To: [Office Name]

Attn: [Provider Name]

According to our records, your patient [First and Last Name – (DOB xx/xx/xxxx)] was referred to our practice on [Date xx/xx/xxxx] for colon cancer screening via colonoscopy. After several attempts to reach this patient, we have been unsuccessful in scheduling their procedure.

[GI Group Name or Individual Provider Name] believes that getting patients screened is a national priority. That is why we are informing you of the patient's screening status. Following up with them may help you to better understand the patient’s barriers for colorectal cancer (CRC) screening.

The U.S. Preventive Services Task Force guidelines include multiple screening modalities for CRC screening, including other noninvasive tests.[[1]](#footnote-1) In the past, if a patient fits the approved criteria below, I have discussed Cologuard® with them, and here is why I often recommend it in similar circumstances.

Cologuard is a noninvasive screening option for your patients 45 years of age or older who are at average risk for CRC and due for screening. A positive result does not necessarily mean the patient has CRC; instead, it means that Cologuard detected elevated levels of altered DNA and/or hemoglobin in the patient’s stool. Patients with a positive result should have a diagnostic colonoscopy as soon as possible, which may involve a cost share. Under normal circumstances, follow-up colonoscopy within 3 months of a positive stool test has been recommended.2 [During the COVID-19 pandemic, the major GI societies (AASLD, ACG, AGA, ASGE) have advised that, for most asymptomatic patients with either a positive Cologuard or FIT test, “colonoscopy should be considered nonurgent and can be delayed by at least 4-6 weeks and reassessed.”3 ]

If the Cologuard result is negative, the patient should continue participating in a screening program at an interval and with a method appropriate for the individual patient. American Cancer Society guidelines recommend rescreening in 3 years.4 It should be noted that Cologuard is not a replacement for diagnostic or surveillance colonoscopy.5

As you know, CRC is the third most commonly diagnosed cancer in men and women, but it can be prevented and often treated if found in early stages.6 Despite this fact, CRC claims the lives of ~53,000 Americans each year, making it the second-leading cause of cancer death in the United States.6

Please update your records based on the information shared above, and feel free to contact our offices with any questions.

[Sign off]

[GI contact information]

**Indications and Important Risk Information**

Cologuard is intended to screen adults 45 years of age and older who are at average risk for colorectal cancer by detecting certain DNA markers and blood in the stool. Do not use if you have had adenomas, have inflammatory bowel disease and certain hereditary syndromes, or a personal or family history of colorectal cancer.

Cologuard is not a replacement for colonoscopy in high risk patients. Cologuard performance in adults ages 45-49 is estimated based on a large clinical study of patients 50 and older. Cologuard performance in repeat testing has not been evaluated. The Cologuard test result should be interpreted with caution. A positive test result does not confirm the presence of cancer.

Patients with a positive test result should be referred for diagnostic colonoscopy. A negative test result does not confirm the absence of cancer. Patients with a negative test result should discuss with their doctor when they need to be tested again.

False positives and false negative results can occur. In a clinical study, 13% of people without cancer received a positive result (false positive) and 8% of people with cancer received a negative result (false negative). Rx only.

**References: 1.** Bibbins-Domingo K, Grossman DC, U. S. Preventive Services Task Force, et al. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. JAMA. 2016;315(23):2564-2575. **2.**Doubeni CA, Gabler NB, Wheeler CM, et al. Timely follow-up of positive cancer screening results: A systematic review and recommendations from the PROSPR Consortium. CA Cancer J Clin. 2018;68(3):199-216. **3.** American College of Gastroenterology. COVID-19 and GI. Gastroenterology professional society guidance on endoscopic procedures during the COVID-19 pandemic. <https://webfiles.gi.org/links/media/Joint_GI_Society_Guidance_on_Endoscopic_Procedure_During_COVID19_FINAL_impending_3312020.pdf>.Accessed November 3, 2020. **4.** Wolf A, Fontham E, Church TR, et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. CA Cancer J Clin. 2018;68:250-281. **5.** Exact Sciences Corporation. Cologuard® Physician Brochure. Madison, WI. **6.** Cancer Facts & Figures 2020. American Cancer Society website. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020-/cancer-facts-and­figures-2020.pdf. Accessed November 3, 2020.

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1. [↑](#footnote-ref-1)