

ACP issues guidance for colorectal cancer screening

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Physicians should screen for colorectal cancer in average-risk adults who do not have symptoms between the ages of 50 and 75, the American College of Physicians (ACP) states in a new evidence-based [guidance statement](#) published today in *Annals of Internal Medicine*.

The frequency of [screening](#) depends upon the screening approach selected. ACP suggests any one of the following screening strategies:

- Fecal immunochemical test (FIT) or high sensitivity guaiac-based fecal occult blood test (gFOBT) every two years
- Colonoscopy every 10 years
- Flexible sigmoidoscopy every 10 years plus FIT every two years

"Not enough people in the United States get screened for colorectal cancer," said ACP President Robert M. McLean, MD, MACP.

"Physicians should perform an individualized risk assessment for colorectal cancer in all adults. Doctors and patients should select the screening test based on a discussion of the benefits, harms, costs, availability, frequency, and patient preferences."

ACP's guidance statement is for adults at average risk for colorectal cancer who do not have symptoms. It does not apply to adults with a family history of colorectal cancer, a long-standing history of inflammatory bowel disease, genetic syndromes such as familial cancerous polyps, a personal history of previous colorectal cancer or benign polyps, or other risk factors.

Although the median age for colorectal cancer diagnosis is 67 years, and individuals aged 65 to 75 years derive the most direct benefit from colorectal cancer screening, screening in adults ages 50 to 75 also has benefit, ACP found.

All colorectal cancer-[screening tests](#)—like all tests and procedures—have both potential benefits and potential harms. The harms and burdens vary by person and screening strategy. Harms may include bleeding, perforation, cardiopulmonary complications, and radiation exposure.

Colorectal cancer is the second leading cause of [cancer](#)-related mortality in men and in women in the United States. The age to start and stop screening, screening intervals, and the recommended screening test differ among organizations. Different organizations have different criteria for evaluating or assessing the quality and certainty of evidence, follow different processes for creating clinical recommendations, and can interpret the evidence differently.

Rather than developing a new clinical practice guideline in such circumstances ACP instead prepares and releases guidance statements that rely on evidence presented or referenced in selected guidelines and accompanying evidence reports. ACP guidance statements do not include new reviews or searches of the literature outside the body of evidence referenced by the reviewed guidelines.

In an [accompanying editorial](#) Michael Pignone, MD, MPH, MACP, writes: "Several organizations offer evidence-based guidelines for CRC [[colorectal cancer](#)] screening, but recommendations sometimes differ...The evidence that supports the various guidelines, including randomized controlled trials that document reductions in CRC mortality with screening, also supports ACP's guidance."

In "Screening for Colorectal Cancer in Asymptomatic Average Risk Adults," ACP reviewed guidelines from the American College of Radiology, the Canadian Task Force on Preventive Health Care, the U.S. Preventive Services Task Force, the American Cancer Society, the Scottish Intercollegiate Guidelines Network, and U.S. Multi-Society Task Force on Colorectal Cancer.

ACP is member of the Guidelines International Network, whose mission is to lead, strengthen, and support collaboration in guideline development, Cochrane, a global leader and resource in evidence-informed health decision-making, has officially recognized ACP as a Cochrane US Network Affiliate. To receive such a designation, Affiliates must show a proven record of supporting evidence-based practice and expertise and competencies in systematic reviewing and evidenced-informed health practice and policy.

Provided by American College of Physicians

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