



Ascension

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:

<u>Key high-risk conditions:</u>	<u>Other risk factors for CRC:</u>
<ul style="list-style-type: none"> • Personal history of CRC <ul style="list-style-type: none"> – Personal history of adenomas • Family history of CRC <ul style="list-style-type: none"> – Family history of adenomas • Inflammatory bowel disease • Genetic syndromes (FAP, HNPCC/Lynch) 	<ul style="list-style-type: none"> • Age • Being overweight or obese • Physical inactivity • Diabetes • Diets high in red or processed meats • Smoking • Heavy alcohol use

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.

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