WHAT'S NEW
From the U.S. Preventive Services Task Force

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Colorectal Cancer Screening

Why Is Colorectal Cancer Screening Important?

Colorectal cancer is the fourth most common cancer in the United States and the second leading cause of cancer death. More than 57,000 people died from colorectal cancer in 2001. Patients who die from colorectal cancer lose an average of 13 years of life.

Most colorectal cancers occur in those at average risk; about 20% occur in those with a family history of colorectal cancer in a first-degree relative.

Does the USPSTF Recommend Colorectal Cancer Screening?

The USPSTF strongly recommends that clinicians screen men and women aged 50 and older who are at average risk for colorectal cancer. For those at higher risk, such as those with a first-degree relative diagnosed with colorectal cancer before age 60, it is reasonable to begin screening at a younger age. Screening options for colorectal cancer include home fecal occult blood test (FOBT), flexible sigmoidoscopy, the combination of home FOBT and flexible sigmoidoscopy, colonoscopy, and double-contrast barium enema.

There are insufficient data to determine which particular screening strategy is best in terms of the balance of benefits and harms or cost-effectiveness. Studies reviewed by the USPSTF indicate that colorectal cancer screening is likely to be cost effective (costing less than $30,000 per additional year of life gained) regardless of which screening method is used.

Clinicians should screen men and women aged 50 and older who are at average risk for colorectal cancer.

Which Screening Approach Does the USPSTF Recommend?

Each screening method has advantages and disadvantages that may vary for individual patients and practice settings. The choice of specific screening strategy should be based on patient preferences, medical contraindications, patient adherence, and available resources for testing and follow-up. Clinicians should talk to patients about the benefits and potential harms of each screening option before selecting one. It is unclear

What's New from the U.S. Preventive Services Task Force is a series of fact sheets based on recommendations of the U.S. Preventive Services Task Force (USPSTF). The USPSTF systematically reviews the evidence of effectiveness of a wide range of clinical preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent disease)—to develop recommendations for preventive care in the primary care setting. **This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.**

More detailed information on this subject is available in the Systematic Evidence Review, Summary of the Evidence, and USPSTF Recommendations and Rationale, which can be found on the Agency for Healthcare Research and Quality (AHRQ) Web site (http://www.preventiveservices.ahrq.gov). The Summary of the Evidence and the Recommendations and Rationale are also available through the National Guideline Clearinghouse (http://www.guideline.gov), in print through the AHRQ Clearinghouse (1-800-358-9295, or ahrqpubs@ahrq.gov), and in the *Annals of Internal Medicine* 2002;137(2).

whether the potential benefits of colonoscopy compared with other screening approaches are large enough to justify the added risks and inconvenience of colonoscopy for all patients.

The choice of screening strategy should be based on patient preferences, medical contraindications, patient adherence, and resources for testing and follow-up.

How Does the Current USPSTF Recommendation Differ from That of the Previous USPSTF?

In 1996, available evidence led the USPSTF to recommend screening for colorectal cancer with FOBT, sigmoidoscopy, or both. The Task Force did not find sufficient evidence at that time to recommend for or against other screening approaches (such as digital rectal examination, double-contrast barium enema, or colonoscopy). Since 1996, there have been 2 new trials of FOBT, a case-control study of endoscopic procedures (sigmoidoscopy and colonoscopy), and additional data on the safety of colonoscopy. In addition, 4 high-quality cost-effectiveness analyses of various screening strategies published since 1996 have demonstrated that most strategies are more cost-effective (costing $10,000 to $25,000 per additional year of life gained) than many other common clinical preventive services. Therefore, the current USPSTF recommendation is stronger than its previous recommendation and includes a greater variety of screening options.

New studies have been published since 1996 demonstrating the cost-effectiveness of colorectal cancer screening.

For more information on colorectal cancer screening, contact the following organizations:

healthfinder™
http://www.healthfinder.gov

National Cancer Institute
National Institutes of Health
http://www.nci.nih.gov

U.S. Department of Health and Human Services

Agency for Healthcare Research and Quality
www.ahrq.gov

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