

Recommendations from the 2009 ACG Guideline for Colorectal Cancer Screening

Preferred CRC screening recommendations

>Cancer prevention tests should be offered first. The preferred colorectal cancer prevention test is colonoscopy every 10 years, beginning at age 50.

>Screening should begin at age 45 years in African-Americans.

>Cancer detection test. This test should be offered to patients who decline colonoscopy or another cancer prevention test. The preferred cancer detection test is annual fecal immunochemical test for blood.

Alternative colorectal cancer prevention test

>Flexible sigmoidoscopy every 5 to 10 years.

>CT colonography every 5 years.

The alternative cancer detection tests

>Annual Hemoccult Sensa

>Fecal DNA testing every 3 years

Recommendations for screening when family history is positive but evaluation for HNPCC considered not indicated

>Single first degree relative with colorectal cancer or advanced adenoma diagnosed at age \geq 60 years.
Recommended screening: same as average risk.

>Single first degree with colorectal cancer or advanced adenoma diagnosed age $<$ 60 years or two first degree relatives with colorectal cancer or advanced adenomas. Recommended screening: colonoscopy every 5 years beginning at age 40 years or 10 years younger than age at diagnosis of the youngest affected relative.

FAP

>Patients with classic familial adenomatous polyposis (FAP) ($>$ 100 adenomas) should be advised to pursue genetic counseling and genetic testing if they have siblings or children who could potentially benefit from this testing.

>Patients with know FAP or who are at risk of FAP based on family history (and genetic testing has not been performed) should undergo annual flexible sigmoidoscopy or colonoscopy as appropriate until such time as colectomy is deemed by physician and patient as the best treatment.

>Patients with retained rectum after subtotal colectomy should undergo flexible sigmoidoscopy every 6 to 12 months.

HNPCC

>Patients who meet the Bethesda criteria should undergo microsatellite instability testing of their tumor or a family member's tumor and/or tumor immunohistochemical staining for mismatch repair proteins.

>Patients with positive tests can be offered genetic testing. Those with positive genetic testing, or those potentially affected when genetic testing is unsuccessful in an affected proband, should undergo colonoscopy every two years beginning at age 20 to 25 years, until age 40 years, then annually thereafter.

Source: ACG Update, February 2009, Vol. 18/No.1