



November 5, 2020

Agency for Healthcare Research and Quality
U.S. Preventive Services Task Force (USPSTF)
5600 Fishers Lane
Mail Stop 06E53A
Rockville, MD 20857

Re: Recommendations for colorectal cancer screening SUPPORT

Dear Task Force Members,

[Health Center Partners of Southern California](#) **strongly supports** the suggested changes and rationale outlined by the California Colorectal Cancer Coalition (C4) to be used in comment to the USPSTF which highlights the importance of colonoscopy follow up after non-colonoscopy cancer screening tests, including FIT, FIT DNA, sigmoidoscopy, and CT colonography.

Suggested changes:

1. Update the primary recommendation for adults age 50 to 75 as follows:
 - a. "The USPSTF recommends screening for colorectal cancer, including completion of screening with colonoscopy after any abnormal non-colonoscopy test, in all adults age 50 to 75."
2. Update the primary recommendation for adults age 45 to 49 as follows:
 - a. "The USPSTF recommends screening for colorectal cancer, including completion of screening with colonoscopy after any abnormal non-colonoscopy test, in all adults age 45 to 49 years."
3. Modify reference to non-colonoscopy colorectal cancer screening strategies throughout the evidence review and modeling study to make clear that the strategy includes repeat testing for a normal test, and colonoscopy for an abnormal test. For example, consider:
 - a. Referring to the FIT strategy as, "Annual FIT paired with completion of screening with colonoscopy after any abnormal FIT."
 - b. Referring to the FIT-DNA strategy as, "FIT DNA every 3 years paired with completion of screening with colonoscopy after any abnormal FIT DNA."
4. Replace reference to "diagnostic colonoscopy" throughout the documents with language that makes clear that the colonoscopy is paired with an abnormal non-colonoscopy test as part of that testing strategy.

Rationale:

- For all non-colonoscopy colorectal cancer screening test strategies, the strategy must be paired with colonoscopy for an abnormal test result for the strategy to be effective. Indeed, non-



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colonoscopic tests offer no benefit at all if not followed systematically by screening completion with colonoscopy.

- The modeling study used to support USPSTF recommendations modeled 100% compliance with screening completion by colonoscopy after any abnormal non-colonoscopy test result. Since the evidence supporting the USPSTF recommendations assume 100% follow up, this critical step should be emphasized in the primary recommendations.
- For FIT, failure to complete a colonoscopy after an abnormal test has been associated with a 2.4-fold increased risk for colorectal cancer death, compared to those who do complete colonoscopy (Lee YC J Natl Cancer Inst. 2017 May 1;109(5):djw269. PMID: 28376228.)

Impact:

- By making clear the importance of completing screening with a colonoscopy after an abnormal non-colonoscopy screening test results, the USPSTF will advance the potential for the U.S. population to realize the full benefits of their colorectal cancer screening recommendations.
- Under current ACA requirements, insurance providers required to cover Grade A and B recommendations without cost-sharing will need to cover recommended screening tests including screening completion with colonoscopy after an abnormal non-colonoscopy screening test.

These suggested changes, and the sound rationale behind them, will have a significant impact on the patients that Health Center Partners' members serve. For these reasons, Health Center Partners urges you to support C4's suggested changes.

[Health Center Partners of Southern California](#), a family of companies, includes a 16-membership organization of federally qualified health centers, Indian Health Services Organizations, both urban and sovereign, and Planned Parenthood of the Pacific Southwest, collectively serving more than 850,000 patients each year, for 3.6 million patient visits each year, at 160 practice sites across San Diego, Riverside, and Imperial counties, with the seventh largest provider group in the region.

Sincerely,

Henry N. Tuttle
President and Chief Executive Officer
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Read our award winning [2018/2019 Impact Report](#).