



January 6, 2026

Partnership for Quality Measurement
c/o Battelle
901 D Street, SW
Suite 900
Washington, DC 20024

Re: Rate of Timely Follow-up on Positive Stool-based Tests for Colorectal Cancer Detection

Dear PQM Development Staff:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the new quality measure related to the rate of timely follow-up on positive stool-based tests for colorectal cancer detection. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's (ACS) nonprofit, nonpartisan advocacy affiliate, ACS CAN is more determined than ever to end cancer as we know it, for everyone.

ACS CAN strongly supports the proposal from the Centers for Medicare and Medicaid Services to add a measure for timely follow-up colonoscopy to stool-based tests to its Merit-based Incentive Payment System (MIPS). This proposal is also consistent with the position of ACS, which has asserted for many years, and stated in its screening guidelines,¹ that cancer screening should be understood as a continuum of testing rather than a single recommended screening test and should include all follow-up tests judged to be integral and necessary to resolve the question of whether an adult undergoing screening has cancer.² In a recent study conducted in a large health system, failure to follow-up a positive screening test accounted for 8% of all colorectal cancer deaths.

ACS has estimated that in 2025, 107,3020 cases of colon cancer would be diagnosed in the United States and an estimated 52,900 people would die from the disease.³ Colorectal cancer remains one of

¹ Fontham ETH, Wolf AMD, Church TR, Etzioni R, et al. Cervical Cancer Screening for Individuals at Average Risk: 2020 Guideline Update From the American Cancer Society. *CA Cancer J Clin.* 2020; 321-346. doi:10.3322/caac.21628.

² American Cancer Society. American Cancer Society position statement on the elimination of patient cost-sharing associated with cancer screening and follow-up testing. Feb 26, 2023. Available from <https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/overview/acs-position-on-cost-sharing-for-screening-and-follow-up.html>.

³ American Cancer Society. *Cancer Facts & Figures 2025*. Atlanta: American Cancer Society; 2025.

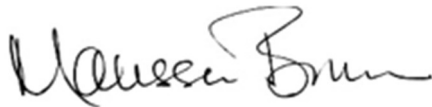
the deadliest forms of cancer.⁴ Colorectal cancer is the third most commonly diagnosed cancer and the third most common cause of cancer-related death in both men and women in the United States.⁵ Furthermore, Alaska Natives have the highest colorectal cancer incidence rates in the world, nearly twice as high as American Indian individuals, who rank second in the U.S.⁶

Regular screening is the most effective way of detecting precancerous growths and early colorectal cancer. Removal of precancerous lesions can prevent colorectal cancer and cancers found at an early stage can be treated more easily, and lead to greater survival.⁷ For colorectal cancer, the five-year survival rate is approximately 90 percent for patients aged 65 and older whose cancer is discovered and treated early.⁸ In contrast, individuals aged 65 and older whose colorectal cancer is found at a later stage, after the cancer has metastasized, have a 10 percent five-year survival rate.⁹

CONCLUSION

Thank you for the opportunity to comment on the proposed measure on the rate of timely follow-up on positive stool-based tests for colorectal cancer detection. If you have any questions, please feel free to contact me or have your staff contact Anna Schwamlein Howard, Policy Principal, Access and Quality of Care at Anna.Howard@cancer.org.

Sincerely,



Marissa Brown
Senior Vice President, State and Local Advocacy
American Cancer Society Cancer Action Network

⁴ Siegal RL, Miller KD, Fuchs HE, Jemal A. Cancer statistics, 2021. *Cancer*. 2021; 71:7-33, [doi 10.3322/caac.21654](https://doi.org/10.3322/caac.21654).

⁵ American Cancer Society. *Colorectal Cancer Facts & Figures 2023-2025*. Atlanta: American Cancer Society; 2024.

⁶ Siegel, R. L., Wagle, N. S., Cercek, A., Smith, R. A., & Jemal, A. (2023). Colorectal cancer statistics, 2023. *CA: A Cancer Journal for Clinicians*, 73(3), 233-254. <https://doi.org/10.3322/caac.21772>.

⁷ American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2023-2024*. Atlanta: American Cancer Society; 2024.

⁸ *Colorectal Cancer Facts & Figures 2023-2025*.

⁹ *Id.*