

Does My Patient Need Colon Screening?

Work down the following checklist to help you decide if your patient should have a FIT or colonoscopy:

The patient has	Recommendation	Referral Process
 Symptoms, such as: Anemia Rectal bleeding Abdominal pain Change in bowel habits 	Colon screening is not recommended. Refer to a specialist for consideration of endoscopic evaluation after initial investigations.	Do not refer to Colon Screening Program.
2 Personal history of colorectal cancer	Colon screening is not recommended. Refer for ongoing follow-up with specialist.	
 Inflammatory bowel disease Crohn's Ulcerative colitis Ulcerative proctitis 		
4 Personal history of precancerous lesion(s)	FIT or colonoscopy is recommended. Refer to the Colonoscopy Follow-up Algorithm for the recommended pathway.	If patient is under age 74, depending on the recommendation, refer for colonoscopy using the <u>Colonoscopy Referral Form</u> or refer for FIT using the <u>Standard Outpatient Lab Requisition</u> .
 Family history of colorectal cancer 1 first-degree relative (parent, child, full sibling) diagnosed with colorectal cancer over age 60 	FIT is recommended. Screen with FIT every 2 years between ages 50 to 74.	Refer for FIT using the <u>Standard</u> <u>Outpatient Lab Requisition</u> : Select 'FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program'.
 High-risk family history of colorectal cancer 1 first-degree relative (parent, child, full sibling) diagnosed with colorectal cancer under age 60; or, 2 or more first-degree relatives (parent, child, full sibling) with colorectal cancer diagnosed at any age. 	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 relative — whichever is earliest. The youngest affected relative does not have to be a first-degree relative (i.e., can be a grandparent, aunt, uncle, cousin, half-sibling, niece, nephew) but should be on the same side of the family as the first-degree relative with colorectal cancer.	If patient is under age 74, refer for colonoscopy using the <u>Colonoscopy Referral Form</u> .
 7 Had a normal: FIT within 2 years; Colonoscopy within 10 years; or, CT colonography within 5 years 	Colon screening is not recommended. Patient is up to date with colon screening.	Do not refer to Colon Screening Program.
8 Never been screened for colorectal cancer, does not have a family history of colorectal cancer, or screening interval has elapsed, and is:		
Between ages 50 to 74	FIT is recommended. Screen with FIT every 2 years between ages 50 to 74.	Refer for FIT using the <u>Standard</u> <u>Outpatient Lab Requisition</u> : Select 'FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program'.
Between ages 40 to 49 and 75 to 84	Individually assess risk of colorectal cancer and risk of colonoscopy. Harm can outweight benefit; use clinical judgement. If proceeding with screening, use Standard Outpatient Lab Requisition and select 'FIT No copy to Colon Screening Program'. Patient will not be registered in Colon Screening Program. Refer directly to a specialist for follow-up when indicated.	Do not refer to Colon Screening Program.
Under age 40 or over age 84	Colon screening is not recommended for these age groups.	

Adapted with permission from Alberta Health Services 'Guideline for Colorectal Cancer Screening'.

Links to the resources and forms mentioned above:

- Colonoscopy Follow-Up Algorithm: www.bccancer.bc.ca/screening/Documents/ColonoscopyFollow-up-Algorithm.pdf
- Colonoscopy Referral Form: www.bccancer.bc.ca/screening/Documents/Colonoscopy-Referral-Form-FILLABLE.pdf
- $\bullet \quad \textbf{Standard Outpatient Lab Requisition:} \ \underline{www2.gov.bc.ca/assets/gov/health/forms/1901fil.pdf}$