Colon Cancer Prevention Project

Colorectal Cancer
SCREENING TIP SHEET

RISK	AVERAGE	MODERATE		HIGH			
DEFINITION OR DIAGNOSIS	No risk factors other than ≥ age 50 and ≥ age 45 for African Americans	Family history of ONE first degree relative* diagnosed with colorectal cancer at age 60 or older	Family history of ONE first degree relative* diagnosed with adenomas/polyps, if diagnosed before the age of 60	Family history of MULTIPLE first degree relatives* with colorectal cancer, or ONE first degree relative diagnosed before age 60	HNPCC: Hereditary Nonpolyposis Colorectal Cancer OR Family or personal history of early (> age 50) ovarian, endometrial or colorectal cancers	Family history of FAP (familial polyposis) in a first degree relative*	Ulcerative colitis (UC) or Crohn's colitis (CC)
BEGIN SCREENING	Age 50, or 45 for African Americans	Age 40	Consider beginning at age 40, or 5 years younger than the age at diagnosis of the youngest affected relative, whichever is earlier	At age 40, or 10 years younger than age at diagnosis of the youngest affected relative, whichever is earlier	By age 20-25	At puberty	Personal history of pan ulcerative colitis ≥ 8 years, left sided colitis ≥ 15 years, or longstanding CC
PREFERRED SCREENING STRATGEY	Colonoscopy every 10 years	Colonoscopy no less than once every 5-10 years	Colonoscopy every 3-5 years, depending on strength of family history & findings at colonoscopy	Colonoscopy every 3-5 years, consider genetic testing	Colonoscopy every 2 years, genetic testing and referral to a specialist	Flexible sigmoidoscopy or colonoscopy, genetic testing and referral to a specialist	Colonoscopy every 1-2 years

*First degree relative = parent, sibling or child

Revision Date - November 2006

For more detailed information, see http://www.acg.gi.org/patients/ccrk/CRC2000.pdf

For more copies of this and other materials, please visit http://www.coloncancerpreventionproject.org/product_line.htm

RECOMMENDATIONS FOR SURVEILLANCE

(Complete colonoscopy is the only recommended procedure for surveillance.)

COLONOSCOPIC FINDINGS	RECOMMENDATIONS*
Colorectal cancer – subsequently resected	Clear colon synchronous disease, then repeat colonoscopy in 1 year, 3-5 years thereafter
≥ 3 adenomas or Adenoma ≥ 1 cm. or Villous histology or high grade dysplasia	Colonoscopy every 3 years
> 10 adenomas on colonoscopic exam	Colonoscopy every 1-3 years. Refer or consider genetic testing for FAP
1 or 2 tubular adenomas Negative follow-up exam	Colonoscopy every 5 years
Pan ulcerative colitis > 8 years Left-sided colitis ≥ 15 years Longstanding Crohn's colitis	Colonoscopy every 1-2 years
Sessile adenomas that are removed piecemeal	Follow-up colonoscopy in 2-6 months to verify complete removal of adenomas

*All recommendations are based on the assumption that colonoscopy was completed with adequate bowel prep and that the exam reached the cecum.
A repeat examination may be warranted for incomplete bowel prep or if the colonoscopy was not completed to the cecum.

SCREENING OPTIONS FOR COLORECTAL CANCER

- Colonoscopy – Preferred method, especially for moderate to high risk patients
- Fecal Occult Blood Testing (FOBT) or Fecal Immunochemical Test (FIT) program
- Double contrast barium enema
- Flexible sigmoidoscopy + FOBT program

Colonoscopies are the gold standard in colon cancer screening, but any screening method (especially those that are a complete colon evaluation) can help reduce the risk of developing colorectal cancer.

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www.coloncancerpreventionproject.org

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OUR MISSION IS TO IMPROVE THE QUALITY OF LIFE IN KENTUCKY AND SURROUNDING COMMUNITIES BY PREVENTING UNNECESSARY SUFFERING AND PREMATURE DEATHS FROM COLON CANCER.

FUNDED THROUGH A GENEROUS GRANT FROM THE GHEENS FOUNDATION

DISTRIBUTED IN CONJUNCTION WITH THE KENTUCKY MEDICAL ASSOCIATION