

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:

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.



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