DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6320.96
BUMED-M3
15 Aug 2012

BUMED INSTRUCTION 6320.96

From: Chief, Bureau of Medicine and Surgery

Subj: STOOL-BASED COLORECTAL CANCER SCREENING TESTS IN NAVY MEDICINE

Ref: (a) MANMED Chapter 15, article 15-1
(b) Bernard Levin, MD, "Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008: A Joint Guideline from the American Cancer Society, The United States Multi-Society Task Force on Colorectal Cancer and the American College of Radiology," March 5, 2008
(c) U.S. Preventive Services Task Force Recommendation Statement – Screening for Colorectal Cancer, October 2008
(d) Douglas Rex, MD, et al., "American College of Gastroenterology Guidelines for Colorectal Cancer Screening," 2009

Encl: (1) Reference Links

1. Purpose. To implement standardized colorectal cancer screening (CRCS) tests used in Navy Medicine supporting the current evidence-based healthcare guidelines for CRCS.

2. Scope. This instruction applies to all Navy Medicine Regions and medical treatment facilities (MTFs).

3. Background

a. There is no standardization for CRCS tests across Navy Medicine, the most widely used tests have low-sensitivity for detecting colorectal cancer (CRC).

b. Per reference (a), laboratory test requirements for Navy Medicine resulted from an analysis of guidelines from the U.S. Preventive Services Task Force, the U.S. Navy Committee on Disease Prevention and Health Promotion, the Armed Forces Epidemiology Board, and other published recommendations from recognized specialty organizations.

c. References (b) through (d) all recommend using high-sensitivity gFOBT, such as Hemocoult II SENSA or Propper Seracult Plus, or Fecal Immunochemical Test (FIT) as their preferred annual screening test for CRC in asymptomatic, average-risk adults aged 50 years and older when stool-based CRCS tests are the only screening option. Links for references (a) through (d) are provided at enclosure (1).

d. High-sensitivity gFOBT and various FIT tests have comparable accuracy and both are superior to low-sensitivity gFOBT, such as Standard Hemoccult and Hemoccult II.

4. Action. Discontinue use of low-sensitivity gFOBT and replace with high-sensitivity gFOBT or FIT tests by the end of FY 2012.

M. L. NATHAN

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http://www.med.navy.mil/directives/Pages/default.aspx

REFERENCE LINKS

Ref:
(a) MANMED Chapter 15, article 15-1. Available at: http://www.med.navy.mil/DIRECTIVES/Pages/NAVMEDP-MANMED.aspx
(b) Bernard Levin, MD, "Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008: A Joint Guideline from the American Cancer Society, The United States Multi-Society Task Force on Colorectal Cancer and the American College of Radiology," March 5, 2008. Available at: http://onlinelibrary.wiley.com/doi/10.3322/CA.2007.0018/pdf
(c) U.S. Preventive Services Task Force Recommendation Statement – Screening for Colorectal Cancer, October 2008. Available at: http://www.annals.org/content/149/9/627.full.pdf
(d) Douglas Rex, MD, et al., "American College of Gastroenterology Guidelines for Colorectal Cancer Screening," 2009. NOTAL (Personal subscribers to The American Journal of Gastroenterology can view this article at http://www.nature.com. To do this, associate your subscription with your registration via the My Account page.)