

Screening for Colorectal Cancer

The U.S. Preventive Services Task Force (Task Force) has issued a **final recommendation** statement on *Screening for Colorectal Cancer (CRC)*. The Task Force recommends that adults age 50 to 75 be screened for CRC and that adults age 75 to 85 talk with their clinician about whether they should be screened.

This final recommendation statement applies to adults age 50 and older who do not have signs or symptoms of CRC. It does not apply to people who are at increased risk of CRC because of a family history of certain genetic conditions (such as Lynch syndrome or familial adenomatous polyposis). It also does not apply to people who have a history of inflammatory bowel disease, previous non-cancer growths in the colon or rectum, or previous CRC.

What is colorectal cancer?

Colorectal cancer (CRC) is cancer that starts in the colon (the large intestine) or rectum (the passageway that connects the colon to the anus).

Facts about Colorectal Cancer

CRC usually develops slowly over a period of 10 to 15 years. It is the third most commonly diagnosed cancer in men and women and is the second leading cause of cancer death in the United States. In 2016, about 134,000 people will be diagnosed with CRC and about 49,000 will die from the disease.

The risk of developing CRC increases as people get older. Almost all cases of CRC occur in individuals age 50 and older. People with a family history of CRC are at increased risk for the disease as well. African Americans also have a higher rate of colorectal cancer diagnosis and death, although the reasons for these disparities are not entirely clear. Men have a slightly higher risk than women of developing CRC.

Screening for Colorectal Cancer

The goal of screening is to reduce the number of people who die from cancer. Getting screened—and treated early if cancer is found—reduces the risk of dying from CRC.

Evidence clearly shows that several different types of screening tests reduce deaths from CRC. These tests include:

- **Stool tests:** In these screening tests, stool is collected and sent to a lab. The lab can use several different types of tests to check for the presence of blood, which can either be a sign of CRC or of noncancerous growths that can become CRC.
- **Colonoscopy:** This procedure is done to look inside the rectum and colon for abnormalities. A colonoscope (a thin, tube-like instrument with a light and lens for viewing) is inserted through the rectum into the colon. During this procedure, any abnormal tissue seen may also be sampled and removed. Colonoscopy is also used as a follow-up diagnostic test to look for colon cancer if any of the other tests listed here are found to be positive.
- **Flexible sigmoidoscopy:** A procedure to look inside the rectum and sigmoid (lower) colon for abnormalities using a sigmoidoscope (a thin, flexible tube) that is inserted into the rectum.

- **Flexible sigmoidoscopy combined with stool testing.**
- **Multi-targeted stool DNA testing:** A test of a stool sample that looks for DNA mutations that may indicate the presence of abnormalities. Like other stool tests, it also looks for the presence of hidden blood.
- **CT colonography:** A procedure that uses a series of X-rays called computed tomography to take a series of pictures of the colon. A computer puts the pictures together to create detailed images that may show abnormalities on the inside surface of the colon.

Potential Benefits and Harms of Colorectal Cancer Screening

The Task Force reviewed studies on the benefits and harms of screening for CRC. They found that there are several effective ways to be screened for CRC. The main benefit of CRC screening is that it can reduce the chance that a person will die from CRC. The Task Force found that adults ages 50 to 75 benefit the most from CRC screening. However, about one third of adults in this age group have never been screened.

Adults ages 76 to 85 also may benefit, especially if they have never been screened before and are healthy enough to undergo treatment if cancer is found.

CRC screening also has potential harms. The most serious harms primarily result from the use of one specific type of screening test, a colonoscopy. The harms are small but increase with age, primarily because the possible complications from colonoscopy (bleeding, infection, or a hole in the intestine) increase with age.

People in the 76 to 85 age group should talk with their doctor to decide whether CRC screening is right for them. Adults older than 85 are more likely to experience the harms of CRC screening than to benefit from screening.

The Final Recommendation on Screening for Colorectal Cancer: What Do They Mean?

Here is the Task Force's final recommendation on screening for CRC. Recommendations have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of interventions for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends an intervention (**Grade A**), it is because it has substantially more potential benefits than potential harms for the population covered by the recommendation. When the evidence shows that a screening test may have at least a small benefit for some individuals in the population, but not necessarily everyone, the Task Force gives it a **Grade C**. The Notes explain key ideas.

Visit the Task Force Web site to read the full [final recommendation statement](#). The statement explains the evidence the Task Force reviewed and how it decided on the recommendation grades. [Evidence documents](#) provide more detail about the studies the Task Force reviewed.

1 The Task Force recommends *screening* for colorectal cancer starting at age 50 years and continuing until age 75. *The risks and benefits of different screening methods vary.*
Grade A

2 The decision to screen for colorectal cancer in adults aged 76 to 85 years *should be an individual one*, taking into account the patient’s overall health and *prior screening history.* **Grade C**

- Adults in this age group who have never been screened for colorectal cancer are more likely to benefit.
- Screening would be most appropriate among adults who: 1) are healthy enough to undergo treatment if colorectal cancer is detected, and 2) do not have *comorbid conditions* that would significantly limit their *life expectancy*.

Notes

- 1** *screening*
Using a test to detect CRC or abnormalities that might lead to CRC.
risks and benefits of different screening methods vary
Although all the recommended CRC screening tests reduce the risk of dying from the disease, they differ in the way they are used, and they have different risks and benefits.
- should be an individual one*
2 The benefits of CRC screening are smaller and the risks are higher for adults ages 76 to 85 than for adults ages 50 to 75. Individuals age 76 to 85 should talk with their doctor about whether CRC screening is right for them.
- prior screening history*
Whether a person has ever had a CRC screening test before.
- comorbid conditions*
Other diseases or health conditions.
- life expectancy*
How much longer a person is likely to live.

Talking to Your Doctor about Screening for Colorectal Cancer

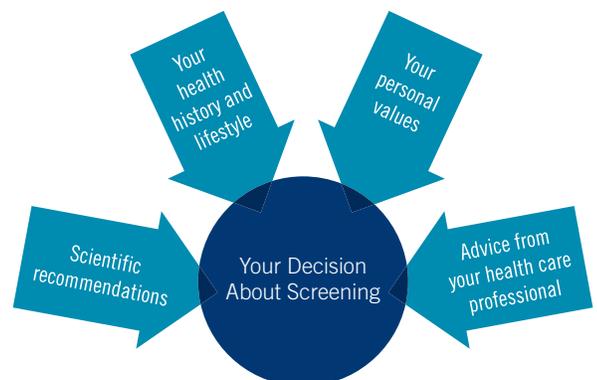
Getting the best health care means making smart decisions about what screening tests, counseling services, and preventive medicines to get and when to get them. Many people don’t get the tests or counseling they need. Others get tests or counseling they don’t need or that may be harmful to them.

Task Force recommendations can help you learn about screening tests, counseling services, and preventive medicines. These services can keep you healthy and prevent disease.

Deciding Whether to Be Screened for CRC

Evidence clearly shows that CRC screening can reduce the risk of dying from the cancer. However, not enough people are getting this preventive service. About one third of adults age 50 to 75—the age group where diagnosis happens most often—have never been screened.

Talk with your doctor or nurse about getting a colorectal screening test. There are a number of tests and they differ in various ways, which may make them more or less appealing to you. The best CRC screening test is the one that you and your doctor decide is right for you. Make sure your questions and concerns are answered. Consider your health and lifestyle, and think about your personal beliefs and preferences for health care. And consider scientific recommendations, like this one from the Task Force.



What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the **final recommendation statement**. To learn more, visit the [Task Force Web site](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient’s situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

[Click Here to Learn More About Colorectal Cancer and Screening](#)

-  **Colorectal Cancer**
(National Cancer Institute)
-  **Get Tested for Colorectal Cancer** (healthfinder.gov)
-  **Colorectal Cancer: Questions for the Doctor**
(healthfinder.gov)