# Getting Average-Risk Adults to Prioritize Colorectal Cancer Screening

One of the biggest obstacles to screening for people who want to get examined is the expense and wait time.

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Regular screening between the ages of 45 and 75 is an ideal strategy to lower the risk of colorectal cancer (CRC). However, one of the biggest obstacles to screening for people who want to get examined is the expense and wait time. According to a 2022 study, the average cost of a colonoscopy screening in the U.S. was $2,125, with an out-of-pocket cost of $79. But there are other options to screen for CRC besides colonoscopy.

The CDC recommends guaiac-based fecal occult blood test (gFOBT) stool testing, which is a test type that finds blood in the stool by using the chemical guaiac, and it's performed once a year.

Fecal immunochemical test (FIT) test, is a test type that looks for blood in the feces using antibodies. It is conducted annually in the same manner as a gFOBT. Additionally, there is the FIT-DNA test, which is performed every three years and combines the FIT with a test to identify altered DNA in the feces.

Flexible sigmoidoscopy involves the insertion of a small, flexible, lighted tube into the rectum by the doctor. The doctor does an examination to look for polyps or cancer in the bottom portion of the colon and the rectum. It is done every 5-10 years.

CT colonography (virtual colonoscopy) uses X-rays and computers to produce images of the entire colon, which are displayed on a computer screen for the doctor to analyze; it is done every 5 years.

## Why Is This Important?

The choice to get screened has never been easy, particularly for older adults, especially since evidence-based tailored screening guides for average-risk individuals have been developed for those between the ages of 76 and 85, while a personalized approach is yet to be developed for those between 45 and 75 years of age. The population is exposed to a variety of preventive screening measures, often a part of the annual physical or wellness visit. Therefore, clinicians guiding average-risk patients between the ages of 45 and 75 sometimes find it difficult to explain

why screening should  CRC screening should be stopped, since there are no evidence-based studies to back up their claim.

Individualized awareness of the advantages and disadvantages of screening by providing alternative forms of support was found to reduce the likelihood that patients would use screening altogether and increase the likelihood that they would receive screening orders that were in line with the benefits of screening, based on a recent study involving 436 older patients (70-75 years).

## Conclusion

In order to support average-risk patients (45–75 years old) in making individualized decisions, policies and screening protocols should be designed, similar to those for adults 75 years of age and above. A multi-level intervention that provides personalized information about the benefits and risks of screening, along with patient education and system-level support, can potentially lower overall screening use and align screening orders with benefits, while also cutting down on screening costs and wait times all over the country without compromising benefits.

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