



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.

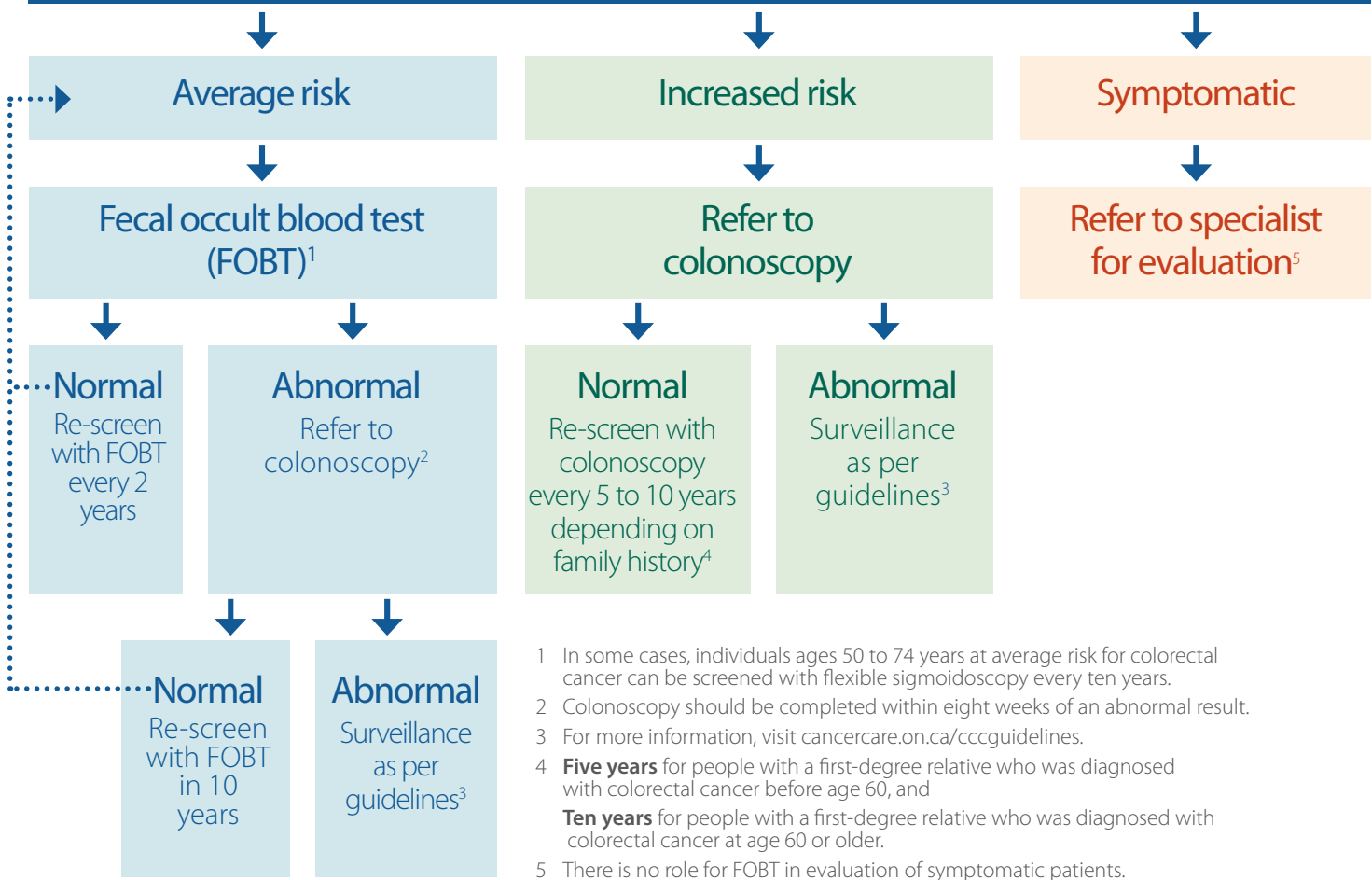
See reverse for definition of average and increased risk

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

References:

Tinmouth J, Vella E, Baxter NN, Dubé C, Gould M, Hey A, et al. Colorectal cancer screening in average risk populations: Evidence summary. Toronto (ON): CCO; 2015 November 11. Program in Evidence-based Care Evidence Summary No.: 15-14.

CCC Screening Pathway – Risk Assessment



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