

Preferred CRC screening recommendations

- Cancer prevention tests should be offered first. The preferred CRC prevention test is colonoscopy every 10 years, beginning at age 50. (Grade 1 B) Screening should begin at age 45 years in African Americans (Grade 2 C)

- Cancer detection test. This test should be offered to patients who decline colonoscopy or another cancer prevention test. The preferred cancer detection test is annual FIT for blood (Grade 1 B)

- Flexible sigmoidoscopy every 5–10 years (Grade 2 B)

- CT colonography every 5 years (Grade 1 C)

Alternative cancer detection tests

- Annual Hemoccult Sensa (Grade 1 B)

- Fecal DNA testing every 3 years (Grade 2 B)

Recommendations for screening when family history is positive but evaluation for HNPCC considered not indicated

- Single first-degree with CRC or advanced adenoma diagnosed at age <60 years or two first-degree relatives with CRC or advanced adenomas.

- Recommended screening: colonoscopy every 5 years beginning at age 40 years or 10 years younger than age at diagnosis of the youngest affected relative (Grade 2 B)

FAP

- Patients with classic FAP (>100 adenomas) should be advised to pursue genetic counseling and genetic testing, if they have siblings or children who could potentially benefit from this testing (Grade 2 B)

- Patients with retained rectum after subtotal colectomy should undergo flexible sigmoidoscopy every 6–12 months (Grade 2 B)

- Patients with classic FAP, in whom genetic testing is negative, should undergo genetic testing for bi-allelic MYH mutations. Patients with 10–100 adenomas can be considered for genetic testing for attenuated FAP and if negative, MYH associated polyposis (Grade 2 C)

HNPCC

- Patients who meet the Bethesda criteria should undergo microsatellite instability testing of their tumor or a family member's tumor and/or tumor immunohistochemical staining for mismatch repair proteins (Grade 2 B)

- Patients with positive tests can be offered genetic testing. Those with positive genetic testing, or those at risk when genetic testing is unsuccessful in an affected proband, should undergo colonoscopy every 2 years beginning at age 20–25 years, until age 40 years, then annually thereafter (Grade 2 B)