

TENETS OF COLORECTAL CANCER SCREENING

No family history of colorectal cancer start at **Age 45**.

Family history of colorectal cancer start at **Age 40** or 10 years before age of diagnosis.

Increased or High Risk

- Personal history of polyps
- Family history of colorectal cancer
- Inflammatory Bowel Disease (IBD)
- Hereditary history
- Bleeding/symptoms

Average Risk

★ COLONOSCOPY

Detects & Prevents

- 10 year interval if negative
- Gold Standard
- Prep & Time off needed
- Only 1 step test

FIT

Fecal Immunochemical Test

- Detects but does not prevent cancer
- 1st line test
- MSTF
- ACP
- AAFP

COLOGUARD

- Detects but does not prevent cancer
- 2nd line test
 - MSTF
 - AAFP
- **Not** recommended by ACP
- Up to 45% false positive

Recommendations

1. The best test is the test that gets done.
2. Stool-based or imaging tests need urgent follow-up colonoscopy if positive.
3. Not all tests are indicated for all patients.

MSTF (Multi-Society Task Force)

- Colonoscopy & FIT first line

ACS (American Cancer Society)

- Any test

ACP (American College of Physicians)

- Colonoscopy & FIT first line
- No Cologuard or other tests

AAFP (American Academy of Family Physicians)

- Colonoscopy & FIT first line

USPSTF (U.S. Preventive Services Task Force)

- Any test

*Blood-based screening recently endorsed as an option by ACS for those unwilling/unable to complete colonoscopy or stool-based testing. Colonoscopy is still the gold standard. Other societies are without a stance at this time.

**Other tests include: FOBT, Flexible Sigmoidoscopy, CT Colonography, Capsule Endoscopy



**Other risk factors may necessitate earlier screening.



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