Introduction
Who is at risk?

![Graph showing prevalence proportion (per 100,000) by age group and gender. The graph indicates a higher prevalence for males compared to females, with both curves rising sharply with age.]
Screening Works!

Siegel et al., Cancer J Clin (2017)
## Clinician Recommendation Table

### Screening for Colorectal Cancer (CRC)

#### Who do these recommendations apply to?

- These recommendations apply to **asymptomatic adults aged 50 and older who are not at high risk for colorectal cancer (CRC)**. Adults are at high risk if they have at least one of the following:
  - Previous CRC or adenomatous polyps (e.g., tubular or villous)
  - Inflammatory bowel disease (e.g., ulcerative colitis or Crohn’s disease)
  - Signs or symptoms of CRC (e.g., blood in the stool)
  - History of CRC in one or more first-degree relatives
  - Adults with hereditary syndromes predisposing to CRC (e.g., familial adenomatous polyposis or Lynch syndrome)

This tool provides guidance for primary care practitioners on different screening tests, screening intervals, and recommended ages to start and stop screening.

<table>
<thead>
<tr>
<th>Age</th>
<th>Screen?</th>
<th>Recommendation Strength</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50</td>
<td>No</td>
<td></td>
<td>We suggest not screening</td>
</tr>
<tr>
<td>50 - 59</td>
<td>Yes</td>
<td>Weak</td>
<td>FOBT (either gFOBT or FIT) every 2 years OR flexible sigmoidoscopy every 10 years</td>
</tr>
<tr>
<td>60 - 74</td>
<td>Yes</td>
<td>Strong</td>
<td>FOBT (either gFOBT or FIT) every 2 years OR flexible sigmoidoscopy every 10 years</td>
</tr>
<tr>
<td>75 +</td>
<td>No</td>
<td>Weak</td>
<td>If patient is interested in screening, discuss options and help them reach a decision based on their quality of life, values, and preferences.</td>
</tr>
</tbody>
</table>

- A strong recommendation means that most individuals will be best served by the recommended course of action.
- A weak recommendation means that many people would want the recommended course of action, but many would not. Primary care practitioners should discuss the potential harms and benefits of screening with their patients.
Natural History of Colon Cancer

Stage I: Polyp

Stage II

Stage III

Stage IV

Normal Cell → Abnormal Cell → Polyp → Stage I → Stage II → Stage III → Stage IV
Treatment