Colorectal Cancer Screening

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women. This algorithm is not intended for individuals with a personal history of colorectal cancer* [1].

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.

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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

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Colorectal Cancer Screening – Average Risk

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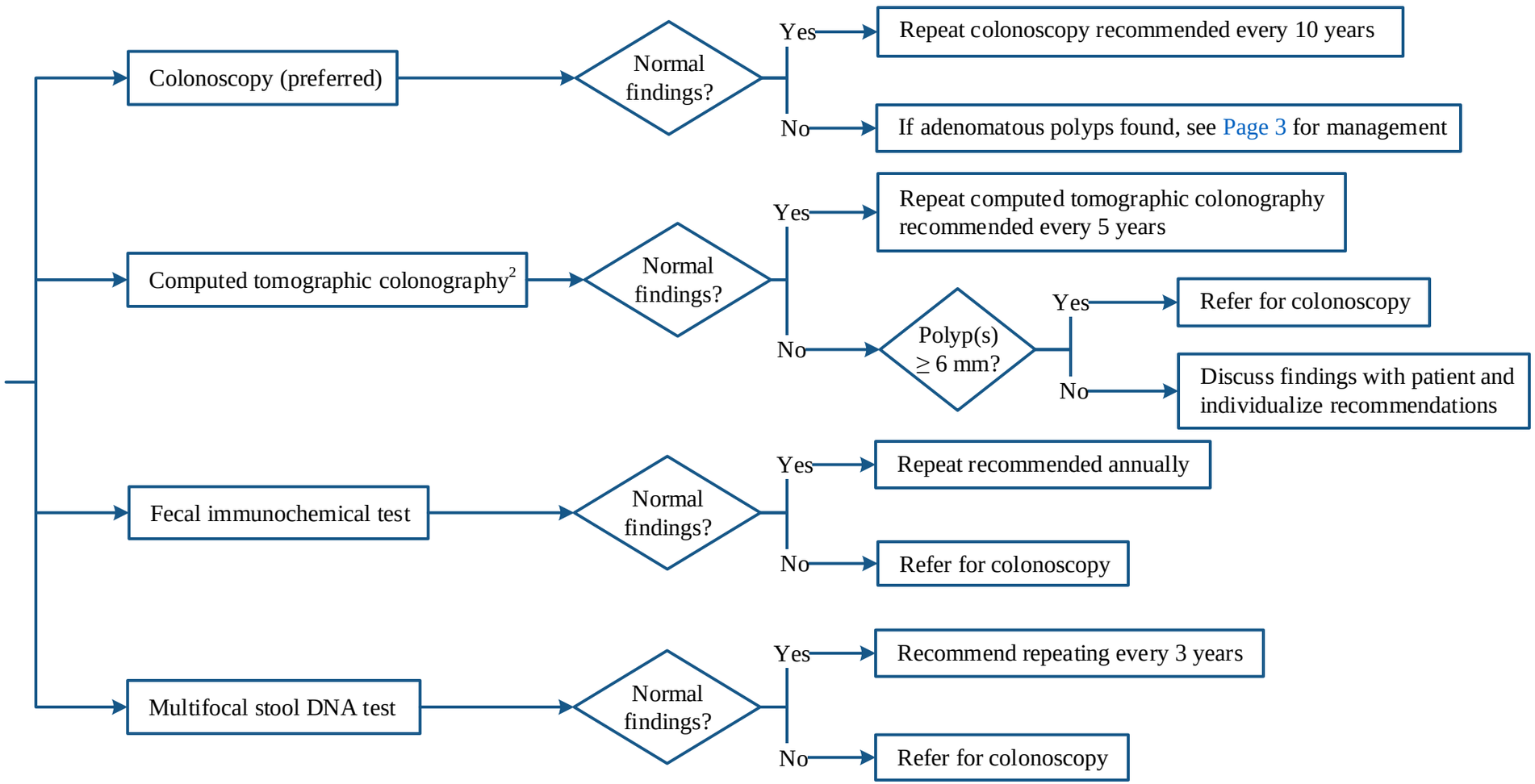
Note: Screening for adults age 76 to 85 years old should be evaluated on an individual basis by their health care provider to assess the risks and benefits of screening. Colorectal cancer screening is not recommended over age 85 years.

PRESENTATION

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

RECOMMENDED SCREENING



[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

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Colorectal Cancer Screening – Increased Risk

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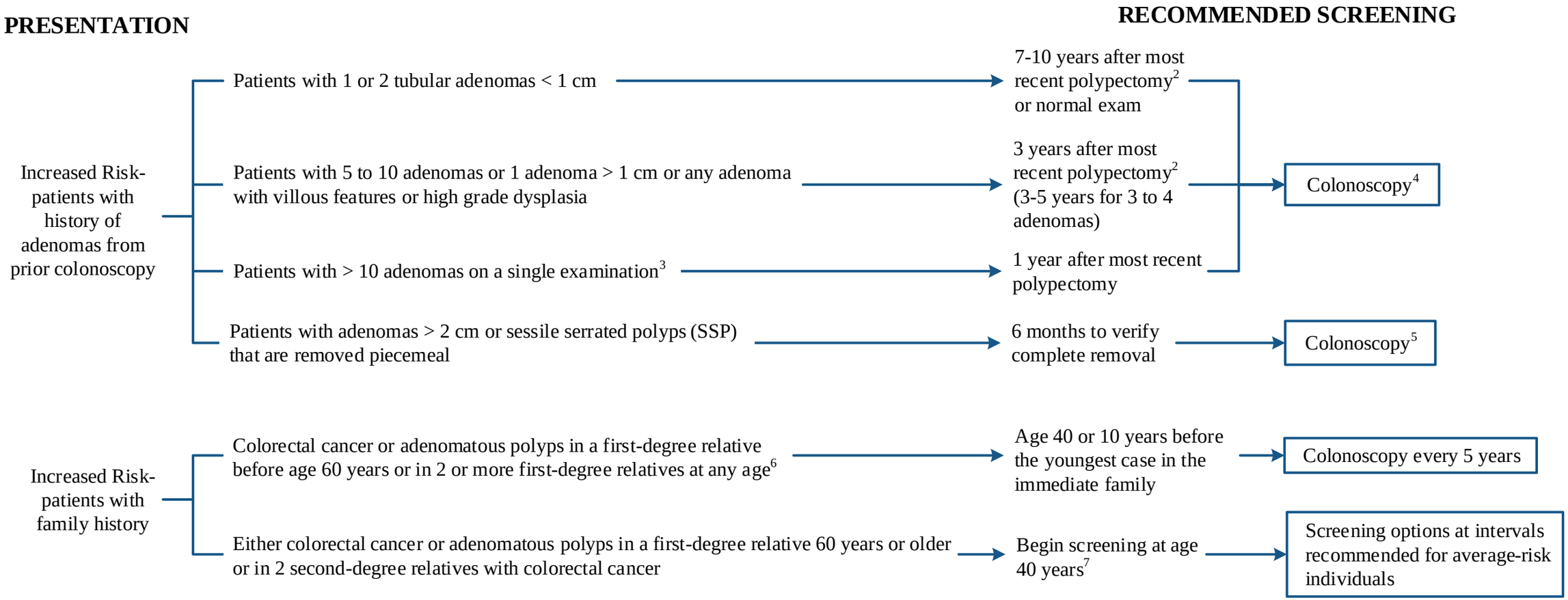

[1] See the Colon or Rectal Cancer Treatment or Survivorship algorithms for the management of individuals with a personal history of colorectal cancer
[2] Precise timing based on clinical factors, patient and physician preference
[3] Genetic evaluation for familial cancer syndromes is recommended
[4] 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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Colorectal Cancer Screening – High Risk

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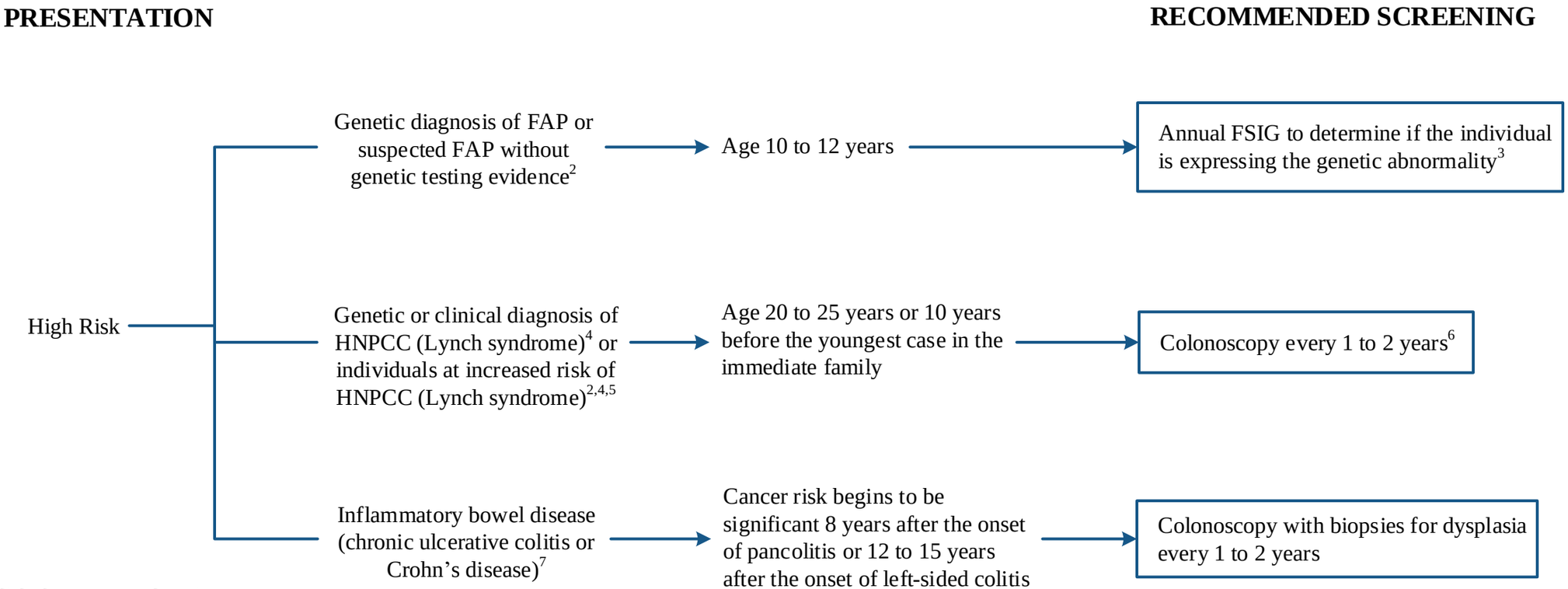
Note: Screening for adults age 76 to 85 years old should be evaluated on an individual basis by their health care provider to assess the risks and benefits of screening. Colorectal cancer screening is not recommended over age 85 years.



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] Counseling to consider genetic testing
[3] If the genetic test is positive, colectomy should be considered
[4] This syndrome represents a heterogeneous group depending on the specific genetic alteration. Screening and surveillance should be individualized based on expert consultation, including review by a genetic counselor.
[5] First degree relative of known mutation carriers, obligate carriers of a family history concerning for HNPCC (Lynch syndrome)
[6] Genetic testing for HNPCC (Lynch syndrome) 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.
[7] These patients are best referred to a center with experience in the surveillance and management of inflammatory bowel disease

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DEVELOPMENT CREDITS

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[♦] Clinical Effectiveness Development Team

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