



# Clinical Practice Guidelines for Colorectal Cancer Screening Tier 2 Guideline

**Adapted:** 6/1999

**Revised/Approved:** 6/2004,  
8/2004, 8/2006, 8/2008, 8/2010,  
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**Next Review Date:** 8/2018

**Purpose:** To delineate screening for colorectal cancer

**Scope:**

1. **Low Risk** – Age < 50 or > 83 with no major co-morbidities, risk factors, non-operative candidate, or life expectancy < 3 years
2. **Average Risk** – Age 50 to 80 with no risk factors
3. **High Risk** - First degree relative < 70 with colon cancer, first degree relative < 60 with polyps, two first degree relatives with polyps and/or colon cancer, familial multiple cancer syndrome, or longstanding inflammatory bowel disease

**Guideline:**

**INITIATION OF SCREENING AND SUBSEQUENT SURVEILLANCE EXAMS IN PATIENTS WITH INCREASED RISK**

**First degree relative with polyps < age 60 or colon cancer < age 70**

Colonoscopy at age 50 or 10 years younger than the youngest affected family member, whichever is earlier. Colonoscopy to be performed at 5 year intervals.

**Hereditary Non-Polyposis Colorectal Cancer Syndrome - HNPCC**

Colonoscopy beginning at age 25 or 5 years younger than the age at diagnosis of the youngest affected relative, whichever is earlier. Colonoscopy to be performed every 2 years and then annually after age 40. Genetic testing available.

**Familial Adenomatous Polyposis - FAP**

Annual sigmoidoscopy beginning at age 10-12 years with colectomy when polyps identified. After age 40 sigmoidoscopy every 3-5 yrs if polyps have not been identified. Genetic testing available.

**Pancolonic inflammatory bowel disease**

Surveillance begins after 10 years of disease duration with colonoscopy every 2 years with systematic biopsies to detect dysplasia.

**Left sided or segmental colitis**

Surveillance begins after 15 years of disease duration with colonoscopy every 2 years with systematic biopsies to detect dysplasia.

## Colorectal Cancer Screening

### NO SCREENING

- Age < 50 & no risk factors
- Age > 80 with moderate or severe comorbidities or age 83-86 with no major comorbidities
- Non-operative candidate
- Non-operative candidate
- Life expectancy < 3 yrs

### AVERAGE RISK

- Age ≥ 50 & no risk factors

Colonoscopy q 10 yrs  
OR  
Flex Sig and BE q 5 yrs  
OR  
FIT\* q 1 yr + Flex Sig q 5 yrs  
OR  
Flex Sig q 5 yrs  
OR  
CT Colonography q 5 yrs  
OR  
Cologuard™ Fecal DNA\*\* q 3 yrs

### Significant Findings:

Polyp ≥ 0.5cm  
OR  
Any (+) FOBT/FIT or (+) fecal DNA test

### HIGH RISK

- 1<sup>st</sup> degree relative < 70 with colon cancer
- 1<sup>st</sup> degree relative < 60 with polyps
- Two 1<sup>st</sup> degree relatives with polyps and/or colon cancer
- Familial multiple cancer syndrome
- Longstanding inflammatory bowel disease

### Complete Colon Exam

Colonoscopy beginning at age 50 or 10 yrs younger than the youngest affected family member  
**OR FOR**  
Longstanding inflammatory bowel disease- Colonoscopy beginning 10 yrs after disease onset

### **NOTE:**

Patients with Fe def anemia or patients with NON-anal outlet bleeding should be referred to GI for consultation

## Colorectal Cancer Surveillance

### LOW RISK

No polyps or hyperplastic rectosigmoid polyps on last surveillance colonoscopy

NO screening for 10 yrs unless new Colon Cancer risk factors or symptoms develop in the interim

### INCREASED RISK

- High risk family history of colon cancer or polyps with previous negative colonoscopy > 4 yrs ago
- Multiple polyps (3 or more regardless of size)
- Polyp > 1 cm
- High grade dysplasia or low risk Duke's A cancer in pedunculated polyp
- History of Colon Cancer (assuming negative colonoscopy within 12 months of cancer re-section)
- Serrated adenoma of any site
- Less than optimal colonoscopy prep

**COLONOSCOPY warranted:** Interval from last colonoscopy determined by endoscopist (usually 1-5 years)

\*FIT is a covered benefit for all lines of business through Scott and White Health Plan (SWHP)/Insurance Company of Scott and White (ICSW)

\*\*Cologuard™ Fecal DNA is a covered benefit ONLY for SWHP/ICSW Medicare lines of business (SWHP SeniorCare Cost plan and ICSW Vital Traditions MAPD plan)

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**Source(s):**

American Cancer Society (ACS)

American College of Gastroenterology (ACG)

American Gastroenterological Association (AGA)

American Society of Gastrointestinal Endoscopy (ASGE)

United States Preventative Services Task Force (USPSTF)

Guidelines for Colonoscopy Surveillance After Screening and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer Gastroenterology 2012;143-844-857

Colorectal Cancer Screening Be Considered in Elderly Persons without Previous Screening? A Cost Effectiveness Analysis Annals Int Med 2014-160 (11):750-759

Screening for Colorectal Cancer Updated Evidence Report and Systematic Review for the US Preventative Services Task Force JAMA, 2016;315:2576-2594