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

<table>
<thead>
<tr>
<th>Population</th>
<th>Adults Age 50 to 75*</th>
<th>Adults Age 76 to 85 years*</th>
<th>Adults Older than 85*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>Screen with high sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy.</td>
<td>Do not screen routinely.</td>
<td>Do not screen.</td>
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<td></td>
<td>Grade: A</td>
<td>Grade: C</td>
<td>Grade: D</td>
</tr>
</tbody>
</table>

For all populations, evidence is insufficient to assess the benefits and harms of screening with computerized tomography colonography (CTC) and fecal DNA testing.

**Grade: I (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:

- 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](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.*

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](http://www.preventiveservices.ahrq.gov).