

## REVISED GUIDELINES COLORECTAL CANCER (CRC) FACTS

- Lifetime incidence is 5% (90% of all CRC is diagnosed after age 50).
- Third most common cancer in the U.S.
- Third leading cause of cancer death in the US (both sexes)
- 16% higher incidence of CRC in African Americans compared to Caucasians.

## **SCREENING FOR** **COLORECTAL CANCER:**

- Only 23% of adults over age 50 had fecal occult blood testing last year.
- Only 30-38% of adults over age 50 had lower endoscopy (colonoscopy or flexible sigmoidoscopy) within the last 5 years.

### **At what age do we begin** **screening colonoscopy ?** **Per the ACG —**

- Average Risk Screening should begin (patient has no family history):
  - 1 Age 50 in Caucasians (both sexes)
  - 2 **Age 45** in African Americans (both sexes\*)
- \*New recommendation as of May 2005
- \*Agrawal S., Bhupindertit A., Bhutani, MS et al. Colorectal Cancer in African Americans. Am J Gastroenterol 2005; 100:515-23.

## **ACCEPTED SCREENING GUIDELINES:** **(American Gastroenterological** **Association and American College of** **Gastroenterology)**

Fecal Occult Blood Testing (Every year)

**OR**

Sigmoidoscopy (Every 5 years)

**OR**

Double Contrast Barium Enema (Every 5 years)

**OR**

\*Colonoscopy (Every 10 years)

\*The “preferred” screening test of the American College of Gastroenterology for the following reasons:

- The necessity to test only once every 10 years
- The ability to examine the entire colon
- The ability to remove polyps during the same exam

### **High Risk Screening** (Your patient has a family history of CRC **OR** adenomatous polyp):

1. **One** or more first degree relatives (mom, dad, brother or sister) with CRC or AP require colonoscopy at age **40 or 10 years younger** than earliest diagnosis in family (repeat colonoscopy every 5 years.)
2. **Two** or more second degree relatives (grandparent, aunt, uncle) with CRC or AP require colonoscopy at age **40** (repeat colonoscopy every 5 years).

#### **Example 1:**

— Patient’s father was diagnosed with CRC or adenomatous polyp(s) at age 45, patient’s first colonoscopy should be at age 35 and then every 5 years after that.

#### **Example 2:**

— Patient has a grandparent (diagnosed at any age) with CRC and uncle (diagnosed at any age) with adenomatous polyps, patient’s first colonoscopy should be at age 40 and then every 5 years after that.

## **DETERMINING RISK:**

Three questions:

1. Do you have a family history of colon cancer?
  - First degree relative (mom, dad, sister, brother)?
  - Second degree relative (grandparent, aunt, uncle)?
  - What age was the diagnosis made in family member(s)?
2. Do you have a personal history of CRC or adenomatous (AP) polyps?
3. Do you have IBD (Crohn’s or Ulcerative Colitis)?

If your patient answers **YES** to any of the questions above, the **only acceptable screening method** is examination of the entire colon via colonoscopy.