Risk Assessment and Screening Algorithm

Screen individuals at average risk of colorectal cancer (CRC) beginning at age 45. Screen individuals at average risk using the following options:

- Colonoscopy every 10 years
- OR -
- Stool-based testing at recommended intervals and all positive results must be followed up with a timely colonoscopy. Options include a fecal immunochemical test (FIT) annually, a high-sensitivity guaiac-based fecal occult blood test (HSgFOBT) annually or a multi-target stool DNA test (FIT-DNA) every three years.

Individuals at familial or other increased risk may need to be screened before age 45. Consult a specialist for screening recommendations.

- No personal or family history of CRC
- No personal or family history of adenomas or sessile serrated polyps (SSP)
- No personal history of inflammatory bowel disease
- No personal history of genetic syndromes (for example, familial adenomatous polyposis, other polyposis syndrome or Lynch syndrome)
- No other source of increased risk (for example, cystic fibrosis or history of abdominopelvic radiation)

Recommended Screening

Screen with colonoscopy or any recommended stool-based test. Start at age 45.

All positive stool-based tests must be followed up with colonoscopy to complete the screening process.

Recommended Stool-Based Tests and Intervals

- Fecal immunochemical test (FIT) — annually
- High-sensitivity guaiac-based fecal occult blood test (HSgFOBT) — annually
- Multi-target stool DNA test (FIT-DNA) — every three years

Health care providers should individualize care after considering patient preference, personal and family history, and overall health.
Diagnostic Evaluation Due to Symptoms

Evaluate patients (at any age) with the following symptoms for CRC and consider a colonoscopy:

- Blood in the stool
- Bleeding from the rectum
- Persistent abdominal or rectal pain
- Unintended or unexplained weight loss
- Change in bowel habits such as chronic constipation, frequent diarrhea or change in caliber of stool

3. Recommendation consistent with NCCN 2022 v. 3. Other guidelines may differ.

National CRC Screening Recommendations for Patients at Increased Risk

**Presentation**

- History of CRC
- History of adenoma, SSP or certain hyperplastic polyps
- Inflammatory bowel disease
- Known or suspected genetic syndrome that increases risk of CRC
- Cystic fibrosis

**Recommended Screening**

Screen with colonoscopy. Screening intervals vary. Early and/or more frequent screening may be necessary. Consult appropriate specialist and guidelines.

**Presentation**

- CRC in one or more first-degree relatives
- Advanced adenoma or advanced SSP in a first-degree relative
- CRC in second- or third-degree relatives

Screen with colonoscopy. Start at age 40 or 10 years before earliest diagnosed relative, whichever is earlier. Intervals vary by findings and individual risk.

Screen with colonoscopy. Start at age 40 or the age of onset in relative, whichever is earlier. Intervals vary by findings and individual risk.

Screen with colonoscopy. Start at age 45. Continue at 10-year intervals or as needed according to findings. Earlier or more frequent screening may also be reasonable depending on family patterns.