Note: Screening for adults age 76 to 85 years old should be evaluated on an individual basis by their health care provider to assess the risks and benefits of screening. Colorectal cancer screening is not recommended over age 85 years.

TABLE OF CONTENTS

Average Risk ................................................................. Page 2
Increased Risk ............................................................... Page 3
High Risk ................................................................. Page 4
Suggested Readings ........................................................ Page 5
Development Credits .......................................................... Page 6

1 See the Colon or Rectal Cancer Treatment or Survivorship algorithms for the management of individuals with a personal history of colorectal cancer.
Colorectal Cancer Screening – Average Risk

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Note: Screening for adults age 76 to 85 years old should be evaluated on an individual basis by their health care provider to assess the risks and benefits of screening. Colorectal cancer screening is not recommended over age 85 years.

**PRESENTATION**

Patients with average risk:
- Age 45 years or older
- No history of adenoma
- No history of inflammatory bowel disease
- Negative family history

**RECOMMENDED SCREENING**

If adenomatous polyps found, see Page 3 for management

Colonoscopy (preferred)

- Normal findings?
  - Yes: Repeat colonoscopy recommended every 10 years
  - No: If adenomatous polyps found, see Page 3 for management

Computed tomographic colonography

- Normal findings?
  - Yes: Repeat computed tomographic colonography recommended every 5 years
  - No: Polyp(s) ≥ 6 mm?
    - Yes: Refer for colonoscopy
    - No: Discuss findings with patient and individualize recommendations

Fecal immunochemical test

- Normal findings?
  - Yes: Repeat recommended annually
  - No: Refer for colonoscopy

Multifocal stool DNA test

- Normal findings?
  - Yes: Recommend repeating every 3 years
  - No: Refer for colonoscopy

1 See the Colon or Rectal Cancer Treatment or Survivorship algorithms for the management of individuals with a personal history of colorectal cancer

2 Preauthorization with patient’s insurance carrier is always advised
Colorectal Cancer Screening – Increased Risk

**PRESENTATION**

Increased Risk - patients with history of adenomas from prior colonoscopy

- Patients with 1 or 2 tubular adenomas < 1 cm
- Patients with 5 to 10 adenomas or 1 adenoma > 1 cm or any adenoma with villous features or high grade dysplasia
- Patients with > 10 adenomas on a single examination
- Patients with adenomas > 2 cm or sessile serrated polyps (SSP) that are removed piecemeal

Increased Risk - patients with family history

- Colorectal cancer or adenomatous polyps in a first-degree relative before age 60 years or in 2 or more first-degree relatives at any age
- Either colorectal cancer or adenomatous polyps in a first-degree relative 60 years or older or in 2 second-degree relatives with colorectal cancer

**RECOMMENDED SCREENING**

- 7-10 years after most recent polypectomy or normal exam
- 3 years after most recent polypectomy (3-5 years for 3 to 4 adenomas)
- 1 year after most recent polypectomy
- 6 months to verify complete removal
- Age 40 or 10 years before the youngest case in the immediate family
- Begin screening at age 40 years
- Screening options at intervals recommended for average-risk individuals

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1. See the Colon or Rectal Cancer Treatment or Survivorship algorithms for the management of individuals with a personal history of colorectal cancer
2. Precise timing based on clinical factors, patient and physician preference
3. Genetic evaluation for familial cancer syndromes is recommended
4. Subsequent follow-up is based on the number and size of polyps at the time of colonoscopy as well as the degree of dysplasia. If the follow-up colonoscopy is negative for adenomatous polyps, follow-up in 5 years is recommended.
5. Surveillance individualized based on Endoscopist’s judgment
6. Consider Familial Syndrome
7. Screening should begin at an earlier age, but individuals may be screened with any recommended form of testing

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Approved by the Executive Committee of the Medical Staff on 09/21/2021
Colorectal Cancer Screening – High Risk

**PRESENTATION**

- Genetic diagnosis of FAP or suspected FAP without genetic testing evidence
- Genetic or clinical diagnosis of HNPCC or individuals at increased risk of HNPCC
- Inflammatory bowel disease (chronic ulcerative colitis or Crohn’s disease)

**RECOMMENDED SCREENING**

- Age 10 to 12 years: Annual FSIG to determine if the individual is expressing the genetic abnormality and counseling to consider genetic testing
- Age 20 to 25 years or 10 years before the youngest case in the immediate family: Colonoscopy every 1 to 2 years and counseling to consider genetic testing
- Cancer risk begins to be significant 8 years after the onset of pancolitis or 12 to 15 years after the onset of left-sided colitis: Colonoscopy with biopsies for dysplasia every 1 to 2 years

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FAP = familial adenomatous polyposis
FSIG = flexible sigmoidoscopy
HNPCC = hereditary nonpolyposis colorectal cancer

1 See the Colon or Rectal Cancer Treatment or Survivorship algorithms for the management of individuals with a personal history of colorectal cancer
2 If the genetic test is positive, colectomy should be considered
3 Genetic testing for HNPCC should be offered to first-degree relatives of persons with a known inherited MMR gene mutation. It should also be offered when the family mutation is not known, but 1 of the first 3 of the modified Bethesda Criteria is present.
4 These patients are best referred to a center with experience in the surveillance and management of inflammatory bowel disease

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Colorectal Cancer Screening

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SUGGESTED READINGS


Colorectal Cancer Screening

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