

U.S. Preventive Services Task Force Seeks Comments on Draft Recommendation Statement on Screening Adults for Colorectal Cancer

Screening for colorectal cancer reduces the risk of dying from the disease

WASHINGTON, D.C. – October 6, 2015 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement, draft evidence review, and decision modeling study on screening for colorectal cancer. The Task Force found that evidence continues to show that the overall benefit to screening is substantial for many adults. This draft recommendation statement reaffirms the Task Force's 2008 recommendation to screen all adults ages 50 to 75 and selectively screen some adults ages 76 to 85 based on a patient's prior screening history and overall health status.

"Colorectal cancer screening works. We have clear evidence that it reduces the risk of dying from the disease. It is important that patients talk to their doctors about screening to protect their health," says Task Force chair Albert Siu, M.D., M.S.P.H.

Colorectal cancer is the second leading cause of death from cancer in the United States. The vast majority of cases of colorectal cancer occur in individuals older than 50 years of age.

Screening is most beneficial for adults ages 50 to 75, and the Task Force continues to recommend screening this age group for colorectal cancer. This is an **A recommendation**.

"Colorectal cancer screening is a very effective, but underused, health promotion strategy in the United States. The evidence is clear that adults ages 50 to 75 years will substantially benefit from getting screened, but about one third of these people have never done so," says Task Force member Douglas K. Owens, M.D., M.S.

For adults ages 76 to 85, the Task Force recommends that screening be an individual decision depending on a patient's overall health and prior screening history. This is a **C recommendation**. People in this age group are most likely to benefit from screening if they have never been screened before and are healthy enough to undergo treatment, if cancer is found.

These recommendations apply to asymptomatic adults 50 years of age and older at average risk for colorectal cancer, who do not have a family history of known genetic disorders linked to a high risk of colorectal cancer (such as Lynch syndrome or familial adenomatous polyposis) or a personal history of inflammatory bowel disease, previous noncancer growths that may lead to colorectal cancer, or previous colorectal cancer.

The Task Force's draft recommendation statement and draft evidence review have posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from October 6 to November 2 at www.uspreventiveservicestaskforce.org/tfcomment.htm.

Grades in this recommendation:

A: Recommended.

C: Recommend providing the service to individual patients based on professional judgment and patient preferences.

[Learn more here](#)

Also available is a fact sheet that explains the draft recommendation statement in plain language, as well as a modeling study that the Task Force commissioned to support its review of the topic. All public comments will be considered as the Task Force develops its final recommendation and final evidence review.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

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