

## 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 authors of guideline are summarized here.\*

We recommend colorectal cancer screening in average-risk individuals between age 45 and 75 years to reduce pre-cancerous growths called advanced adenomas, reduce colorectal cancer, 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, CT Colonography, or Colon Capsule.

## RECOMMENDED FREQUENCY FOR DIFFERENT SCREENING TESTS

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

- Colonoscopy every ten years
- FIT every one year

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

- Multitarget stool DNA test every three years
- CT colonography every five years
- Flexible sigmoidoscopy every 5 to 10 years
- Colon Capsule every five years

We suggest against Septin9 (blood-based test) for colorectal cancer screening.

## SCREENING FOR PATIENTS WITH FAMILY HISTORY OF COLORECTAL CANCER OR 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 required.
- Sometimes, genetic testing may be required to determine your risk of colon cancer if you have a strong family history, especially with younger age of affected relatives.

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

➔ To read the ACG 2021 Colorectal Cancer Screening Guideline visit [bit.ly/ACG2021-CRC-Guideline](https://bit.ly/ACG2021-CRC-Guideline)

45 IS THE  
NEW 50!

## YOU CAN PREVENT COLORECTAL CANCER

NEW SCREENING RECOMMENDATIONS FROM  
THE AMERICAN COLLEGE OF GASTROENTEROLOGY

*Digestive Disease Specialists  
Committed to Quality  
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FOR MORE INFORMATION

➔ [GI.ORG](https://GI.ORG)

- To learn more visit [gi.org/coloncancer](https://gi.org/coloncancer)
- To find a gastroenterologist near you [gi.org/patients/find-a-gastroenterologist](https://gi.org/patients/find-a-gastroenterologist)



# 45 IS THE NEW 50!

## NEW AGE TO START SCREENING

Age 45 is now recommended as the time to start screening for colorectal cancer among all average risk adults according to the American College of Gastroenterology.

### AN IMPORTANT CHANGE

- This is an important change from earlier guidelines that used to recommend starting at age 50 for most people and age 45 for African Americans only. 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 bowl habits,
- change in the shape and size of stool,
- rectal pain,
- abdominal pain, or
- 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 or detect or confirm colorectal cancer all in 1 step.

#### 2-Step Test

##### 1<sup>ST</sup> STEP:

STOOL-BASED TEST  
FIT Test (Fecal Immunochemical Test)  
Multitarget Stool DNA  
or  
FLEXIBLE SIGMOIDOSCOPY  
or  
Imaging Tests  
CT Colonography  
Colon Capsule

##### Positive Test?



2<sup>ND</sup>-STEP  
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 and 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 lead to 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 an annual 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 precancerous polyps. This test is more sensitive than the FIT test, but your chance of getting a false positive may increase with advancing age. According to the manufacturer's recommendations, if the mtsDNA test is negative, repeat screening occurs in three years. If the mtsDNA test is positive, the second step of colonoscopy is required. (At this time the only FDA-approved mtsDNA is Cologuard.®)

#### 👍 Tests for Individuals who Cannot or Will Not Have a Colonoscopy or FIT, or Are Not Candidates for Colonoscopy

##### CT COLONOGRAPHY AND COLON CAPSULE

At this time, CT colonography and colon capsule are options for individuals unwilling or unable 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.