

**Scope and Target Population:**

This guideline addresses appropriate screening methodology for patients at average risk and increased risk for development of colorectal cancer.

**Clinical Highlights and Recommendations:**

Routine screening for individuals at average risk for colorectal cancer

- The patient meets the following criteria:
  - 50 years or older, or if African American or American Indian, 45 years or older
  - 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
- Colorectal cancer screening is recommended for all patients 50 years of age and older – age 45 and older for African Americans or American Indians – 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
  - 60 cm flexible sigmoidoscopy every five years with or without stool test for occult blood annually
  - 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.