



**Organizations represented on the Maryland Cancer Collaborative Cancer Screening Workgroup include:**

American College of Radiology  
American Cancer Society  
Anne Arundel Medical Center  
Ascension  
Calvert Health  
Chesapeake Health Care  
Health Quality Innovators  
Johns Hopkins Sidney Kimmel Comprehensive Cancer Center  
Maryland Department of Health  
Medstar Health  
Mobile Medical Care, Inc.  
Primary Care Coalition  
Tidal Health  
University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center

Dear Maryland Clinicians,

The Maryland Cancer Collaborative's (MCC) Cancer Screening Workgroup is reaching out today to highlight the growing challenges in colorectal cancer (CRC) screening and offer solutions to improve access for our patients.

While CRC screening rates have improved in Maryland, we continue to see far too many cancer cases, and alarmingly, we're observing an increasing incidence in younger individuals.

**"The Best Screening Test Is the One that Gets Done"**

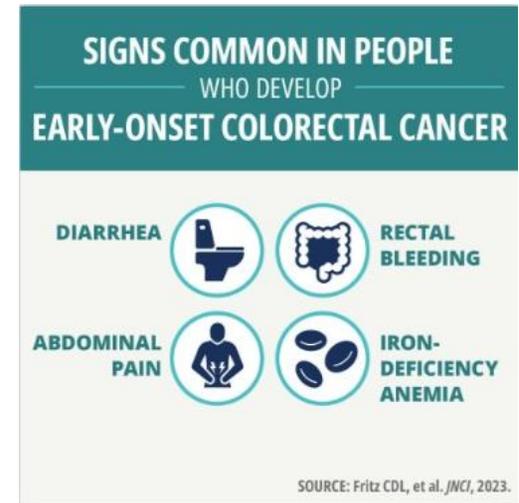
We must emphasize this message to our patients – that the best test is the one that the patient is willing to complete. While many consider colonoscopy as the established standard for CRC screening, non-invasive screening tests such as fecal immunochemical tests (FIT) and multitarget stool DNA tests offer effective and convenient alternatives for average-risk individuals.

**Increasing Adherence to CRC Screening Recommendations**

Some individuals are reluctant to undergo a screening colonoscopy – reasons can include fear or anxiety of the procedure, the preparation involved, and other logistical challenges (e.g. the need to take time off from work and arranging for transportation after the procedure). Offering non-invasive screening tests can help improve CRC screening adherence for individuals who are not able or unwilling to complete a screening colonoscopy.

**Long Colonoscopy Wait Times**

In some areas of Maryland, colonoscopy wait times exceed one year. To alleviate appointment backlogs, we strongly encourage providers to triage and refer patients having increased CRC risk and/or signs and symptoms to a colonoscopy. In areas with limited colonoscopy capacity, the use of non-invasive screening tests can help optimize colonoscopy resources for those at higher CRC risk or with CRC signs and symptoms.





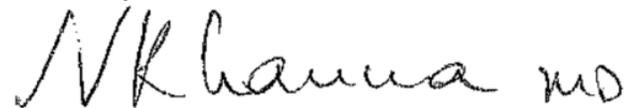
## There Are Choices When It Comes to CRC Screening

	 <b>Colonoscopy</b> (visual exam)	 <b>Multitarget stool DNA Test</b>	 <b>FIT/FOBT</b> fecal immunochemical test/fecal occult blood test)
 <b>How does it work?</b>	Scope used to look for and remove abnormal growths in the colon/rectum	Finds altered DNA and blood in stool sample	Detects blood in the stool sample
 <b>Who is it for?</b>	Adults at high or average risk	Adults at average risk	Adults at average risk
 <b>How often?</b>	Every 10 years	Every 3 years	Once a year
 <b>Non-invasive?</b>	No	Yes, done at home	Yes, done at home
 <b>Prep required?</b>	Yes, full bowl prep including fasting and laxatives	No	No
 <b>Time it takes?</b>	1-2 days for prep and procedure	Time it takes to collect a sample	Time it takes to collect a sample
 <b>Covered?</b>	Covered by most insurers	Covered by most insurers	Covered by most insurers
 <b>After a positive result</b>	Polyps removed and examined (biopsy)	A colonoscopy is needed	A colonoscopy is needed

Source: American Cancer Society: Colorectal Cancer Screening Tests. <https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/screening-tests-used.html>

We urge you to proactively discuss all screening options with your patients and encourage them to choose the test that best suits their needs. Prompt and prepare patients to complete the entire continuum of care, as needed. Let's work together to improve CRC screening rates, reduce late-stage diagnoses, and ensure timely access to care for all.

Sincerely,



Niharika Khanna, MD, MBBS, DGO  
Chair  
Maryland Cancer Collaborative