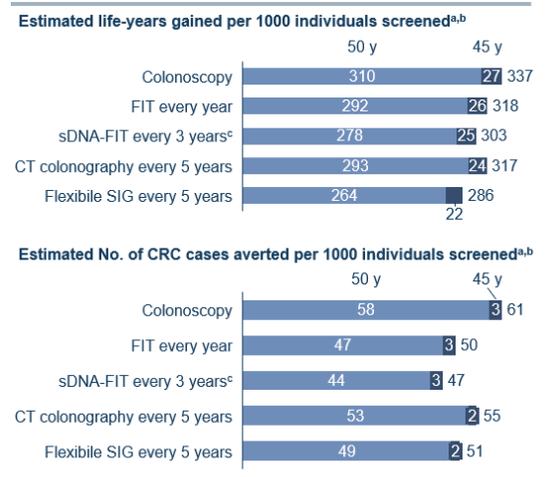
JANUARY 13, 2022

COLORECTAL CANCER SCREENINGS

As part of Highmark's Living Health strategy and our Population Health University program, Highmark is contacting our members and providers about the type of colorectal cancer screenings our members receive. The colorectal cancer screening method you choose makes a difference.

To maximize the risk-benefit ratio for average risk members, [the U.S. Multi-Society Task Force on Colorectal Cancer](#) classified colorectal cancer screenings into tiers based on performance and effectiveness, ranking both colonoscopy (every 10 years) or an annual FIT for first-tier screening as preferred methods for detecting colorectal cancer¹. Colonoscopy is the most effective screening to detect and prevent colorectal cancer before symptoms develop and aide in taking biopsies and removing polyps or other areas of abnormal tissue.

- Tier One Screenings:
 - [Colonoscopy every 10 years](#)
 - When a member declines a colonoscopy, offer an annual Fecal Immunochemical Test (FIT)
- Other Available Screenings:
 - Flexible sigmoidoscopy every 5 years
 - Computed Tomography (CT) colonography every 5 years
 - sDNA-FIT (Cologuard) testing every 3 years
 - Annual Hemoccult Sensa Test
 - Capsule colonoscopy every 5 years



FREQUENTLY ASKED QUESTIONS

What can I tell members to help educate them on the proper screening methodology?

You should always educate the member that colonoscopy is the best screening methodology:

- It is most effective at detecting both precancerous polyps and colorectal cancer.
- Most polyps can be removed during the screening without an additional colonoscopy.
- Screening colonoscopies are fully covered by most insurance carriers without any deductible, co-pay, or coinsurance. However, if a non-invasive screening has a positive result, members must get a diagnostic colonoscopy to confirm results, which can include member out-of-pocket costs.

If a member refuses colonoscopy, offer an annual FIT as the only other Tier-1 recommended colorectal cancer screening when evaluated for performance, cost, and practical considerations.



This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.

Doesn't Cologuard contain a FIT, just with added DNA assay capability? Why is FIT considered a Tier-1 and Cologuard a Tier-2 screening?

Cologuard does contain a FIT. However, it is classified as a Tier-2 screening in the most up-to-date evidence-based recommendations of the American College of Gastroenterology, the American Gastroenterological Association, and the American Society for Gastrointestinal Endoscopy. Cologuard has a lower specificity and higher relative cost compared to FIT, and therefore is considered Tier-2¹.

Do these recommendations also apply to members at higher risk for colorectal cancer?

No, these recommendations are for screening of members at average risk. Member who are higher risk include those with prior diagnosis of colorectal cancer, adenomatous polyps, or inflammatory bowel disease; or personal diagnosis or family history of known genetic disorders that predispose them to a high lifetime risk of colorectal cancer [such as Lynch syndrome or familial adenomatous polyposis]². It is even more important for patients of higher risk to be screened via colonoscopy, not only due to effectiveness but also the ability to remove most types of polyps identified during the screening.

How do the sensitivity and specificity compare between Cologuard and FIT?

Cologuard has a higher sensitivity than FIT², resulting in a lower likelihood of a false negative per test. However, over a three-year period, which is the recommended interval for Cologuard, a member is less likely to have precancerous polyps or colorectal cancer go undetected when following a FIT regimen due to the annual frequency.

FIT screening tests have a higher specificity than Cologuard (fewer false positives)². False positives for either non-invasive screening must be confirmed with a diagnostic colonoscopy.

Screening	Colorectal Cancer	
	Sensitivity (95% CI)	Specificity (95% CI)
Cologuard (sDNA-FIT)	0.93	0.85
FIT	0.74-0.81	0.93 – 0.94

MORE INFORMATION

For more information on Tier 1 and Tier 2 screenings, please review the [Optimal Colorectal Cancer Screening PowerPoint presentation](#) available on the Population Health University page. To access this page, click **Education/Manuals** and Select **Population Health University**.

Sources:

- 1 Colorectal Cancer Screening: Recommendations for Physicians and Patients From the U.S. Multi-Society Task Force on Colorectal Cancer. AJG 2017;112(7):1016-1030. doi:10.1038/ajg.2017.174
- 2 Screening for Colorectal Cancer: US Preventative Services Task Force Recommendation Statement. JAMA. 2021;325(19):1965-1977. doi:10.1001/jama.2021.6238