Some Doctors Now Recommend Stool-Based Tests Over Colonoscopies

When physicians include stool-based testing as an option to patients who don't want colonoscopies, colorectal cancer screening rates go up.

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Colonoscopies remain the gold standard for colorectal cancer screening, but these days there is a menu of noninvasive stool-based tests approved by the Food and Drug Administration. About a quarter of primary care physicians now prefer these more convenient methods for their patients, according to a new survey published in the journal Mayo Clinic Proceedings.

Earlier research has found that when doctors recommended colonoscopy as the sole screening option, fewer people chose to be tested. This is especially true for individuals from minority population groups. Conversely, when health care providers offer noninvasive exams, more people get screened.

That's good news, because many American adults are not up to date with their screenings for colorectal cancer, the second most common cause of cancer-related deaths in both men and women. Screening can detect disease when it is precancerous or in its early stages, which saves lives. For people at average risk, colorectal cancer screening should begin at age 45.

Colonoscopy, a direct visualization screening, is an invasive test that allows for both screening and removal of potentially precancerous polyps, while stool-based screenings are noninvasive examinations. If a stool-based test detects something suspicious, though, a colonoscopy may still be required.

For the Mayo Clinic inquiry, researchers conducted an online survey of 772 U.S. primary care clinicians and 159 U.S. gastroenterologists. Both gastroenterologists (96.9%) and primary care clinicians (75.7%) preferred screening average-risk patients with a colonoscopy.

"Interestingly, we found that nearly one in four primary care clinicians in our study selected a stool-based test as their preferred screening option, with multitarget stool DNA selected more frequently than either fecal immunochemical test or guaiac-based fecal occult blood test," said Lila Rutten, PhD, a health services researcher at Mayo Clinic and the study's lead author.

"These findings suggest that primary care clinicians recognize the need to tailor their colorectal

cancer screening recommendations to the preferences of their patients, especially with the emergence of new, less invasive options," said Paul Limburg, MD, a gastroenterologist at the Mayo Clinic and the senior author of the study.

"The availability of multiple screening options with differing test attributes and patient acceptability highlights the need for health care providers to share accurate information about all available options to support informed choice and shared decision-making, so that more patients initiate and follow through with their preferred CRC [colorectal cancer] screening strategy," advised Limburg.

To learn more about colorectal cancer screening, read "Home-Based Screening Reduced Colorectal Cancer Mortality."

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