What does the USPSTF recommend?

For adults aged 50 to 75 years:

Screen all adults aged 50 to 75 years for colorectal cancer.

For adults aged 45 to 49 years:

Screen adults aged 45 to 49 years for colorectal cancer.

For adults aged 76 to 85 years:

Selectively screen adults aged 76 to 85 years for colorectal cancer, considering the patient’s overall health, prior screening history, and patient’s preferences.

To whom does this recommendation apply?

Adults 45 years and older who do not have signs or symptoms of colorectal cancer and who are at average risk for colorectal cancer (ie, no prior diagnosis of colorectal cancer, adenomatous polyps, or inflammatory bowel disease; no personal diagnosis or family history of known genetic disorders that predispose them to a high lifetime risk of colorectal cancer [such as Lynch syndrome or familial adenomatous polyposis]).

What’s new?

The USPSTF expanded the recommended ages for colorectal cancer screening to 45 to 75 years (previously, it was 50 to 75 years). The USPSTF continues to recommend selectively screening adults aged 76 to 85 years for colorectal cancer.

How to implement this recommendation?

Screen all adults aged 45 to 75 years for colorectal cancer. Several recommended screening tests are available. Clinicians and patients may consider a variety of factors in deciding which test may be best for each person. For example, the tests require different frequencies of screening, location of screening (home or office), methods of screening (stool-based or direct visualization), preprocedure bowel preparation, anesthesia or sedation during the test, and follow-up procedures for abnormal findings.

Recommended screening strategies include:

- High-sensitivity guaiac fecal occult blood test (HSgFOBT) or fecal immunochemical test (FIT) every year
- Stool DNA-FIT every 1 to 3 years
- Computed tomography colonography every 5 years
- Flexible sigmoidoscopy every 5 years
- Flexible sigmoidoscopy every 10 years + annual FIT
- Colonoscopy screening every 10 years

The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision making to the specific patient or situation.
Selectively screen adults aged 76 to 85 years for colorectal cancer.

- Discuss together with patients the decision to screen, taking into consideration the patient's overall health status (life expectancy, comorbid conditions), prior screening history, and preferences.

What are other relevant USPSTF recommendations?

The USPSTF has made recommendations on aspirin use to prevent cardiovascular disease and colorectal cancer.

Where to read the full recommendation statement?

Visit the USPSTF website to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.