



Summary of Community Preventive Services Task Force Recommendation

The Community Preventive Services Task Force (CPSTF) recommends multicomponent interventions to increase screening for colorectal cancer based on strong evidence of effectiveness. Multicomponent interventions in this review increased screening by colonoscopy or fecal occult blood test (FOBT).



Major Findings

- Multicomponent interventions increased colorectal cancer screening by any test by a median of 15.4 percentage points when compared with no intervention.
- The largest screening increases were seen among multicomponent interventions that combined approaches from each of the three strategies or that combined approaches to increase community demand and access.
- A systematic review of economic evidence found that multicomponent interventions to increase colorectal cancer screening are cost-effective. The estimated cost per quality-adjusted life year (QALY) gained was negative in two good-quality, modeled studies showing that treatment cost savings outweighed intervention costs in both studies.

When designed and implemented for underserved populations, multicomponent interventions can increase colorectal cancer screening among these groups. If access to appropriate follow-up care and treatment is provided, these interventions may improve health for underserved populations.

What are Multicomponent Interventions?

Multicomponent interventions to promote breast, cervical, or colorectal cancer screening combine two or more intervention approaches reviewed by the CPSTF.

Combinations are selected from eleven possible intervention approaches that are separated into three strategies: increasing community demand, increasing community access, and increasing provider delivery of screening services.

Multicomponent interventions to increase cancer screening may be coordinated through healthcare systems, delivered in community settings, or both.

Cancer Screening Interventions by Strategy

| Increase Community Demand | Increase Community Access | Increase Provider Delivery |
|---|---|---|
| <ul style="list-style-type: none"> o Group Education o One-on-one Education o Client Reminders o Client Incentives o Mass Media o Small Media | <ul style="list-style-type: none"> o Interventions to Reduce Client Out-of-Pocket Costs o Interventions to Reduce Structural Barriers <ul style="list-style-type: none"> • Reducing Administrative Barriers • Providing Appointment Scheduling Assistance • Using Alternative Screening Sites • Using Alternative Screening Hours • Providing Transportation • Providing Translation • Providing Child Care | <ul style="list-style-type: none"> o Provider Reminders o Provider Incentives o Provider Assessment and Feedback |

Facts about Colorectal Cancer

- Colorectal cancer is the second leading cause of cancer deaths for cancers that affect both men and women. In 2013, more than 135,000 people were diagnosed and more than 50,000 people died from colorectal cancer.¹
- Colorectal cancer death rates among men and women have been decreasing since 2003.² Experts believe this is a result of increased screening efforts, as 9 out of 10 people who find colorectal cancer early are still alive five years later.³ Colorectal cancer screening can detect abnormal growths that can be removed before they develop into cancer, or find cancer at an earlier stage when it is easier to treat.³

Learn More

Summary of Evidence and Task Force Finding

<https://www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-colorectal-cancer>

Screen for Life: National Colorectal Cancer Action Campaign

<https://www.cdc.gov/cancer/colorectal/sfl/index.htm>

CDC, Colorectal Cancer

<https://www.cdc.gov/cancer/colorectal/>

¹Centers for Disease Control and Prevention. (2015). Colorectal Cancer Statistics. Colorectal (Colon) Cancer. Retrieved from <https://www.cdc.gov/cancer/colorectal/statistics/index.htm>.

²Ryerson AB, Ehemann CR, Altekruse SF, et al. [Annual report to the nation on the status of cancer, 1975–2012, featuring the increasing incidence of liver cancer](#) Cancer 2016;122(9):10.1002/cncr.29936.

³Centers for Disease Control and Prevention. (2016). Basic Information About Colorectal Cancer. Colorectal (Colon) Cancer. Retrieved from https://www.cdc.gov/cancer/colorectal/basic_info/index.htm.

Established in 1996 by the U.S. Department of Health and Human Services, the Community Preventive Services Task Force (CPSTF) is an independent, nonfederal panel of public health and prevention experts whose members are appointed by the director of CDC. The CPSTF provides information for a wide range of decision makers on programs, services, and other interventions aimed at improving population health. Although CDC provides administrative, scientific, and technical support for the CPSTF, the recommendations developed are those of the CPSTF and do not undergo review or approval by CDC. Find more information at www.thecommunityguide.org.



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