

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for colorectal cancer. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from October 27, 2020, to November 23, 2020. The Task Force welcomes your comments.

Screening for Colorectal Cancer

The Task Force issued a **draft recommendation statement** on *Screening for Colorectal Cancer*.

Colorectal cancer screening can save lives, and the Task Force recommends that clinicians screen people who are 45 to 75 years old to reduce their risk of dying from this disease. The recommendation to start screening at age 45 is new—previously, the recommendation was to start screening at age 50.

For adults who are 76 to 85, the Task Force recommends that people talk to their clinician about

whether screening is right for them. For people in this age group, the decision to get screened depends on each person's overall health and personal circumstances.

This draft recommendation applies to all adults ages 45 years and older who do not have symptoms of colorectal cancer. It does not apply to people who have a personal history of colorectal cancer, polyps (abnormal growths in the colon), or a personal or family history of genetic disorders that increase risk for colorectal cancer.

What is colorectal cancer?

Cancer is a disease in which cells in the body grow out of control and develop into a tumor. When cancer starts in the colon or rectum, it is called colorectal cancer.

Facts About Colorectal Cancer

Colorectal cancer is the third leading cause of cancer death for both men and women in the United States. An estimated 53,200 people in the U.S. are expected to die from colorectal cancer in 2020. Black adults get colorectal cancer more often and are more likely to die from it than people of other races and ethnicities.

Colorectal cancer is most frequently diagnosed among people ages 65 to 74. However, it is becoming more common in younger people, and it now is estimated that 10.5 percent of new colorectal cancer cases occur in people younger than age 50.

Facts About Screening for Colorectal Cancer

Despite strong evidence that screening for colorectal cancer is effective, about a quarter of people ages 50 to 75 have never been screened. It is important that adults be screened for colorectal cancer beginning at age 45.

There are several effective tests available, and patients should talk to their doctors about the pros and cons of each to determine which test is right for them.

The two types of tests recommended by the USPSTF include:

- **Stool-based tests** are generally used every 1 to 3 years. These test the person's stool for signs of colorectal cancer. Examples of these types of tests include high-sensitivity fecal occult blood tests, fecal immunochemical tests, and stool DNA tests.
- **Direct visualization tests** are generally used every 5 to 10 years. These tests take pictures of the inside of a person's colon to identify colorectal cancer. Examples of these tests include colonoscopy, flexible sigmoidoscopy, and virtual colonoscopy.

Potential Benefits and Harms

In reviewing the evidence from several studies, the Task Force found that screening for colorectal cancer is effective. Screening adults ages 45 to 75 can prevent people from dying of colorectal cancer and help people to live longer.

New science about colorectal cancer in people younger than 50 enabled the Task Force to better understand the potential benefits and harms of screening younger adults. The Task Force found that starting screening at age 45 instead of age 50 can help prevent more deaths from colorectal cancer and can help people live even longer.

For adults ages 76 to 85, the benefits and harms of screening depend on each person's overall health and personal circumstances. Some in this age group may benefit, particularly if they have never been screened, while others may experience more harm than benefit.

Harms from screening vary by test and can include more mild harms, such as inconvenience from preparing for tests, to more severe harms, such as damage to the bowel or severe bleeding from some of the direct visualization screening tests or follow-up testing procedures.

The potential benefits and harms of screening tests vary. Clinicians and patients should consider the pros and cons of the various test options to decide which one is best for each person.

The Draft Recommendations on Colorectal Cancer Screening: What Do They Mean?

Here are the Task Force's draft recommendations on screening for colorectal cancer. They are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues an **A or B Grade**, it recommends screening because it has more potential benefits than potential harms.

When the Task Force issues a **C Grade**, it recommends selectively offering and screening only after taking a person's individual situation into account to see if potential benefits outweigh potential harms.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

- 1 The USPSTF recommends screening for *colorectal cancer* in all adults ages 50 to 75 years. **(A Grade)**
- 2 The USPSTF recommends screening for colorectal cancer in adults ages 45 to 49 years. **(B Grade)**
- 3 The USPSTF recommends that clinicians *selectively offer screening* for colorectal cancer in adults ages 76 to 85 years. Evidence indicates that the *net benefit* of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health and prior screening history. **(C Grade)**

Notes





- 1 *colorectal cancer*
Cancer of the colon or rectum.
- 3 *selectively offer screening*
Offer screening based on whether the benefits outweigh the harms for a particular individual.
- net benefit*
Overall benefit after weighing benefits and harms of screening.

What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force website](#).

Click Here to Learn More about Colorectal Cancer

-  [Get Tested for Colorectal Cancer](#)
(MyHealthfinder)
-  [Colorectal Cancer](#)
(MedlinePlus)
-  [Colorectal \(Colon\) Cancer](#)
(Centers for Disease Control and Prevention)
-  [Colorectal Cancer—Patient Version](#)
(National Cancer Institute)

USPSTF Recommendation Grades

Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between October 27, 2020 and November 23, 2020.



All comments will be considered for use in writing final recommendations.