

SCREENING RECOMMENDATIONS FROM THE AMERICAN COLLEGE OF GASTROENTEROLOGY

In 2021, the American College of Gastroenterology updated its colorectal cancer screening guideline. Important recommendations from the guideline authors are summarized here.*

We recommend colorectal cancer screening in average-risk individuals between age 45 and 75 years to reduce pre-cancerous growths called adenomas, reduce colorectal cancer incidence, and reduce death from colorectal cancer.

We suggest that a decision to continue screening beyond age 75 years be personalized.

We recommend colonoscopy and FIT as the primary methods for colorectal cancer screening.

We suggest considering the following screening tests for individuals unable or unwilling to undergo a colonoscopy or FIT test: Flexible Sigmoidoscopy, Multitarget Stool DNA test, or CT Colonography.

RECOMMENDED FREQUENCY FOR DIFFERENT SCREENING TESTS

We recommend the following tests as the primary screening methods for patients at average risk for colorectal cancer, following this schedule:

- Colonoscopy every 10 years
- FIT every year

If one of these alternatives is used, we suggest that the tests be done on this schedule:

- Multitarget stool DNA test every 3 years
- CT colonography every 5 years
- Flexible sigmoidoscopy every 5 years

We suggest against SEPTIN9 (a blood-based test) for colorectal cancer screening.

SCREENING FOR PATIENTS WITH FAMILY HISTORY OF COLORECTAL CANCER OR ADVANCED COLON POLYPS

For individuals with a family history of colorectal cancer

- If you have family history of colon cancer, you may need to talk with your health care provider to see if earlier and more frequent colonoscopy is needed.
- Genetic testing may be needed to determine your risk of colon cancer risk if you have a strong family history, especially if your family member was affected at a younger age.

*Shaukat, et al., American College of Gastroenterology Guideline on Colorectal Cancer Screening, *The American Journal of Gastroenterology*, March 2021

➔ Read the ACG 2021 Colorectal Cancer Screening Guideline: bit.ly/ACG2021-CRC-Guideline

45 IS THE
NEW 50!

YOU CAN PREVENT COLORECTAL CANCER

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Advancing Digestive Health, Improving Patient Outcomes



FOR MORE INFORMATION

➔ [GI.ORG](https://gi.org)

- Learn more: gi.org/coloncancer
- Find a gastroenterologist near you: gi.org/findagi



45 IS THE NEW 50!

LOWER AGE TO START SCREENING

Age 45 is now the recommended age to begin screening for colorectal cancer, among adults at average risk, according to the American College of Gastroenterology.

AN IMPORTANT CHANGE

- This is an important change from earlier guidelines that recommended starting screening at age 50 for most people and age 45 for African Americans. Now “45 is the new 50” to start screening for *everyone* at average risk for colorectal cancer.

YOU CAN PREVENT COLORECTAL CANCER

- With screening, your gastroenterologist can diagnose colorectal cancers at an earlier stage, find colon polyps early so they can be safely removed, and help to prevent colorectal cancers.

DON'T PUT OFF PREVENTIVE HEALTH SCREENINGS

- Do not put off needed health care, especially preventive tests.
- Remember, the most common symptom of early colon and rectal cancers is **NO** symptom, so it is important to get screened.

NEVER IGNORE NEW OR WORRYING SYMPTOMS

It is important to reach out to your health care providers if you have any symptoms, **REGARDLESS** of age.

Do not hesitate to talk to your health care team about new or worrying bowel symptoms, even those that seem hard to discuss or share, including:

- blood in the stool
- change in bowel habits
- change in the shape and size of stool
- rectal pain
- abdominal pain
- unexpected weight loss
- unexplained or new anemia

LEARN ABOUT YOUR SCREENING OPTIONS FOR COLORECTAL CANCER

ONE-STEP SCREENING VS. TWO-STEP SCREENING FOR COLORECTAL CANCER

The American College of Gastroenterology 2021 Guidelines on Colorectal Cancer Screening explain the difference between recommended tests that are “one-step” tests and “two-step” tests. In many instances, the best screening test is the one that gets done.

1-Step Test

COLONOSCOPY

Your doctor can see and remove pre-cancers called polyps and prevent, detect, or confirm colorectal cancer all in 1 step.

2-Step Test

STEP 1:

STOOL-BASED TEST

- FIT Test (Fecal Immunochemical Test)
 - Multitarget Stool DNA
- OR**
- Flexible sigmoidoscopy
 - CT colonography
 - Blood testing

Positive Test?



STEP 2:
COLONOSCOPY

👍 One-Step Screening Test:

COLONOSCOPY

Colonoscopy is a one-step test that looks for growths called polyps in your entire colon (large intestine) and rectum using a colonoscope. Your doctor can both detect and remove polyps during colonoscopy which can prevent colorectal cancer. Colonoscopy is the most commonly performed gastrointestinal procedure in the United States. Colonoscopy with removal of polyps offers long term protection against developing colorectal cancer or dying from it.

👍 Two-Step Screening Tests:

STOOL-BASED TESTS

These tests detect blood or altered DNA in the stool as a first step. A positive result would require the second step of colonoscopy for further examination.

a. FIT Test

Fecal Immunochemical Tests (FIT) detects hidden blood in the stool. The stool FIT test is typically performed on a yearly basis. A positive test requires a follow-up colonoscopy.

b. Multitarget Stool DNA (mtsDNA)

Multitarget stool DNA test is a non-invasive screening for colorectal cancer. It looks for abnormal DNA associated with colon cancer or more aggressive precancerous polyps. This test is more sensitive than the FIT test, but your chance of getting a false positive may increase as you get older. According to the manufacturer's recommendations, if the mtsDNA test is negative, repeat screening is needed in three years. If the mtsDNA test is positive, the second step of colonoscopy is required. (At this time, the only FDA-approved mtsDNA test is Cologuard.®)

👍 Tests for Individuals Who Cannot or Will Not Have a Colonoscopy or FIT Test

CT COLONOGRAPHY AND BLOOD TESTING

CT colonography and blood testing are options for individuals unwilling to undergo colonoscopy or FIT, provided that the tests are locally available and reimbursed by insurers for screening. It is important to note that both tests will still require a follow-up colonoscopy if positive.