

COLON CANCER SCREENING

Choices that fit rural life. Closer to home.

Screening choices and a practical action plan
for rural communities



For most adults, screening starts at 45

45

Screening can find polyps before they become cancer—or find cancer early, when treatment works best.

AGES 45–75

Get screened regularly

AGES 76–85

Decide with your clinician

Consider health, prior screening, life expectancy, and preferences.

Before 45—or more often

Ask sooner if you have higher-risk conditions or family history.

The gap is real—and actionable.

61.4%

of U.S. adults ages 45–75 were up to date in 2022

72.8%

Healthy People 2030 target

0.81

pooled odds of any screening for rural vs. urban residents



WHY IT MATTERS: Rural residents are screened less often but face higher colorectal cancer incidence and death rates. Better access can prevent cancer—or find it earlier.

Three screening options you may hear about

OPTION #1 • IN A HOSPITAL

Colonoscopy

EVERY 10 YEARS

Can vary based on results and pathology

Looks inside the full colon and can remove polyps during the exam.

Bowel prep; sedation is often used.



Ask about prep instructions, travel, time off, sedation, and who can drive you home.

Three screening options you may hear about



OPTION #2 • AT HOME

Cologuard

EVERY 3 YEARS

At-home stool DNA-FIT.

No bowel prep or sedation.

**An abnormal result needs
colonoscopy.**

**Fewer miles.
No sedation.
Return the kit on time.**

Three screening options you may hear about



OPTION #3 • BLOOD TEST

The Shield

NEWER BLOOD-BASED OPTION • FDA APPROVED

Office blood draw with no bowel prep or sedation.

An abnormal result needs colonoscopy.

Rural barriers are real—and solvable

Long drive

Ask about an at-home options or in clinic collection options

No ride after sedation

Ask about transportation help or a non-sedated option.

Hard-to-fit hours

Request scheduling help, reminders, or fewer visits.

Forms, language, or trust

Ask for patient navigation, translation, or one-on-one help.



Tell the clinic what is getting in the way. The plan can change.

Symptoms change the screening plan

Screening is for people without symptoms.

CALL YOUR CLINIC IF YOU NOTICE

Blood in or on your stool

A lasting change in bowel habits

Abdominal pain or cramps that do not go away

Unexplained weight loss

ASK ABOUT EARLIER OR MORE FREQUENT TESTING

Personal or family history of colorectal cancer or polyps

Crohn's disease or ulcerative colitis

Lynch syndrome, FAP, or another inherited syndrome

Do not wait for your next screening date when symptoms are present.

Data from 2023 on Colorectal screenings

**Percentage of adults 45-75 who had appropriate screening for colorectal cancer												
Colorectal - 70% Goal	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	1-Nov	Dec-23
Dr. Huebschman	88.24%	89.73%	86.90%	85.52%	86.73%	NA	NA	NA	NA	NA	NA	NA
Kim Perttu, DO	61.54%	60.89%	64.45%	72.35%	74.46%	73.53%	76.25%	77.24%	79.00%	77.00%	76.49%	77.38%
Kelly Muench	66.99%	67.49%	68.60%	70.00%	72.16%	71.30%	72.94%	73.16%	73.29%	73.00%	74.10%	75.00%
Abby Allen	62.30%	66.39%	66.94%	68.42%	70.66%	70.97%	72.65%	74.19%	73.68%	75.10%	76.21%	76.00%
Eli James	64.40%	61.69%	62.96%	66.00%	73.68%	76.56%	75.37%	76.16%	76.66%	78.72%	77.15%	77.15%
Abigail Burns	67.91%	69.92%	73.33%	76.26%	78.52%	79.35%	79.38%	80.47%	81.29%	82.46%	83.33%	84.00%
Kate Reuter	62.78%	65.15%	66.13%	70.00%	72.15%	70.00%	72.00%	74.00%	74.02%	75.15%	75.30%	74.93%
Dr. David Casillas	27.27%	20.00%	35.29%	69.23%	66.67%	65.71%	59.52%	55.10%	55.00%	51.61%	51%	53.00%
Rachel Loeffelholz	47.06%	57.17%	61.90%	65.38%	70.00%	62.16%	62.16%	68.18%	65.91%	70%	70.00%	70.00%
Ron White, DO										83.33%	79.00%	54.00%
Brian Quick										27.03%	32.00%	35.00%

Current data on Colorectal screening for 2026

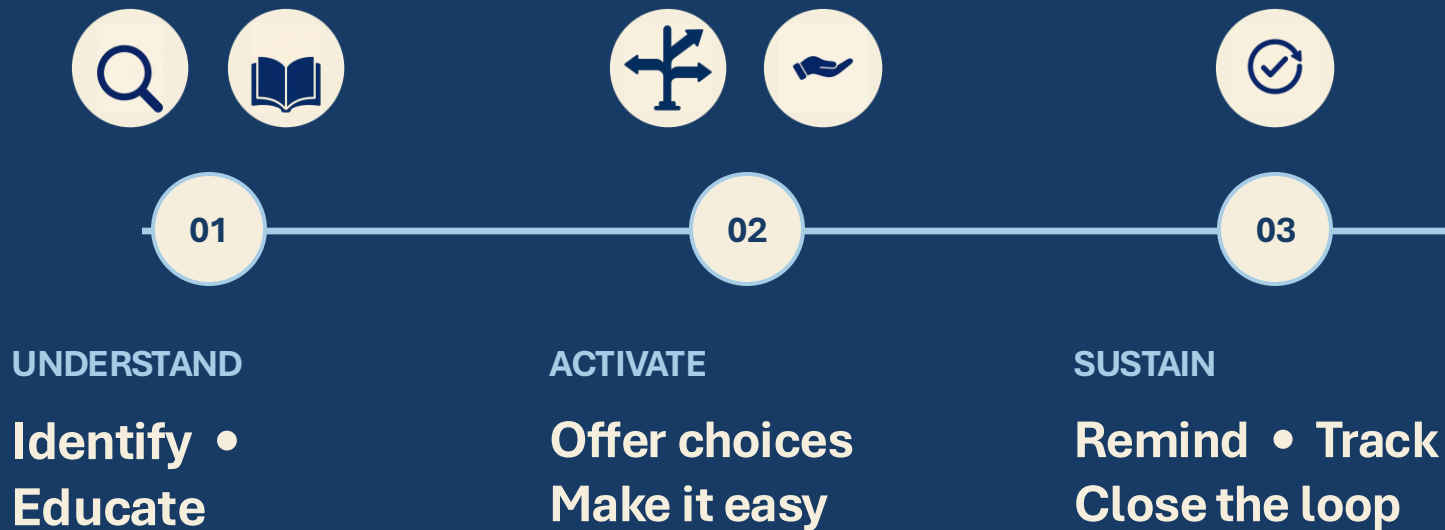
**Percentage of adults 45-75 who had appropriate screening for colorectal cancer							
Colorectal - 70% Goal	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
Deanna Cooley							75.00%
Kelly Muench	72.05%	71.69%	72.00%	71.30%	72.40%	74.03%	74.04%
Abby Allen	74.18%	73.38%	73.17%	73.01%	72.66%	72.00%	72.26%
Eli James	74.28%	74.45%	74.50%	75.45%	76.34%	77.00%	77.16%
Abigail Burns	77.78%	77.91%	79.41%	78.10%	79.43%	78.53%	78.61%
Kate Reuter	70.00%	70.71%	71.00%	70.82%	70.00%	70.00%	70.00%
Dr. David Casillas	73.64%	73.87%	75.00%	73.21%	75.22%	75.00%	74.34%
Rachel Loeffelholz	75.29%	77.38%	76.25%	77.22%	80.00%	80.00%	79.45%
Ron White, DO	76.92%	75.10%	76.28%	77.13%	77.69%	78.00%	77.00%
Brian Quick	80.16%	81.02%	81.70%	81.27%	83.20%	83.47%	83.00%

How did we improve your colorectal screenings in Rural setting?

- Biggest opportunity was to make colorectal screening easy, convenient, and a choice rather than an all or nothing colonoscopy
- Use every patient contact as a screening opportunity. Don't wait for annual exam. Ask about screening during:
 - Acute visits
 - Diabetic visits
 - Chronic care visits
 - Immunization visits
 - Nurse visits
 - Telehealth visits
- Workflow adjustments over time:
 - Run your reports monthly in your Electronic Medical Record
 - Assign staff to "own" the follow up
 - Use simple, patient-centered messaging. Instead of "You need a colonoscopy" try "You have several options for colorectal screening. We can help choose the one that works best for you."
 - Set up reminder
 - Last don't forget to **CELEBRATE** your success!!

A strong rural clinic model

Seven reliable signals. One connected workflow.



Make the next step obvious—and easy to complete.



Every visit is an opportunity.