











# Colon Screening Program

## Does my Patient Need Colon Screening?

Please work down the following list for decision-making. Does your patient have:

Decision-Making Checklist	Recommendation	Refer to Program
<b>1 Symptoms of:</b> <ul style="list-style-type: none"> <li>Anemia</li> <li>Abdominal pain</li> <li>Rectal bleeding</li> <li>Change in bowel habits</li> </ul>	 FIT is not recommended. Refer to a specialist for consideration of endoscopic evaluation after initial investigations.	Do not refer to Colon Screening Program.
<b>2 Personal history of colorectal cancer</b>	 FIT is not recommended. Refer for ongoing follow-up with a specialist.	
<b>3 Inflammatory bowel disease</b> <ul style="list-style-type: none"> <li>Crohn's</li> <li>Ulcerative colitis</li> <li>Ulcerative proctitis</li> </ul>	 FIT is not recommended. Refer for ongoing follow-up with a specialist.	
<b>4 Personal history of precancerous lesion(s)</b>	 FIT or colonoscopy is recommended. Refer to the <a href="#">Colonoscopy Follow-up Algorithm</a> for the recommended pathway. The algorithm can be found at the following link: <a href="https://screeningbc.ca/health-professionals/colon/resources">screeningbc.ca/health-professionals/colon/resources</a> .	If patient is younger than 74, depending on the recommendation, either refer for colonoscopy using the <a href="#">Colonoscopy Referral Form</a> or refer for FIT using the <a href="#">Standard Outpatient Lab Requisition</a> .
<b>5 Family history of colorectal cancer</b> <ul style="list-style-type: none"> <li>1 first degree relative (parent, full sibling, child) diagnosed with colorectal cancer over 60;</li> </ul>	 FIT is recommended. Screen with FIT every 2 years between ages 50-74.	Use <a href="#">Standard Outpatient Lab Requisition</a> : select 'FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program'.
<ul style="list-style-type: none"> <li>1 first degree relative diagnosed with colorectal cancer under age 60; or,</li> <li>Two or more first degree relatives with colorectal cancer diagnosed at any age.</li> </ul>	 FIT is not recommended. Colonoscopy is recommended every 5 years. Colonoscopy can start at age 40 or 10 years younger than the age of diagnosis of the youngest affected first degree relative - whichever is earliest.	If patient is younger than 74, refer for colonoscopy in the Colon Screening Program using the <a href="#">Colonoscopy Referral Form</a> .
<b>6 Did the patient have a normal:</b> <ul style="list-style-type: none"> <li>FIT within 2 years;</li> <li>Colonoscopy within 10 years; or,</li> <li>CT colonography within 5 years?</li> </ul>	 FIT is not recommended. Patient is up to date with colon screening.	Do not refer to Colon Screening Program.
<b>7 Patient has never screened for colorectal cancer, does not have a family history, or screening interval has elapsed</b> <ul style="list-style-type: none"> <li>Patient between the ages of 50-74</li> </ul>	 FIT is recommended. Screen with FIT every 2 years.	Use <a href="#">Standard Outpatient Lab Requisition</a> : select 'FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program'.
<ul style="list-style-type: none"> <li>Patient between ages 40-49 and 75-84</li> </ul>	 Individually assess risk of colorectal cancer and risk of colonoscopy. Harm can outweigh benefit; use clinical judgement. If proceeding with screening, use standard lab requisition and select 'FOBT, Other Indication'. Patient will not be registered in program. Refer directly to a specialist for follow-up when indicated.	Do not refer to Colon Screening Program.
<ul style="list-style-type: none"> <li>Patient younger than 40 or older than 84</li> </ul>	 Screening not recommended for these age groups.	