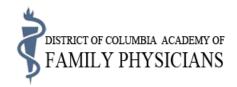
## Colorectal Cancer Screening Audio CME Quick Sheet



Colorectal cancer remains the **2nd leading cause of cancer death** in the United States

Screening colorectal cancer results in decreased deaths related to colorectal cancer

The *US Preventive Services Task Force* gives screening for colorectal cancer in asymptomatic persons age 50-75 years old at average risk a **Grade A Recommendation** 

The *USPSTF* gives screening for colorectal cancer in asymptomatic persons age 76-85 years old a **Grade C Recommendation**.

Screening in this age group should be patient dependent: consider it someone who has not had prior colon cancer screening, is healthy enough to undergo colon cancer treatment if needed, and does not have medical comorbidities that limit life expectancy.

The *American Academy of Family Physicians* gives screening for colorectal cancer with FIT, colonoscopy, and flexible sigmoidoscopy in persons age 50-75 years old, a **grade B recommendation**, age 76-85 a **grade C recommendation**, and screening over the age of 85 a **grade D recommendation**.

The Right screening approach is based on shared-decision making with the patient.

Patient Decision Aid: Gut Check from the National Cancer Institute at www.GutCheck.cancer.gov

Screening Method	Frequency	Considerations	*Life-Years	*CRC	*^Complications	*Colonoscopies
Guaiac FOBT	Yearly	Does not require bowel prep, anesthesia, transportation.	247	22	11	2253
FIT	Yearly	More accurate than gFOBT, single specimen	244	22	10	1757
FIT-DNA	Every 3 y	More false-positives due to higher sensitivity but lower specificity	226	20	9	1714
Flexible Sigmoidoscopy	Every 5 y	Test availability has declined	221	20	10	1820
Flex Sig plus FIT	FS Every 10 y FIT Every 1 y	Option for those wanting endoscopic screening, while limiting exposure to colonoscopy	256	23	11	2289
Colonoscopy	Every 10 y	Less frequent screening, diagnostic follow-up during same exam	270	24	15	4049
CT Colonography	Every 5 y	Insufficient evidence about potential harms	248	22	10	1743
*Per 1000 individuals screened ^ Gastrointestinal and cardiovascular events						

<sup>\*</sup>Adapted by Jacob Anderson, DO from Final Recommendation Statement: Colorectal Cancer: Screening. U.S. Preventive Services Task Force. November 2016. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/colorectal-cancer-screening