

## eAppendix A. TRICARE Cancer Screening Guidelines at the Time of Survey

TRICARE covered general screening and colon cancer screening by risk level.<sup>1</sup>

At the time of this survey, guidelines recommended that breast cancer screening in the form of annual physical examinations and mammography begin at age 40 years, or at the physician's discretion for women younger than 40 years who are at high risk.<sup>2</sup> TRICARE covers pelvic examinations and Pap tests for women aged 18 to 65 years or if sexually active; the frequency is left to the physician's discretion but is not less than every 3 years. Among individuals 50 years of age or older who are at an average risk for colorectal cancer (CRC), TRICARE covers an annual fecal occult blood test (FOBT), proctosigmoidoscopy or flexible sigmoidoscopy every 3 to 5 years beginning at age 50, and colonoscopy every 10 years.

### **Individuals at an Average Risk for Colon Cancer**

- FOBT, either guaiac-based or immunochemical-based, of 3 consecutive stool samples once every 12 months for beneficiaries aged 50 years and older (at least 11 months must have passed following the month in which the last covered screening FOBT was done).
- Proctosigmoidoscopy or flexible sigmoidoscopy, once every 3 to 5 years, beginning at age 50 years.
- Optical (conventional) colonoscopy once every 10 years for individuals aged 50 years and older.

### **Individuals at an Increased Risk for Colon Cancer**

A family history of CRC or adenomatous polyps increases an individual's risk of colon cancer:

- One or more first-degree relatives diagnosed with sporadic CRC or an adenomatous polyp before the age of 60 years or in 2 or more first-degree relatives at any age: Optical

colonoscopy should be performed every 3 to 5 years beginning at age 40 years or 10 years earlier than the youngest affected relative, whichever is earlier.

- One or more first-degree relatives diagnosed with sporadic CRC or an adenomatous polyp at age 60 years or older, or 2 second-degree relatives diagnosed with colon cancer: Either flexible sigmoidoscopy (once every 5 years) or optical colonoscopy (once every 10 years) should be performed beginning at age 40 years.

### *Individuals at High Risk for Colon Cancer*

- Individuals with known or suspected familial adenomatous polyposis (FAP): Annual flexible sigmoidoscopy beginning at age 10 to 12 years.
- Family history of hereditary nonpolyposis colorectal cancer (HNPCC) syndrome: Optical colonoscopy should be performed once every 1 to 2 years beginning at age 20 to 25 years, or 10 years younger than the earliest age of diagnosis of CRC, whichever is earlier.
- Individuals diagnosed with inflammatory bowel disease (IBD), chronic ulcerative colitis (CUC), or Crohn's disease: Cancer risk begins to be significant 8 years after the onset of pancolitis or 10 to 12 years after the onset of left-sided colitis. For individuals meeting these risk parameters, optical colonoscopy should be performed every other year.

### **References:**

1. TRICARE. Tricare policy manual 6010.57-M.  
<http://manuals.tricare.osd.mil/pages/DisplayManual.aspx?SeriesId=POLICY>. Published February 1, 2008. Accessed March 9, 2017.