Via on-line portal

March 12, 2026

Vivek Garg
President & Chief Executive Officer
National Committee for Quality Assurance
1100 13th Street, NW
Third Floor
Washington, D.C. 20005

Re: Proposed Measure for HEDIS MY2027: Follow-Up After Positive Colorectal Cancer Non-Invasive Screening Test (COF-E)

Dear Mr. Garg:

The American Cancer Society (ACS) and the American Cancer Society Cancer Action Network (ACS CAN) appreciate the opportunity to comment on the National Committee for Quality Assurance's (NCQA's) proposed new quality measure for HEDIS measurement year (MY) 2027 related to follow-up after positive colorectal cancer non-invasive screening test. The ACS mission is to improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer. ACS, operating throughout the United States (US), is the largest voluntary health organization in the country. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of ACS, advocating for evidence-based public policies to reduce the cancer burden for everyone. 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.

ACS CAN strongly supports the proposed new proposed quality measure for timely follow-up after positive colorectal cancer non-invasive screening tests. This proposed quality measure is 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 other words, if a screening test is positive, screening is not complete until follow-up tests have been conducted.

The effectiveness of stool-based CRC screening tests depends on timely follow-up colonoscopy

[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.

in patients with abnormal results. Although in some settings three quarters of patients receive follow-up colonoscopy after abnormal stool based screening (that in itself is not an acceptable rate), multiple social factors influence adherence, and significantly lower rates of follow-up have been observed in safety net settings, where most non-colonoscopy tests are used.[3,4,5] Additionally, published evidence demonstrates that delays beyond 180 days for colonoscopy after a positive stool-based test are associated with a statistically significant increase in colorectal cancer incidence and advanced-stage disease.[6]

ACS has estimated that in 2026, 108,860 cases of colon cancer would be diagnosed in the United States and an estimated 55,230 people would die from the disease.[7] Colorectal cancer remains one of the deadliest forms of cancer.[8] 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.[9] Almost half (45%) of new diagnosis are in individuals under age 65, up from 27% in 1995.[10]

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.[11] For colorectal cancer, the five-year survival rate is 91% when the cancer is discovered and treated early.[12] 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.[13]

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[3] Greene M, Gohil S, López JVR, Lovelace J, Fendrick AM, Duarte M, Dore M, Anderson JC, Karlitz JK, Le QA. High Adherence to Repeat Multitarget Stool DNA Testing and Follow-Up Colonoscopy in Average-Risk United States Adults: Results from a Nationally Insured Cohort. Clin Ther. 2025 Nov 28:S0149-2918(25)00386-8. doi: 10.1016/j.clinthera.2025.10.015. Epub ahead of print. PMID: 41318286.

[4] Coronado GD, Kihn-Stang A, Slaughter MT, Petrik AF, Thompson JH, Rivelli JS, Jimenez R, Gibbs J, Yadav N, Mummadi RR. Follow-up colonoscopy after an abnormal stool-based colorectal cancer screening result: analysis of steps in the colonoscopy completion process. BMC Gastroenterol. 2021 Sep 28;21(1):356. doi: 10.1186/s12876-021-01923-1. PMID: 34583638; PMCID: PMC8477359.

[5] Issaka RB, Bell-Brown A, Jewell T, Jackson SL, Weiner BJ. Interventions to Increase Follow-up of Abnormal Stool-Based Colorectal Cancer Screening Tests in Safety Net Settings: A systematic review. Gastroenterology, Volume 167, Issue 5, 826 - 833.e3.

[6] Corley DA, Jensen CD, Quinn VP, Doubeni CA, et al. Association Between Time to Colonoscopy After a Positive Fecal Test Result and Risk of Colorectal Cancer and Cancer Stage at Diagnosis. AMA. 2017 Apr 25;317(16):1631-1641. doi:10.1001/jama.2017.3634. PMID: 28444278; PMCID: PMC6343838.

[7] American Cancer Society. *Cancer Facts & Figures 2026.* Atlanta: American Cancer Society; 2026.

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

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

[10] Siegel RL, Wagle NS, Star J, Kratzer, Smith RA, Jemal A. Colorectal cancer statistics, 2026. *CA Cancer J Clin.* 2026; 76(2)(e70067. Doi:10.322/caac.70067.

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

[12] *Colorectal Cancer Facts & Figures 2023-2025.*

[13] Id.

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, Interim Managing Director, Public Policy at Anna.Howard@cancer.org.

Sincerely,

William Dahut, MD
Chief Scientific Officer
American Cancer Society

Lisa A. Lacasse, MBA
President
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