Screening Guidelines: Colorectal Cancer

Executive Summary
The Ascension Oncology Service Line Council recommends that providers engage standard-risk individuals in shared decision-making discussions regarding colorectal screenings starting at age 45.

For standard-risk individuals the current goal is to initiate screening on or before age 50, continuing through age 75.

Options include: fecal immunochemical testing (FIT), stool-based deoxyribonucleic acid (DNA) testing (i.e., Cologuard), computed tomographic colonography (CTC)/virtual colonoscopy or Colonoscopy.

- Colonoscopy is preferred (detection/removal of precancerous polyps, longer interval between screenings). However, giving options increases the likelihood of patient participation.

The following high-risk features may require more intensive screening:

<table>
<thead>
<tr>
<th>Key high-risk conditions:</th>
<th>Other risk factors for CRC:</th>
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<tbody>
<tr>
<td>• Personal history of CRC</td>
<td>• Age</td>
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<tr>
<td>• Personal history of adenomas</td>
<td>• Being overweight or obese</td>
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<tr>
<td>• Family history of CRC</td>
<td>• Physical inactivity</td>
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<tr>
<td>• Family history of adenomas</td>
<td>• Diabetes</td>
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<tr>
<td>• Inflammatory bowel disease</td>
<td>• Diets high in red or processed meats</td>
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<td>• Genetic syndromes (FAP, HNPCC/Lynch)</td>
<td>• Smoking</td>
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<td>• Heavy alcohol use</td>
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Clinicians are encouraged to incorporate individual patient values and insurance coverage considerations in shared decision making regarding screening.

Source and background information is available from your Ministry Market Oncology service line leader.

Disease Site Guideline National Lead: Boone Goodgame, MD, Ascension Seton

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