



## SCREENING FOR COLORECTAL CANCER CLINICAL SUMMARY OF U.S. PREVENTIVE TASK FORCE RECOMMENDATION

Population	Adults Age 50 to 75*	Adults Age 76 to 85 years*	Adults Older than 85*
Recommendation	<b>Screen with high sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy.</b>  <b>Grade: A</b>	<b>Do not screen routinely.</b>  <b>Grade: C</b>	<b>Do not screen.</b>  <b>Grade: D</b>
	<b>For all populations, evidence is insufficient to assess the benefits and harms of screening with computerized tomography colonography (CTC) and fecal DNA testing.</b>  <b>Grade: I (insufficient evidence)</b>		

Screening Tests	<p style="text-align: center;">High sensitivity FOBT, sigmoidoscopy with FOBT, and colonoscopy are effective in decreasing colorectal cancer mortality. The risks and benefits of these screening methods vary.</p> <p style="text-align: center;">Colonoscopy and flexible sigmoidoscopy (to a lesser degree) entail possible serious complications.</p>		
Screening Test Intervals	<p style="text-align: center;">Intervals for recommended screening strategies:</p> <ul style="list-style-type: none"> <li>• Annual screening with high-sensitivity fecal occult blood testing</li> <li>• Sigmoidoscopy every 5 years, with high-sensitivity fecal occult blood testing every 3 years</li> <li>• Screening colonoscopy every 10 years</li> </ul>		
Balance of Harms and Benefits	<p style="text-align: center;">The benefits of screening outweigh the potential harms for 50- to 75-year-olds.</p>	<p style="text-align: center;">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.</p>	
Implementation	<p>Focus on strategies that maximize the number of individuals who get screened.</p> <p>Practice shared decision-making; discussions with patients should incorporate information on test quality and availability.</p> <p>Individuals with a personal history of cancer or adenomatous polyps are followed by a surveillance regimen, and screening guidelines are not applicable.</p>		
Relevant USPSTF Recommendations	<p>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 <a href="http://www.preventiveservices.ahrq.gov">www.preventiveservices.ahrq.gov</a></p>		

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents please go to <http://www.preventiveservices.ahrq.gov>.

\*These recommendations do not apply to individuals with specific inherited syndromes (Lynch Syndrome or Familial Adenomatous Polyposis) or those with inflammatory bowel disease.