

# COLORECTAL CANCER SCREENING GUIDELINES

Colorectal Cancer (CRC) Is Among  
the **Most Common and Deadly Cancers**<sup>1</sup>



CRC is the **third-most common diagnosed cancer** and the **second-leading cause** of cancer death among US adults<sup>1</sup>



**Approximately 21% of adults 45 to 49 years old** and **67% of adults 50 to 75 years old** reported being **up to date with CRC screening** in 2018<sup>2</sup>



CRC incidence and mortality rates are **increasing among adults under 55 years of age**<sup>3</sup>



An estimated 52,580 people will die from CRC in 2022, **more than from breast or prostate cancer**<sup>1</sup>



Early detection through regular screening may **decrease CRC incidence and mortality**<sup>4</sup>



# GUIDELINE-RECOMMENDED CRC SCREENING OPTIONS

Multiple guidelines, including the US Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS), support screening at 45 years of age and include several screening options for patients at average risk of CRC.<sup>3,4</sup> Offering a choice of screening options, including stool-based tests, in addition to colonoscopy has been shown to increase patient adherence with screening.<sup>5</sup> Discuss all available screening choices with your eligible patients.

Shared decision-making (SDM) is “a collaborative process that allows patients and health care providers to make a decision together that accounts for the best scientific evidence available as well as the values and preferences of the patient.”<sup>6</sup> Educate patients about their options, and engage in SDM so that patients are more likely to follow through with screening. The most important thing is to get patients screened, no matter which test they choose.<sup>7</sup>

SCREENING METHOD	RECOMMENDED FREQUENCY			
	ACS GUIDELINE <sup>3*</sup>	USPSTF RECOMMENDATIONS <sup>4†</sup>	NATIONAL COMPREHENSIVE CANCER NETWORK® (NCCN®) <sup>8‡</sup>	US MULTI-SOCIETY TASK FORCE OF COLORECTAL CANCER <sup>9</sup>
<b>STOOL-BASED TESTS</b>				
<b>Fecal immunochemical test (FIT)</b>	Every year	Every year	Every year	Every year
<b>High-sensitivity, guaiac-based fecal occult blood test (gFOBT)</b>	Every year	Every year	Every year	
<b>Multitarget stool DNA test (mt-sDNA)<sup>5</sup></b>	Every 3 years	Every 1 to 3 years	Every 3 years	Every 3 years
<b>VISUAL (STRUCTURAL) TESTS</b>				
<b>Colonoscopy</b>	Every 10 years	Every 10 years	Every 10 years	Every 10 years
<b>Computed tomography colonography (virtual colonoscopy)</b>	Every 5 years	Every 5 years	Every 5 years	Every 5 years
<b>Flexible sigmoidoscopy</b>	Every 5 years	Every 5 years, or every 10 years if done with annual FIT	Every 5 to 10 years	Every 5 to 10 years

\* ACS recommends the use of gFOBT/FIT brands that have higher sensitivity rates.

† Because no direct evidence compares different screening tests and because local resources or patient factors may influence the feasibility of different screening strategies, the USPSTF is unable to determine which tests are unequivocally “better” or “worse.”

‡ All recommendations are category 2A unless otherwise indicated. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

<sup>5</sup> Guidelines may refer to mt-sDNA by different names, including FIT-Fecal DNA, sDNA-FIT, and sDNA.

**References**

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8. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Colorectal Cancer Screening V.2.2021. © National Comprehensive Cancer Network, Inc. 2021. All rights reserved. Accessed August 3, 2021. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.
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