

Researcher recommends tailoring colorectal cancer screening for 45-to-49-year-olds

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It's been a year since national recommendations issued by the American Cancer Society and the U.S. Multi-Society Task Force called for colorectal cancer (CRC) screening to be lowered to include individuals

ages 45 to 49 at average risk for the disease. In an editorial in the journal *Clinical Gastroenterology and Hepatology*, Regenstrief Institute Research Scientist Thomas Imperiale, M.D., issues a clarion call for individuals, clinicians and health care systems to be good stewards of available colonoscopy resources and encourages average risk members of this age group to consider non-invasive screening alternatives.

"The importance of [colorectal cancer](#) screening cannot be overstated," said Dr. Imperiale, a researcher and practicing gastroenterologist.

"But we should tailor screening to the individual—not every 45-to-49-year-old requires colonoscopy for screening. At home, annual FIT [[fecal immunochemical test](#)] testing, which looks for blood in the stool and is inexpensive, or stool multi-target DNA and blood testing every three years, are efficient ways to screen those at the low-risk end of the average risk population, which is where most 45-to-49-year-olds fall. Using FIT and stool DNA tests doesn't simply benefit the individual, it benefits others who need more invasive screening resources. There are only so many colonoscopies that can be performed well in this country every year."

Roughly seven or eight out of 10 individuals who fall within the range of those for whom colorectal cancer screening is recommended by national guidelines are considered to be at average risk of the disease.

"It's still too early to know who, in this younger age range, is getting screened. Is it the lower-risk end of average risk individuals who exercise regularly, have a healthful diet—by eating fruits, vegetables and grains and limiting consumption of red meat—and see screening as another personal health responsibility, or is it those at higher risk who smoke or have diabetes or are overweight?" asks Dr. Imperiale.

"It could well be that a larger number of younger individuals will get

screened if we encourage non-invasive, easy-to-use home screening tests rather than colonoscopy for 'average-risk' asymptomatic individuals until they get to age 50 or perhaps age 55."

The editorial notes that lowering the age at which to commence average-risk colorectal cancer screening by five years (from 50 to 45) has increased the number of people in the U.S. requiring screening by approximately 20 million. Dr. Imperiale supports a "hybrid" strategy of non-invasive screening for younger individuals at average risk followed by colonoscopy [screening](#) for older individuals at average risk.

More information: Thomas F. Imperiale, Uptake of Colorectal Cancer Screening in 45 to 49 Year Olds: An Early-Inning View from the Endoscopy Suite, *Clinical Gastroenterology and Hepatology* (2022). [DOI: 10.1016/j.cgh.2022.07.014](https://doi.org/10.1016/j.cgh.2022.07.014)

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