

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Triage Tools and Management Algorithms for Colorectal Cancer Screening: Guidelines

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Research Questions

1. What are the evidence-based guidelines regarding the use of stool-based screening tests for triaging patients for colorectal cancer screening?
2. What are the evidence-based guidelines regarding the use of screening triage tools and/or management algorithms for colorectal cancer screening?

Key Findings

No relevant evidence-based guidelines were identified regarding the use of stool-based screening tests for triaging patients for colorectal cancer screening. In addition, no relevant evidence-based guidelines were identified regarding the use of screening triage tools and/or management algorithms for colorectal cancer screening.

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including PubMed, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine’s MeSH (Medical Subject Headings), and keywords. The main search concepts were colorectal cancer screening and prioritization and COVID-19. Filters were applied to limit the retrieval to health technology assessments, systematic reviews, and meta analyses, and guidelines. The search was also limited to English language documents published between January 1, 2015 and August 10, 2020.

Selection Criteria and Summary Methods

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed. The Overall Summary of Findings was based on information available in the abstracts of selected publications. Open access full-text versions of evidence-based guidelines were reviewed when abstracts were not available, and relevant recommendations were summarized.

Table 1: Selection Criteria

Population	Adults eligible for routine colorectal cancer screening
Intervention	Q1: Stool-based screening tests for colorectal cancer (i.e., fecal immunochemical tests and fecal occult blood tests) Q2: Screening triage tools and/or management algorithms for colorectal cancer screening and follow-up procedures
Comparator	Not applicable

Outcomes	<p>Q1: Recommendations regarding how to triage and manage patients based on fecal immunochemical test results</p> <p>Q2: Recommendations regarding which screening triage tools and/or management algorithms to use; recommendations regarding how to use the triage tools or management algorithms to prioritize patients</p>
Study Designs	Evidence-based guidelines

Results

No relevant evidence-based guidelines were identified regarding the use of stool-based screening tests for triaging patients for colorectal cancer screening. In addition, no relevant evidence-based guidelines were identified regarding the use of screening triage tools and/or management algorithms for colorectal cancer screening.

References of potential interest that did not meet the inclusion criteria are provided in the appendix.

Overall Summary of Findings

No relevant evidence-based guidelines were identified regarding the use of stool-based screening tests for triaging patients, screening triage tools, or management algorithms for colorectal cancer screening; therefore, no summary can be provided.

References Summarized

Guidelines and Recommendations

No literature identified.

Appendix — Further Information

Clinical Practice Guidelines – Methodology Not Specified

1. British Society of Gastroenterology. Joint ACPGBI, BSG and BSGAR considerations for adapting the rapid access colorectal cancer pathway during COVID-19 pandemic; 2020 May. <https://www.bsg.org.uk/covid-19-advice/covid-19-advice-for-healthcare-professionals/joint-acgbbi-bsg-and-bsgar-considerations-for-adapting-the-rapid-access-colorectal-cancer-pathway-during-covid-19-pandemic/>
2. Gastroenterology Professional Society. Guidance on endoscopic procedures during the COVID-19 pandemic; 2020. <https://www.aasld.org/sites/default/files/2020-04/JointSocietyMessage-ProceduresInTimeOfCOVID19-FINAL.pdf>
See: Key Clinical Frequently Asked Questions, Question #1, page 2
3. Ontario Health Cancer Care Ontario. COVID-19 cancer screening tip sheet for primary care providers: Guidance for primary care providers resuming breast, cervical and colorectal cancer screening; 2020 Jun. <https://www.afhto.ca/sites/default/files/2020-07/COVID-19%20Tip%20Sheet%20%2315-%20Guidance%20for%20Primary%20Care%20Providers%20Resuming%20Cancer%20Screening.pdf>
See: Figure 1: Gradual resumption of colorectal cancer screening through the ColonCancerCheck (CCC) program, page 3
4. Cancer Care Ontario. Fecal Immunochemical Test (FIT)-Positive Colonoscopy: Facility-Level Guidance; 2017 Jun. https://www.cancercareontario.ca/sites/ccocancercare/files/assets/H-FIT_Guidance.pdf
5. BC Guidelines. Colorectal Screening for Cancer Prevention in Asymptomatic Patients; 2016 Jun (revised). <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/colorectal-cancer-screening>

Review Articles

6. Vega P, Valentín F, Cubiella J. Colorectal cancer diagnosis: Pitfalls and opportunities. *World J Gastrointest Oncol*. 2015 Dec 15;7(12):422-433.
[PubMed: PM26690833](https://pubmed.ncbi.nlm.nih.gov/26690833/)

Additional References

7. Maeda Y, Dunlop MG, Din FVN. Risk mitigation for suspected colorectal cancer diagnostic pathway during COVID-19 pandemic. *Br J Surg*. 2020; <https://bjssjournals.onlinelibrary.wiley.com/doi/10.1002/bjs.11798>