Clinical Practice Assessment

Screening for Colorectal Cancer

Clinical Question:
What is the recommended way to screen for colorectal cancer?

Bottom Line:
Clinical Summary of U.S. Preventive Services Task Force Recommendation

This document is a summary of the 2008 recommendation of the U.S. Preventive Services Task Force (USPSTF) on screening for colorectal cancer. This summary is intended for use by primary care clinicians.

<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>
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<tbody>
<tr>
<td>Recommendation</td>
<td>Screen with high sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. Grade: A</td>
<td>Do not screen routinely Grade: C</td>
<td>Do not screen Grade: D</td>
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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
<table>
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<tr>
<th><strong>Balance of Harms and Benefits</strong></th>
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| fecal occult blood testing every 3 years  
  - Screening colonoscopy every 10 years | 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 [http://www.uspreventiveservicestaskforce.org/uspsf/uspsasco.htm](http://www.uspreventiveservicestaskforce.org/uspsf/uspsasco.htm). |

*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.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm).

*Current as of October 2008*

**Source:**

http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colosum.htm

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