State of Delaware

Department of Health and Social Services
Division of Public Health

Standing Order: Pharmacist-Initiated Colorectal Cancer Screening

Authorizing Provider
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License Number: C1-0026820
Issuing Organization: Delaware Division of Public Health
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I. Purpose

To expand access to evidence-based colorectal cancer screening by authorizing licensed pharmacists in Delaware to order and provide non-invasive stool-based colorectal cancer screening tests (e.g., fecal immunochemical test [FIT] and stool DNA-FIT tests) to eligible adults. The order also supports patient education, documentation, and referral for diagnostic follow-up when indicated.

II. Legal Authority

This standing order is issued under the public health authority of the authorizing provider and is consistent with Delaware pharmacy practice laws and applicable provisions allowing pharmacists to act under standing orders or collaborative practice protocols for preventive services.

III. Guideline Basis

USPSTF Recommendation: Routine colorectal cancer screening for adults aged 45 to 75 years using stool-based tests or direct visualization tests. Annual FIT or stool DNA-FIT every 1-3 years are recommended options. Abnormal results require diagnostic colonoscopy.

American Cancer Society (ACS): Screening should begin at age 45 for average-risk adults and may include high-sensitivity stool-based testing such as FIT annually or stool DNA-FIT every three years. ACS also identifies people with a personal or family history of colorectal cancer/polyps, inflammatory bowel disease, hereditary colorectal cancer syndromes, or prior abdominal/pelvic radiation as having increased or high risk and potentially requiring a different screening strategy.

HRSA Quality Measures: Colorectal cancer screening is a national preventive quality metric emphasizing improved access to screening services and timely diagnostic follow-up.

IV. Definitions

Colorectal Cancer (CRC): Cancer arising from the colon or rectum.

Fecal Immunochemical Test (FIT): Stool-based test that detects human hemoglobin in stool.

Stool **DNA-FIT** (sDNA-FIT): Multitarget stool DNA test combined with FIT for detection of colorectal cancer and advanced adenomas.

Average Risk: An adult who has no personal history of colorectal cancer or adenomatous/advanced polyps; no inflammatory bowel disease (ulcerative colitis or Crohn's disease); no known or suspected

hereditary colorectal cancer syndrome (e.g., Lynch syndrome or familial adenomatous polyposis); no relevant family history of colorectal cancer or advanced polyps that warrants enhanced surveillance; and no prior abdominal or pelvic radiation that Increases colorectal cancer risk. Average-risk screening is intended for adults without a condition requiring a specialist-directed surveillance strategy.

V. Patient Eligibility

A pharmacist may provide screening under this order if the patient:

1. Is aged 45-75 years and meets the definition of average risk above.
2. Has no signs or symptoms concerning for colorectal cancer or another condition requiring diagnostic evaluation (e.g., rectal bleeding, unexplained iron-deficiency anemia, persisfent or unexplained abdominal pain, unexplained weight loss, or a new persistent change in bowel habits).
3. Is not currently under specialist-directed colorectal cancer surveillance.
4. Provides informed consent to participate in screening.

Patients NOT eligible under this standing order

A pharmacist must NOT initiate stool-based CRC screening under this standing order when any of the following are present:

- Personal history of colorectal cancer.
- Personal history of adenomatous or other clinically significant colorectal polyps, or a history requiring post-polypectomy surveillance.
- Inflammatory bowel disease, including ulcerative colitis or Crohn's disease involving the colon.
- Known or suspected hereditary colorectal cancer syndrome, including Lynch syndrome or familial adenomatous polyposis, or a personal/family history suggesting such a syndrome.
- A family history of colorectal cancer or advanced colorectal polyps that requires an individualized or enhanced surveillance strategy.
- Prior radiation therapy to the abdomen or pelvis that may increase colorectal cancer risk.
- Any condition or prior finding for which the patient is already under specialist-directed colorectal surveillance. *Patients who are not eligible under this standing order should be advised to contact their primary care provider or appropriate specialist to determine the appropriate colorectal cancer screening or surveillance strategy.*

Individuals aged 76-85 years may be screened based on shared decision-making considering overall health and prior screening history.

VI. Pharmacist Responsibilities

A. Eligibility Assessment

Pharmacists must verify age, risk status, screening history, and absence of symptoms that would require direct medical evaluation.

B. Patient Education

Pharmacists will provide education regarding colorectal cancer screening, including benefits, limitations, instructions for specimen collection, and the importance of follow-up if results are abnormal.

C. Test Ordering and Dispensing

Pharmacists may order and dispense FIT or stool DNA-FIT kits approved for colorectal cancer screening.

D. Documentation

Pharmacists must document patient eligibility assessment, informed consent, screening test ordered, patient education provided, and kit information in the pharmacy health record.

E. Result Management

Normal Result:

Document result and advise patient regarding repeat screening intervals according to guidelines (e.g., annually for FIT).

Normal Result:

Notify the patient promptly and explain that a diagnostic colonoscopy is required for further evaluation. Facilitate referral to a primary care provider, gastroenterologist, or appropriate health system for follow-up. If the patient has an existing provider, results should be communicated within 48-72 hours.

Suggested Referral Language:

"Your stool-based colorectal cancer screening test result was abnormal. This does not diagnose cancer, but it indicates that additional evaluation with colonoscopy is recommended. Please contact your primary care provider or a gastroenterology specialist as soon as possible to arrange this follow-up test."

F. Reporting

Screening completion and results should be documented and reported in accordance with applicable public health reporting requirements and patient medical record systems when available.

VII. Training Requirements

Phannacists participating under this standing order must complete training on colorectal cancer screening guidelines, patient eligibility assessment, test administration instructions, documentation requirements, and referral procedures.

VIII. Quality Assurance

Participating phannacies should maintain records of screenings performed, results communicated, and referrals made. Data may be reviewed periodically by the Delaware Division of Public Health for quality improvement and program evaluation purposes.

IX. Review and Revision

This standing order shall be reviewed annually or when updates to USPSTF, ACS, or HRSA colorectal cancer screening guidelines occur.

References / Clinical Guidance

U.S. Preventive Services Task Force. Colorectal Cancer: Screening (2021). https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening

American Cancer Society. Colorectal Cancer Screening Recommendations. https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html

Authorization

Authorized by:

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Signature

CHRISTOPHER TROTZ, MD

Name and Title

09-17-2026

Date