

# Screening Guidelines

	PATIENT CHARACTERISTICS	RECOMMENDATIONS
Average Risk	50 to 74 years of age with: <ul style="list-style-type: none"> <li>with no symptoms of Colorectal Cancer (CRC)</li> <li>no personal history of CRC, polyps</li> <li>no diseases of the colon requiring monitoring by colonoscopy</li> </ul>	<b>Fecal Occult Blood Test (FOBT) every 2 years</b> On an individual basis, other screening tests may be appropriate based on clinical judgment, risk assessment, or patient concerns: <ul style="list-style-type: none"> <li>Colonoscopy every 10 years</li> <li>Flexible sigmoidoscopy at intervals of 10 years or more</li> </ul>
Slightly Above Average Risk	40+ years of age with no symptoms of CRC and: <ul style="list-style-type: none"> <li>one first degree relative diagnosed with CRC or advanced adenomatous polyps* at 60 years of age or older, or</li> <li>2 or more second degree relatives diagnosed with CRC or advanced adenomatous polyps*</li> </ul>	Same as for average risk patient
Above Average Risk	One first-degree relative diagnosed with CRC or advanced adenomatous polyps* before 60 years of age, or 2 or more first-degree relatives diagnosed with CRC or advanced adenomatous polyps* at any age	Colonoscopy, every 5 years - begin at 40 years of age or 10 years earlier than youngest diagnosis of CRC or polyps in the family
High Risk	A personal history of CRC, adenomatous polyps or inflammatory bowel disease (IBD) with associated colitis	Ongoing investigation and surveillance with colonoscopy; individuals with IBD should be referred for colonoscopic surveillance 8 years after the onset of colitis
	Confirmed hereditary colon cancer syndrome such as Hereditary Non-Polyposis Colon Cancer (HNPCC) or Familial Adenomatous Polyposis (FAP)	Ongoing endoscopic surveillance
	Suspected hereditary colon cancer syndrome: <ul style="list-style-type: none"> <li>multiple family members with disease (CRC, adenomatous polyps, and other HNPCC associated tumors)</li> <li>disease at a younger age (&lt; 45 years)</li> <li>and/or disease present in successive generations</li> </ul>	Ongoing endoscopic surveillance: Consider referral to the WRHA Program in Genetics and Metabolism, Phone: (204) 787-2494; Fax: (204) 787-1419
Symptomatic	Rectal bleeding or persistent change in bowel habits or abdominal pain or unexplained weight loss or anemia	Individuals should <b>not</b> undergo FOBT screening as they require urgent investigation
	Under 50 or over 74 years of age	Decisions to screen individuals under 50 or over 74 years of age should be made on an individual basis based on patient concerns, additional risk factors including family history, and comorbidities

\* "Advanced adenomas" or "advanced adenomatous polyps" are defined as having one of the following features:  $\geq 1$  cm in size, high grade dysplasia, or villous component (villous or tubulovillous).

## Potential Benefits & Harms of Colorectal Screening with FOBT

BENEFITS	HARMS
<ul style="list-style-type: none"> <li>• RCTs have shown regular screening with the FOBT can reduce deaths from colorectal cancer by up to 25%</li> <li>• Polyps and other abnormal tissue can be removed during a colonoscopy</li> <li>• Detecting cancer at an early stage may result in simpler treatment, more treatment options, and less need for chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>• False positives</li> <li>• False negatives</li> <li>• Screening and follow up may cause anxiety</li> <li>• Colonoscopy, recommended for individuals with a positive FOBT, can cause bleeding and perforation of the colon</li> </ul>

## Management of FOBT and Colonoscopy Results

FOBT RESULTS	MANAGEMENT
Normal	Repeat FOBT in 2 years. ColonCheck will recall participants for screening in 2 years
Abnormal (any one window positive for blood)	Refer for colonoscopy
COLONOSCOPY RESULTS	MANAGEMENT
Negative colonoscopy with no additional risk factors for CRC (includes hyperplastic polyps and those with positive FOBT and negative colonoscopy)	ColonCheck will recall participants for FOBT screening in 5 years Colonoscopy is considered to have a protective effect for at least 10 years
1-2 tubular adenomas < 1cm	Repeat colonoscopy in 5-10 years
More than 2 tubular adenomas or any advanced adenoma*	Repeat colonoscopy in 3 years; repeat colonoscopy every 5 years when polyp clearance is achieved. Consider referral for genetic testing if > 10 adenomas
Post-curative resection for CRC	Colonoscopy end of year 1 (within 6 months if colon is not cleared preoperatively): rescope at 3 years then every 5 years indefinitely if the outcome is normal
Colon was not cleared of polyps: an incomplete polypectomy or removal of an advanced adenoma	Consider repeating colonoscopy in 3 to 6 months

## Key Messages

- Evidence shows that screening regularly with the FOBT will lead to a reduction in mortality from CRC.
- A colonoscopy is recommended for any individual with a positive FOBT. As bleeding from cancers or adenomas may be intermittent, any positive result must be investigated. Further FOB testing for an individual with a positive result is unwarranted and does not rule out serious pathology, even if it is negative.
- For the Hemoccult II Sensa, the sensitivity ranges from 64% - 85% and the specificity ranges from 87% - 95%.
- Double contrast barium enema or CT colonography may be alternatives in individuals with a positive FOBT if colonoscopy is refused, medically unsuitable or unsuccessful.

## ColonCheck Operations

- Invites eligible individuals of average risk who are between the ages of 50 to 74 years of age to complete a FOBT. Invitation strategies include direct mail, recruitment through BreastCheck and primary care providers and advertising to promote self referrals.
- Arranges referral for colonoscopy of ColonCheck patients with a positive FOBT.
- Coordinates education and awareness activities for the public and health care professionals.
- ColonCheck no longer requires patients to exclude red meat from their diet or stop taking NSAIDs. Individuals will still be instructed to limit their Vitamin C intake to minimize the risk of false negatives.