PhilHealth
Your Partner in Health

BAGONG PILIPINAS

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PHILHEALTH CIRCULAR
No. 2025-0025

TO : **ALL ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH MEMBERS, PHILHEALTH REGIONAL OFFICES AND ALL OTHERS CONCERNED**

SUBJECT : **Quality Standards on the Screening for Colorectal Cancer as Reference of the Corporation**

I. RATIONALE

Republic Act No. 11223 (Universal Health Care Act) mandates PhilHealth to ensure the delivery of quality health services in accordance with evidence-based clinical practice guidelines endorsed by the Department of Health (DOH) and relevant specialty societies.

Quality-assured cancer screening is vital for early detection and timely intervention, leading to reduced disease burden and improved health outcomes. The establishment of uniform standards ensures consistent service delivery, strict adherence to recognized clinical guidelines, and protection against substandard or inappropriate practices, fulfilling PhilHealth's mandate to safeguard the health of all Filipinos.

Colorectal cancer is the third most common cancer (1 out of 10 in both sexes) and the fourth leading cause of cancer deaths among Filipinos. Recent estimates indicate cancers of the colon and rectum combined rank 3rd for both sexes in the Philippines. The incidence rates begin to rise steeply at age 50 years in both males and females (2015 Philippine Cancer Facts and Estimates). The earlier the cancer is detected the better the survival rates.

Through this issuance, PhilHealth reaffirms its commitment to delivering high-quality, accessible, and patient-centered care, and thereby upholding its mandate to protect the health and well-being of every Filipino.

II. OBJECTIVES

This PhilHealth Circular aims to establish the minimum standards of care for colorectal cancer screening in alignment with the Corporation's Quality Assurance Program.

III. SCOPE

This PhilHealth Circular defines evidence-based parameters for eligibility assessment, risk stratification, and the delivery of colorectal cancer screening services aligned with nationally adopted guidelines and harmonized with international best practices.

This policy covers all PhilHealth-accredited health facilities possessing the capability and the appropriate Department of Health (DOH) license to provide the relevant imaging services. This shall apply to all Filipinos registered to their respective PhilHealth's Yaman ng Kalusugan Program (YAKAP) clinics for the covered outpatient benefits.

IV. DEFINITION OF TERMS

A. Cancer Screening – presumptive identification of unrecognized disease in an apparently healthy, asymptomatic, high-risk population by means of tests, examinations or other procedures that can be applied rapidly and easily to the target population.[1]

B. Detectable Pre-Clinical Stage – the period during which an undiagnosed cancer can be detected through screening before any clinical symptoms appear.[2]

C. Diagnostic Procedures – medical tests performed to determine the underlying disease or condition based on a patient's signs and symptoms. These procedures also guide treatment planning, assess treatment effectiveness, and support prognosis. They may include laboratory examinations (e.g., blood and urine tests), imaging studies (e.g., mammography, computed tomography), endoscopic evaluations (e.g., colonoscopy, bronchoscopy), and tissue sampling through biopsy.[3]

D. Eligibility Assessment – an evaluation process used to determine whether an individual or entity meets the necessary criteria to be eligible for a particular benefit, service, or program.[4]

[1]World Health Organization. (2017). Promoting cancer early diagnosis. https://www.who.int/activities/promoting-cancer-early-diagnosis
[2]Smith, R. A., Mettlin, C. J., & Eyre, H. (2003). Key criteria in the decision to screen. In D. W. Kufe, R. E. Pollock, & R. R. Weichselbaum (Eds.), Holland–Frei Cancer Medicine (6th ed.). BC Decker. https://www.ncbi.nlm.nih.gov/books/NBK13727/
[3]National Cancer Institute. (n.d.). Diagnostic procedure. NCI Dictionary of Cancer Terms. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/diagnostic-procedure
[4]US Insurance Agents. (2025, January 15). What is eligibility assessment? https://www.usinsuranceagents.com/what-is-eligibility-assessment/

E. **Risk Factor** – anything that raises an individual's chances of getting a disease such as cancer.[5]

F. **Risk Stratification** – an approach clinicians use to make sure their patients get what they need in terms of care and to allocate limited resources to the patients who need them most.[6]

V. POLICY STATEMENTS

A. Eligibility Criteria

1. Colorectal cancer screening shall be provided to eligible, asymptomatic, high-risk individuals within defined target populations, for diseases with a detectable preclinical stage, where early detection and timely treatment have been shown to improve health outcomes.

2. The target population for colorectal cancer screening is any of the following:

   a. All adults aged 45 years old to 75 years old; or
   b. Individuals with risk factors.

3. Identified risk factors refer to any of the following:

   a. Family history of colorectal cancer or adenomatous polyps in a first-degree relative; or
   b. Underlying conditions such as Familial Adenomatous Polyposis (FAP), Lynch syndrome, or Inflammatory Bowel Disease (IBD) with colitis.

B. Conduct of Screening Process

1. PhilHealth accredited primary care physicians shall offer colorectal cancer screening as a preventive health service, guided by risk stratification. Screening shall utilize appropriate diagnostic procedures to detect cancer or precancerous conditions in asymptomatic individuals.

2. All eligible patients, as determined through a standardized eligibility assessment, shall undergo pre-screening counseling by qualified and PhilHealth-accredited healthcare providers to explain the purpose, benefits, risks, and limitation of the cancer screening tests. It should include informed consent as a prerequisite for service provision.

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[5]PhilHealth Circular 2025-0014 PhilHealth Benefit Packages for Selected Outpatient Cancer Screening Tests

[6]Genomind. (2022, October 18). Risk stratification definition and how it affects patient care. https://genomind.com/patients/population-health-risk-stratification/

3. Screening shall be performed only for individuals meeting the clinical and eligibility criteria outlined in Section V.A. of this PhilHealth Circular.

4. The eligibility assessment by the accredited primary care physicians shall be documented, detailing relevant patient history, risk profile, and rationale.

5. Screening tests for colorectal cancer include the following:

    a. Fecal Immunochemical Test (FIT):

        a.1. It is the preferred first-line test as it provides a more accurate result as compared to guaiac-based FOBT.

        a.2. This is a non-invasive stool test that detects hidden blood using antibodies specific to human hemoglobin, with high specificity for lower gastrointestinal bleeding.

        a.3. FIT shall be conducted every twelve months.

    b. Guaiac-based Fecal Occult Blood Test (gFOBT):

        b.1. gFOBT may be performed only when FIT is not available. Three (3) stool collections are recommended to decrease false negative results.

        b.2. This is a guaiac-based stool test that detects hidden blood from anywhere in the gastrointestinal tract.

        b.3. gFOBT requires pre-test avoidance (at least 3 days) of certain foods (e.g., red meat, peroxidase-rich vegetables/fruits such as horseradish, broccoli, cauliflower, turnips, radish, melons) and medications (e.g., iron supplements, NSAIDs, anticoagulants, corticosteroids) to prevent false results.

        b.4. gFOBT shall be conducted every twelve months.

    c. Colonoscopy:

        c.1. An endoscopic examination of the entire colon using a flexible, camera-equipped tube, allowing direct visualization, removal of polyps, and biopsy of suspicious lesions in one procedure.

        c.2. Colonoscopy may be performed at the latest within 9 months following a positive FIT or FOBT result.

        c.3. If the initial completed colonoscopy is negative and the

patient remains asymptomatic, screening may resume with stool-based screening (FIT or gFOBT) 10 years after the date of colonoscopy.

6. Colorectal cancer screening tests shall be performed exclusively by trained and credentialed personnel in health facilities licensed by the Department of Health and accredited by PhilHealth.

7. Test results shall be explained immediately to the patient, with proper interpretation including post-screening counseling.

8. Any abnormal screening result shall prompt timely referral to appropriate specialists for confirmatory diagnostic procedures or treatment services, in accordance with the primary care physician's established referral pathways. All referrals are to be documented.

C. Monitoring and Evaluation

1. The health care provider shall be bound by the provisions of the Performance Commitment and subject to the rules on monitoring and evaluation of performance as provided in PhilHealth Circular No. 2018-0019 Health Care Provider Performance Assessment System (HCPPAS) Revision 2.

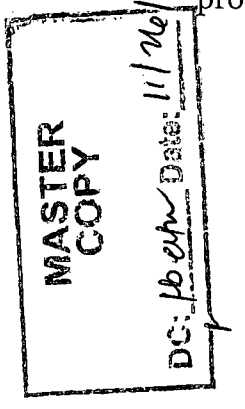
2. Standards of care issued by authorized agencies/organizations shall be regularly monitored. As deemed necessary, a revision of this policy shall be made. Any updates resulting from the review shall be disseminated in another PhilHealth Circular.

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with pertinent provisions of R.A. No. 11223 and R.A. No. 10606 (National Health Insurance Act of 2013), and their respective Implementing Rules and Regulations.

VII. SEPARABILITY CLAUSE

In the event that any part or provision of this PhilHealth Circular is declared unauthorized or invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.



VIII. REPEALING CLAUSE

This PhilHealth Circular repeals, amends, or modifies Annex A in PhilHealth Circular No. 2025-0014 PhilHealth Benefit Packages for Selected Outpatient Cancer Screening Tests that are contrary or inconsistent to its provisions.

IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect fifteen (15) days after its publication in the Official Gazette or in any newspaper of general circulation. Three (3) certified copies shall be deposited to the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center.

EDWIN M. MERCADO, MD, MHA, MMSc
President and Chief Executive Officer

Date signed: 11/25/2025

MASTER COPY
DC: Date: 11/26/25

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