

Scope and Target Population:

This guideline addresses appropriate screening methodology for colorectal cancer in patients 50 years of age and older, and age 45 and older for African Americans.

Clinical Highlights and Recommendations:

Routine screening for colorectal cancer

- The patient meets the following criteria:
 - 50 years old, or if African American, 45 years old
 - No personal history of polyps and/or colorectal cancer
 - No personal history of inflammatory bowel disease
 - No family history of colorectal cancer in:
 - one first-degree relative diagnosed before age 60, or
 - two first-degree relatives diagnosed at any age
 - No family history of adenomatous polyps in:
 - One first-degree relative diagnosed before age 60

A single first-degree relative diagnosed with colorectal cancer after age 60 may put an individual at a slightly increased risk and may warrant starting colorectal cancer screening at age 40. A single first-degree relative with an adenomatous polyp diagnosed after age 60 may put the individual at a slightly increased risk and may also warrant starting colorectal cancer screening at age 40.

- Colorectal cancer screening is recommended for all patients 50 years of age and older – age 45 and older for African Americans – using one of the following methods based on joint decision-making by patient and provider:
 - Stool testing
 - Guaiac-based fecal occult blood testing (gFOBT) annually
 - Fecal immunochemical testing (FIT) annually
 - Stool DNA testing (sDNA) interval unknown
 - 60 cm flexible sigmoidoscopy every five years with or without stool test for occult blood annually.
 - Double-contrast barium enema every five years
 - CT colonography every five years
 - Colonoscopy every 10 years

Priority Aims:

1. Increase the number of patients age 50 and older who are up to date with colorectal cancer screening.
2. Increase the number of patients who have had appropriate screening for colorectal cancer using a screening test method discussed and agreed upon by both the patient and his/her physician.

Additional Background:

The Colorectal Cancer Screening work group acknowledges the important role played by education and outreach efforts in helping to increase the number of risk-appropriate individuals who present themselves for colorectal cancer screening, thereby increasing the rate of early detection of this disease. However, its work must be seen within the larger context of all preventive health activities, and is viewed as no more or less important than other screening outreach and educational activities.