

ColonCancerCheck (CCC)

Screening Recommendations Summary—April 2016



Screening people at average risk of colorectal cancer

- CCC recommends screening with a fecal occult blood test (FOBT) every two years for asymptomatic people ages 50 to 74 without a family history of colorectal cancer.
- Abnormal FOBT results should be followed up with colonoscopy within eight weeks.
- People ages 50 to 74 without a family history of colorectal cancer who choose to be screened with flexible sigmoidoscopy should be screened every 10 years.
- Due to insufficient evidence, CCC recommends against screening for colorectal cancer using metabolomic (blood or urine) tests, DNA (blood or stool) tests, computed tomography colonography, capsule colonoscopy and double contrast barium enema.

Note: Cancer Care Ontario is developing a plan to implement fecal immunochemical testing (FIT) in the CCC program as the recommended screening test for those at average risk of developing colorectal cancer.

Screening people at increased risk of colorectal cancer

 CCC recommends that asymptomatic people get screened with colonoscopy if they have a family history of colorectal cancer that includes one or more first-degree relatives with the disease. Screening should begin at 50 years of age, or 10 years earlier than the age their relative was diagnosed, whichever occurs first.

See reverse for definition of average and increased risk

For more clinical information or information on the evidence for the screening recommendations, visit: cancercare.on.ca/pcresources







CCC Screening Pathway – Risk Assessment Increased risk Average risk **Symptomatic** Fecal occult blood test Refer to Refer to specialist colonoscopy for evaluation5 (FOBT)¹ **Abnormal Abnormal** ··Normal Normal Re-screen Refer to Re-screen with Surveillance with FOBT colonoscopy² colonoscopy as per every 2 every 5 to 10 years quidelines³ years depending on family history⁴ 1 In some cases, individuals ages 50 to 74 years at average risk for colorectal cancer can be screened with flexible sigmoidoscopy every ten years. Normal **Abnormal** 2 Colonoscopy should be completed within eight weeks of an abnormal result. Re-screen Surveillance 3 For more information, visit cancercare.on.ca/cccquidelines. with FOBT 4 Five years for people with a first-degree relative who was diagnosed as per in 10 with colorectal cancer before age 60, and quidelines³ years **Ten years** for people with a first-degree relative who was diagnosed with colorectal cancer at age 60 or older. 5 There is no role for FOBT in evaluation of symptomatic patients.

Definitions of average and increased risk

Average risk

- People ages 50 to 74 with no first-degree relative who has been diagnosed with colorectal cancer
- No personal history of pre-cancerous colorectal polyps requiring surveillance or inflammatory bowel disease (i.e., Crohn's disease or ulcerative colitis)

Increased risk

 People with a family history of colorectal cancer that includes one or more first-degree relatives who have been diagnosed with colorectal cancer, but do not meet the criteria for colorectal cancer hereditary syndromes

For more information and resources:

Visit: cancercare.on.ca/pcresources | Call: 1-866-662-9233

Email: screenforlife@cancercare.on.ca

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