March 13, 2026

Submitted via Online Portal
National Committee for Quality Assurance
1100 13th Street NW, Third Floor
Washington, DC 20005

Re: Proposed Follow-Up After Positive Colorectal Cancer Non-Invasive Screening Test (COF-E) Measure for HEDIS MY 2027

Position: Support with Modifications

Dear NCQA Leadership:

The undersigned patient advocacy organizations represent individuals and families affected by colorectal cancer across the United States. We appreciate the opportunity to comment on the proposed Follow-Up After Positive Colorectal Cancer Non-Invasive Screening Test (COF-E) measure for inclusion in HEDIS Measurement Year 2027.

We support the intent of this measure. From a patient perspective, screening does not end with receiving a test result. Timely colonoscopy following a positive non-invasive colorectal cancer (CRC) screening result is necessary to complete the screening process and to achieve the life-saving benefits of early detection. Across the CRC community, timely follow-up after an abnormal screening result is widely recognized as essential to realizing the full benefit of screening. Yet many patients still do not complete follow-up in a timely manner. Quality measurement that promotes appropriate and timely follow-up represents an important and necessary step toward closing this gap.

At the same time, we respectfully urge NCQA to ensure that COF-E reflects the full range of non-invasive CRC screening options currently available to patients.

Non-invasive CRC screening is no longer limited to traditional stool-based tests. Blood-based CRC screening and sRNA stool-based tests have received FDA approval. Importantly, a blood-based CRC screening test meets the performance criteria required for national Medicare coverage. Real-world clinical experience and emerging evidence indicate that integrating blood-based CRC screening alongside other modalities increases screening acceptance and completion, particularly among patients who have historically remained unscreened.[1][2]

[1] Haynes et al. 2024. Blood-based Colorectal Cancer Screening: Implementation into Two Appalachian Primary Care Clinics. American Journal of Preventive Medicine.
[2] Coronado GD et al. 2024. Blood-based colorectal cancer screening in an integrated health system: a randomized trial of patient adherence. Gut;73:622–628.

Non-invasive options that can be incorporated into routine medical care expand access for individuals who face barriers to colonoscopy, including patients in rural communities, those with transportation challenges, caregivers, and individuals with work-related constraints. For many patients, these barriers are practical and immediate. As screening innovation evolves, quality measures must evolve alongside it.

Regardless of modality, a positive non-invasive CRC screening result carries the same clinical expectation: a diagnostic colonoscopy is required to confirm or exclude cancer. From a patient perspective, screening and follow-up are part of a single continuum of care. A follow-up measure should therefore apply consistently across all non-invasive screening tests used in clinical practice.

Limiting COF-E to certain non-invasive modalities risks creating inconsistencies in accountability and may unintentionally discourage the use of screening options that improve patient access. Expanding the COF-E denominator to include all FDA-approved and Medicare-covered non-invasive CRC screening tests would ensure that follow-up accountability applies equitably and consistently.

In addition, NCQA should update the Colorectal Cancer Screening (COL-E) measure to include all FDA-approved, Medicare-covered non-invasive CRC screening modalities. COL-E currently excludes blood-based and sRNA stool-based screening from its numerator and therefore does not reflect the full range of clinically available screening options. Updating COL-E alongside COF-E as part of a coordinated modernization of HEDIS CRC measures would align accountability for both screening initiation and follow-up with the current CRC screening landscape.

Modernizing these measures would signal that quality standards are keeping pace with clinical innovation and patient access realities.

Thank you for the opportunity to provide input.

Sincerely,

The Blue Hat Foundation
Cheeky Charity
Colorectal Cancer Equity Foundation
GI Cancers Alliance
Global Colon Cancer Association
Global Healthy Living Foundation
National Patient Advocate Foundation
PALTOWN Development Foundation/COLONTOWN
Prevent Cancer Foundation
Raymond Foundation