

U.S. Preventive Services Task Force Issues Final Recommendation on Screening for Colorectal Cancer

Colorectal cancer screening saves lives, and adults ages 45 to 75 should be screened

WASHINGTON, D.C. – May 18, 2021 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on screening for colorectal cancer. The Task Force now recommends that screening start at age 45. **This is a B recommendation.** The Task Force continues to strongly recommend screening people who are 50 to 75 years old. **This is an A recommendation.** Overall, people 45 to 75 should be screened to reduce their risk of dying from this disease. For adults 76 to 85, the Task Force continues to recommend that the decision to screen be made on an individual basis. **This is a C recommendation.**

Grades in this recommendation:

A: Recommended.

B: Recommended.

C: The recommendation depends on the patient's situation.

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These final recommendations all apply to adults without symptoms and who do not have a personal history of colorectal polyps or a personal or family health history of genetic disorders that increase the risk of colorectal cancer.

Colorectal cancer is the third leading cause of cancer deaths in the United States. Despite strong evidence that screening for colorectal cancer is effective, about a quarter of people ages 50 to 75 have never been screened.

“Far too many people in the U.S. are not receiving this lifesaving preventive service,” says Task Force vice chair Michael Barry, M.D. “We hope that this new recommendation to screen people ages 45 to 49, coupled with our long-standing recommendation to screen people 50 to 75, will prevent more people from dying from colorectal cancer.”

Black adults get colorectal cancer more often than people of other races and ethnicities and are more likely to die from this disease. The Task Force recognizes this disproportionate risk and encourages clinicians to reach out to their Black patients to help make sure they are receiving regular screening.

The final recommendation includes two types of tests that are recommended to screen for colorectal cancer: direct visualization tests and stool-based tests.

“Based on the evidence, there are many tests available that can effectively screen for colorectal cancer, and the right test is the one that gets done,” says Task Force member Martha Kubik, Ph.D., R.N. “To encourage screening and help patients select the best test for them, we urge primary care clinicians to talk about the pros and cons of the various recommended options with their patients.”

The Task Force's final recommendation statement and corresponding evidence summary and modeling analyses have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at www.uspreventiveservicestaskforce.org. A draft version of the recommendation statement, evidence review, and modeling analyses were available for public comment from October 27, 2020, to November 23, 2020.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based

recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Barry is director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a clinician at Massachusetts General Hospital.

Dr. Kubik is a professor and director of the School of Nursing, College of Health and Human Services at George Mason University. Dr. Kubik is a nurse scientist, active researcher, and past standing member on the National Institutes of Health's Community-Level Health Promotion Study Section. Dr. Kubik is an advanced practice nurse and fellow of the American Academy of Nursing.

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