<table>
<thead>
<tr>
<th><strong>eMeasure Title</strong></th>
<th>Colorectal Cancer Screening</th>
</tr>
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<tbody>
<tr>
<td><strong>eMeasure Identifier</strong></td>
<td>130</td>
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<tr>
<td><strong>eMeasure Version number</strong></td>
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<td><strong>NQF Number</strong></td>
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<td><strong>Measurement Period</strong></td>
<td>January 1, 20XX through December 31, 20XX</td>
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<td><strong>Measure Steward</strong></td>
<td>National Committee for Quality Assurance</td>
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<tr>
<td><strong>Measure Developer</strong></td>
<td>National Committee for Quality Assurance</td>
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<td><strong>Endorsed By</strong></td>
<td>National Quality Forum</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.</td>
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<tr>
<td><strong>Stratification</strong></td>
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<td><strong>Risk Adjustment</strong></td>
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<td><strong>Rate Aggregation</strong></td>
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<td><strong>Rationale</strong></td>
<td>An estimated 132,700 men and women were diagnosed with colon or rectal cancer in 2015. In the same year, 49,700 were estimated to have died from the disease, making colorectal cancer the third leading cause of cancer death in the United States (National Cancer Institute 2015, American Cancer Society 2015). Screening for colorectal cancer is extremely important as there are no signs or symptoms of the cancer in the early stages. If the disease is caught in its earliest stages, it has a five-year survival rate of 90%; however, the disease is often not caught this early. While screening is extremely effective in detecting colorectal cancer, it remains underutilized (American Cancer Society 2015). The U.S. Preventive Services Task Force has identified fecal occult blood tests, colonoscopy, and flexible sigmoidoscopy as effective screening methods (United States Preventive Services Task Force 2008).</td>
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</tbody>
</table>
| **Clinical Recommendation Statement** | The United States Preventive Services Task Force (2008):

1. The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years (A recommendation).

2. The USPSTF concludes that the evidence is insufficient to assess the benefits and harms of computed tomographic (CT) colonography and fecal DNA testing as screening modalities for colorectal cancer (I statement). |
| **Improvement Notation** | Higher score indicates better quality |
### Colorectal Cancer Screening

#### Table of Contents
- Population Criteria
- Data Criteria (QDM Variables)
- Data Criteria (QDM Data Elements)
- Supplemental Data Elements
- Risk Adjustment Variables

#### Population Criteria

- **Initial Population** =
  - AND: Age >= 50 year(s) at: "Measurement Period"
  - AND: Age < 75 year(s) at: "Measurement Period"
  - AND: Union of:
    - "Encounter, Performed: Office Visit"
    - "Encounter, Performed: Face-to-Face Interaction"
    - "Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up"
    - "Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up"
    - "Encounter, Performed: Home Healthcare Services"
    - "Encounter, Performed: Annual Wellness Visit"
    - during "Measurement Period"

- **Denominator** =
  - AND: Initial Population

- **Denominator Exclusions** =
  - OR: Union of:
    - "Diagnosis: Malignant Neoplasm of Colon"
    - "Procedure, Performed: Total Colectomy"
    - starts before end of "Measurement Period"

- **Numerator** =
  - AND: Union of:
    - "Procedure, Performed: Colonoscopy" <= 9 year(s) ends before end of "Measurement Period"
    - "Laboratory Test, Performed: Fecal Occult Blood Test (FOBT) (result)" during "Measurement Period"
    - "Procedure, Performed: Flexible Sigmoidoscopy" <= 4 year(s) ends before end of "Measurement Period"

- **Numerator Exclusions** =
  - None

- **Denominator Exceptions** =
  - None

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**Reference**
Colorectal Cancer Screening

**Stratification**
- None

**Data Criteria (QDM Variables)**
- None

**Data Criteria (QDM Data Elements)**
- "Diagnosis: Malignant Neoplasm of Colon" using "Malignant Neoplasm of Colon Grouping Value Set (2.16.840.1.113883.3.464.1003.108.12.1001)"
- "Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit Grouping Value Set (2.16.840.1.113883.3.526.3.1240)"
- "Encounter, Performed: Face-to-Face Interaction" using "Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1048)"
- "Encounter, Performed: Office Visit" using "Office Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up" using "Preventive Care Services - Established Office Visit, 18 and Up Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1025)"
- "Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up" using "Preventive Care Services-Initial Office Visit, 18 and Up Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1023)"
- "Laboratory Test, Performed: Fecal Occult Blood Test (FOBT)" using "Fecal Occult Blood Test (FOBT) Grouping Value Set (2.16.840.1.113883.3.464.1003.198.12.1011)"
- "Procedure, Performed: Colonoscopy" using "Colonoscopy Grouping Value Set (2.16.840.1.113883.3.464.1003.108.12.1020)"
- "Procedure, Performed: Total Colectomy" using "Total Colectomy Grouping Value Set (2.16.840.1.113883.3.464.1003.198.12.1019)"

**Supplemental Data Elements**
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity CDCREC Value Set (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer SOP Value Set (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race CDCREC Value Set (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex AdministrativeGender Value Set (2.16.840.1.113762.1.4.1)"

**Risk Adjustment Variables**
- None

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