

SCREENING FOR COLORECTAL CANCER 2015			
Population	Adults Age 50 to 75	Adults Age 76 to 85 years	Adults Older than 85
Recommendation	Screen with high sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. Grade: A	Do not screen routinely. Grade: C	Do not screen. Grade: D
	For all populations, evidence is insufficient to assess the benefits and harms of screening with computerized tomography colonography (CTC) and fecal DNA testing. Grade: 1 (insufficient evidence)		
Screening Tests	High sensitivity FOBT, sigmoidoscopy with FOBT, and colonoscopy are effective in decreasing colorectal cancer mortality. The risks and benefits of these screening methods vary. Colonoscopy and flexible sigmoidoscopy (to a lesser degree) entail possible serious complications.		
Screening Test Intervals	Intervals for recommended screening strategies: <ul style="list-style-type: none"> • Annual screening with high-sensitivity fecal occult blood testing • Sigmoidoscopy every 5 years, with high-sensitivity fecal occult blood testing every 3 years • Screening colonoscopy every 10 years 		
Balance of Harms and Benefits	The benefits of screening outweigh the potential harms for 50- to 75-year-olds.	The likelihood that detection and early intervention will yield a mortality benefit declines after age 75 because of the long average time between adenoma development and cancer diagnosis.	
Implementation	Focus on strategies that maximize the number of individuals who get screened. Practice shared decision-making; discussions with patients should incorporate information on test quality and availability. Individuals with a personal history of cancer or adenomatous polyps are followed by a surveillance regimen, and screening guidelines are not applicable.		
Relevant USPSTF Recommendations	The USPSTF recommends against the use of aspirin or nonsteroidal anti-inflammatory drugs for the primary prevention of colorectal cancer. This recommendation is available at www.preventiveservices.ahrq.gov		