



Clinical Protocol: Diagnostics and Screenings

SUBDEPARTMENT: N/A

POLICY NO.

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TITLE OF POLICY: Colorectal Cancer Screening

PROTOCOL OVERVIEW

The Clinical Protocol advises on guidelines and indications for Colorectal Cancer Screening.

INDICATIONS

1. The American Cancer Society recommends the following options for detection of adenomatous polyps and cancer for asymptomatic adults at average risk aged 45 or older:
Tests that detect adenomatous polyps and cancer:
 - Colonoscopy every 10 years, or
 - CT colonography every 5 years, or
 - Flexible sigmoidoscopy every 5 yearsTests that primarily detect cancer:
 - Annual highly sensitive fecal occult blood test (gFOBT), or
 - Annual fecal immunochemical test (may be done either alone or in conjunction with sigmoidoscopy), or
 - Multi-targeted stool DNA test (mt-sDNA) every 3 years
2. Colorectal cancer screening is recommended to begin at age 45 for African American patients
3. Annual fecal occult blood testing is recommended between colonoscopies.
4. High Risk Screening: sigmoidoscopy or colonoscopy as frequently as every 2 years for any of the following risk factors:
 - A first-degree relative (sibling, parent, or child) with colon cancer or adenomatous polyps diagnosed at age less than 60 years or 2 first-degree relative diagnosed at any age. Screening should begin at age 40 years, or 10 years younger than the earliest diagnosis in the family
 - A family history of familial adenomatous polyposis. Annual screening should begin at puberty
 - A family history of hereditary non-polyposis colorectal cancer (HNPCC or Lynch Syndrome) Screening should begin at age 20 or 10 years younger than age of youngest diagnosis.
 - A family history of MYH-associated polyposis in siblings. Screenings should begin at age 25
5. Surveillance: colonoscopy, flexible sigmoidoscopy, or double-contrast barium enema as often as every 2 years for any of the following criteria:

- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease), or
 - A personal history of adenomatous polyps, or
 - A personal history of colorectal cancer
 - To rule out synchronous neoplasms, 3-6 months after cancer resection, or
 - 1 year after curative resection if a complete preoperative colonoscopy was performed, or 3-6 months after curative resection if there was not complete preoperative colonoscopy that was performed to clear the colon of synchronous disease, or
 - 2-3 years after the "1 year" follow-up colonoscopy if examination was normal, and at 3-5-year intervals thereafter
6. The U.S. Preventive Services Task Force recommends routine colorectal cancer screening in adults continuing only until age 75. There may be circumstances that support screening for adults 76 to 85 years of age, but the USPSTF recommends against routine screening of adults older than age 85.

CITATION

American Cancer Society. (2020). American Cancer Society guideline for colorectal cancer screening. <https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acsrecommendations.html>

