

Figure. Screening for Colorectal Cancer: Clinical Summary

Population	Adults aged 50 to 75 y	Adults aged 76 to 85 y
Recommendation	Screen for colorectal cancer starting at age 50 y. Grade: A	The decision to screen for colorectal cancer is an individual one. Grade: C

Risk Assessment	For the vast majority of adults, the most important risk factor for colorectal cancer is older age. Other associated risk factors include family history of colorectal cancer, male sex, and black race.	
Screening Tests	There are numerous screening tests to detect early-stage colorectal cancer, including stool-based tests (gFOBT, FIT, and FIT-DNA), direct visualization tests (flexible sigmoidoscopy, alone or combined with FIT; colonoscopy; and CT colonography), and serology tests (<i>SEPT9</i> DNA test). The USPSTF found no head-to-head studies demonstrating that any of these screening strategies are more effective than others, although they have varying levels of evidence supporting their effectiveness, as well as different strengths and limitations.	
Starting and Stopping Ages	The USPSTF concluded that the evidence best supports a starting age of 50 y for the general population. The age at which the balance of benefits and harms of colorectal cancer screening becomes less favorable varies based on a patient's life expectancy, health status, comorbid conditions, and prior screening status. The USPSTF does not recommend routine screening for colorectal cancer in adults 86 y and older.	
Treatment and Interventions	Treatment of early-stage colorectal cancer generally consists of local excision or simple polypectomy for tumors limited to the colonic mucosa or surgical resection (via laparoscopy or open approach) with anastomosis for larger, localized lesions.	
Balance of Benefits and Harms	The USPSTF concludes with high certainty that the net benefit of screening for colorectal cancer is substantial.	The USPSTF concludes with moderate certainty that the net benefit of screening for colorectal cancer in adults aged 76 to 85 y who have been previously screened is small. Adults who have never been screened are more likely to benefit. Screening is most appropriate for those healthy enough to undergo treatment and those without comorbid conditions that significantly limit their life expectancy.
Other Relevant USPSTF Recommendations	The USPSTF has made a recommendation on aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in average-risk adults. This recommendation is available on the USPSTF website (www.uspreventiveservicestaskforce.org).	

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to www.uspreventiveservicestaskforce.org.

Abbreviations: CT=computed tomography; FIT=fecal immunochemical test; FIT-DNA=multitargeted stool DNA test; gFOBT=guaiac-based fecal occult blood test.