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On behalf of Fight Colorectal Cancer (Fight CRC), we appreciate the opportunity to submit comments in response to MUC2025-043, Rate of Timely Follow-up on Positive Stool-based Tests for Colorectal Cancer Detection.

Fight CRC is a national patient advocacy organization dedicated to preventing colorectal cancer, improving early detection, and ensuring that all people diagnosed with colorectal cancer (CRC) receive high quality care. Our community includes patients, survivors, caregivers, clinicians, and researchers who see firsthand the consequences when abnormal non-invasive screening results are not followed by timely colonoscopy.

Fight CRC's Colorectal Cancer Care Initiative (CRCCI), including the 2024 Colorectal Cancer Care Report, identifies timely colonoscopy following a positive CRC screening test as a top patient priority, and one of the most important system level failures contributing to preventable CRC deaths. Patients repeatedly reported that long waits following a positive test resulted in high emotional distress, prolonged uncertainty, and in some cases progression to later stage disease. We are strongly supportive of CMS prioritizing a measure on timely follow up after a positive stool-based test for colorectal cancer. At the same time, we urge CMS to refine this measure in two critical ways:

1. Expand the measure to include all covered non-invasive CRC screening tests, not only stool-based tests.
2. Shorten the baseline follow up interval from 180 days to 90 days, with optional reporting at longer intervals.

Expand the measure to include all covered non-invasive CRC screening tests, not only stool-based tests.

Medicare beneficiaries are fortunate to have access to many options when choosing between covered colorectal cancer screening tests, including stool-based and blood based non-invasive options. These non-invasive tests play a vital role in expanding access to CRC screening, particularly in communities with limited access to colonoscopies. A non-invasive test alone however is not enough to confirm a diagnosis. It is medically necessary for patients who receive an abnormal result on any non-invasive test to complete a follow-up colonoscopy for screening to be complete. This includes blood-based tests, and will likely apply to future generations of non-invasive tests not yet on the market. Expanding the measure to include all non-invasive screening options will ensure that this measure can keep up with the rapid innovation in the cancer screening space.

Limiting the measure to stool based tests creates several problems. It would require providers to ensure timely follow up for some non-invasive tests but not others, even though every positive screening test carries the same expectation that a follow-up colonoscopy is needed. It also risks creating perverse incentives to preferentially promote non-covered modalities from the measure perspective in order to avoid accountability for follow up. Fight CRC therefore urges refining the measure to include a positive result from any CMS covered non-invasive CRC screening test.

Shorten the baseline follow up interval from 180 days to 90 days, with optional reporting at longer intervals.

Fight CRC recommends refining the measure to specify colonoscopy completion within 90 days as the primary performance benchmark. In quality measurement, the specified timeframe often becomes the de facto threshold that systems design toward. If CMS sets the measure at 180 days, many organizations may reasonably interpret that to mean it is acceptable for a substantial proportion of patients to wait five or six months for a diagnostic colonoscopy after a positive test that could represent cancer.

Furthermore, a 180-day window risks masking important variation in how quickly systems move most patients through the full continuum of cancer screening. Two organizations with very different patterns, for example, one completing 80 percent of colonoscopies within 60 days, another completing most at 5 to 6 months, could look identical if both simply cross the 180-day threshold.

A 180-day delay does not align with the patient-centered standards or with the evidence-based recommendations made through the Colorectal Cancer Care Report¹. Analyzing real world data, the Care Report demonstrated a sharp drop-off in completion of a follow-up colonoscopy after the 90-day mark indicating that that providers and systems should be striving towards getting patients follow-up colonoscopies in this window while urgency still drives action for patients. Stakeholders across disciplines, including clinicians, researchers, and patient advocates, emphasized that 90 days is the appropriate operational target for achieving both timely care and improved outcomes, while six months should be considered an upper bound.

From a patient perspective, a six month wait after a positive cancer screening result is deeply distressing. For patients in the CRC community, protracted delays are often experienced as a breakdown of the health system rather than a neutral operational choice.

Professional societies also emphasize the importance of timely follow up. The American Gastroenterological Association recommends that at least 80 percent of patients with a positive non-invasive screening test should receive a colonoscopy date within 3 months, and that

¹ Fight CRC. 2024 CARE Report. <https://fightcolorectalcaner.org/resources/care-report/>



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colonoscopy should be completed within 6 months in all appropriate cases.² For these reasons, we recommend refinement of the measure by specifying colonoscopy completion within 90 days as the primary performance benchmark.

Conclusion

Fight CRC appreciates CMS leadership in elevating timely follow up after abnormal CRC screening as a national quality priority. Ensuring timely colonoscopy after a positive non-invasive test will save lives and improve the quality of care for Medicare beneficiaries.

We strongly support implementation of a measure in this space. We respectfully urge strengthening of the measure by including all CMS covered noninvasive CRC screening tests, and by shortening the core follow up window to 90 days, with additional reporting at 180 and 365 days. These refinements better reflect the evidence, clinical consensus, and patient centered priorities documented in Fight CRC's Colorectal Cancer Care Initiative.

Thank you for considering our comments. We welcome continued engagement as this important measure is refined.

Sincerely,
Anjee Davis, MPPA
CEO
Fight Colorectal Cancer

² American Gastroenterological Association, Clinical Practice Guidance on the Use of Noninvasive CRC Screening Options. <https://gastro.org/clinical-guidance/approach-to-the-use-of-noninvasive-colorectal-cancer-crc-screening-options/>