

Screening for Colorectal Cancer Draft Recommendation Statement

Frequently Asked Questions

What is the Task Force recommending?

In this draft recommendation statement, the Task Force recommends that adults who are 45 to 75 years old get screened for colorectal cancer to reduce their risk of dying from this disease. For adults who are 76 to 85 years old, whether to get screened for colorectal cancer depends on each person's overall health and personal circumstances. People in this age group should talk to their clinician about whether screening is right for them.

Why is the Task Force now recommending that people get screened starting at 45 years old?

New science is available showing that starting colorectal cancer screening at age 45 can prevent more deaths from colorectal cancer. This new science includes increasing rates of colorectal cancer in people younger than 50 and results from modeling studies from the Cancer Intervention and Surveillance Modeling Network.

Why is screening not recommended for all older adults?

Some people, who are 76 to 85 years old, may benefit from screening, particularly those who have never been screened before and are generally healthy. However, other people in this age group may experience more harm than benefit from screening and treatment. People in this age group should talk to their clinician about whether screening for colorectal cancer is right for them.

Why is the Task Force issuing a “draft” recommendation? What happens next?

For each topic it reviews, the Task Force follows a specific process that includes posting materials for review and comment by the public. This draft recommendation is available for public comment for 4 weeks from October 27 to November 23, 2020. The Task Force will consider all comments they receive as they develop the final recommendation for this topic.

What does this mean for insurance coverage?

The Task Force's recommendation is based solely on the science of what works to prevent colorectal cancer. Under current law, services that receive an A or B grade from the Task Force must be covered by most private insurance plans, with no copay for patients. Draft recommendations do not affect insurance coverage; only final recommendations do.

How do you screen for colorectal cancer?

There are several effective colorectal cancer screening tests available. Based on the evidence, the Task Force recommends two types of tests: direct visualization tests and stool-based tests.

- Direct visualization tests, such as a colonoscopy, look inside a person's colon to identify colorectal cancer.
- Stool-based tests are noninvasive tests that can identify signs of colorectal cancer in stool samples.

This draft recommendation does not include other screening tests such as serum tests, urine tests, or capsule endoscopy because there is not yet enough evidence about the benefits and harms of these tests.

What is the benefit of screening for colorectal cancer?

Screening for colorectal cancer can identify the cancer early, when it's most treatable, and reduce the risk of dying from this disease.

What are the harms of screening for colorectal cancer?

For adults who are 45 to 75 years old, the harms of screening are small and vary by the screening test used. Although rare, possible harms that can occur from some of the more invasive tests are cardiovascular events (if sedation is used), damage to the colon, or bleeding during the procedure.

Who is this recommendation for?

This draft recommendation applies to adults ages 45 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.

Colorectal cancer occurs more often, and leads to more deaths, in Black adults. How does the Task Force recommendation apply to Black adults?

The Task Force encourages healthcare providers to discuss and offer recommended colorectal cancer screening to all adults beginning at age 45, especially their Black patients. In this recommendation, the Task Force is also calling for more evidence on how colorectal cancer impacts the Black community, why screening rates are lower for Black people, and what can be done to close this health disparity.

How should a person decide which test to take?

Clinicians and patients should consider the pros and cons of the various screening options to help decide which test is best for each person. Some things to consider include the amount of preparation needed from the patient for the test, required follow-up testing, invasiveness, how often repeat screening is needed, and whether a test is performed at home or at a health center.

How often should people be screened?

How often to repeat screening for colorectal cancer depends on which test a patient and their clinician decide to use. Test frequencies range from every year for the less invasive stool-based tests to every 5 to 10 years for the direct visualization tests.