

ACP releases new colorectal cancer screening guidance statement

5 March 2012

The American College of Physicians (ACP) today issued a new guidance statement for colorectal cancer screening. Colorectal cancer is the second leading cause of cancer-related deaths for men and women in the United States. The guidance statement and a patient summary appear in the March 6 issue of *Annals of Internal Medicine*, published by ACP.

ACP developed this guidance statement to present information to physicians and patients to increase their understanding of the benefits and harms of colorectal cancer screening.

"The American College of Physicians encourages adults to get screened for colorectal cancer starting at the age of 50," said Virginia L. Hood, MBBS, MPH, FACP, president of ACP. "Only about 60 percent of American adults aged 50 and older get screened, even though the effectiveness of colorectal cancer screening in reducing deaths is supported by the available evidence."

ACP recommends that physicians perform an individualized assessment of risk for colorectal cancer in all adults. Physicians should screen for colorectal cancer in average risk adults starting at the age of 50 and in high risk adults starting at the age of 40 or 10 years younger than the age at which the youngest affected relative was diagnosed with colorectal cancer.

Risk factors for colorectal cancer include increasing age; race -- African Americans have the highest incidence and [mortality rates](#) for colorectal cancer in the United States; personal history of polyps, [inflammatory bowel disease](#), or colorectal cancer; or having a family history of the disease.

Options for screening for colorectal cancer include stool based and endoscopic/radiologic tests. The screening interval for average risk adults over the age of 50 is 10 years for colonoscopy; five years for flexible sigmoidoscopy, [virtual colonoscopy](#),

and double contrast barium enema; and annually for [fecal occult blood](#) test.

"We encourage patients to engage in shared decision making with their physician when selecting a colorectal cancer screening test so that they understand the benefits and harms," said Dr. Hood. "The success of any screening program, especially colorectal cancer screening, is dependent on the appropriate testing and follow-up of patients with abnormal screening results as well as following up with patients for repeat testing at designated intervals."

The guidance statement does not recommend continued screening for colorectal [cancer](#) in adults over the age of 75 or in adults with a life expectancy of less than 10 years because the potential harms of screening outweigh the potential benefits.

While [colonoscopy](#) is generally regarded as the gold standard to which other screening tests are compared, the risk factors of the test include possible bleeding, perforation of the intestine, and adverse reactions as a result of preparation required for the test.

Provided by American College of Physicians

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