Colorectal Cancer Screening

Summary of the Clinical Practice Guideline

November 2013

These recommendations are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. They should be used as an adjunct to sound clinical decision making.
## Average Risk

**Men and Women age 50-74**

75+ years, consider co-morbidities, risk of screening, general health and life expectancy

- Screen with Fecal Immunochemical Test (FIT) every 1-2 years
- If FIT result is positive, refer for colonoscopy
- For colonoscopy services use local CRC screening program (see Resources) or endoscopist
- Wait 10 years after a normal colonoscopy to start or re-start FIT
- If quality of colonoscopy was uncertain, start or re-start FIT 5 years after colonoscopy

## Increased Risk

**Family History**

<table>
<thead>
<tr>
<th>CRC and/or high risk adenomas</th>
<th>1st degree relative &gt; 60 years at diagnosis</th>
<th>Screen with FIT every 1-2 years starting at age 40</th>
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<tr>
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<td>If FIT is positive, refer for colonoscopy</td>
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<tr>
<td>1st degree relative ≤ 60 years, OR two or more affected relatives</td>
<td>Refer for consideration of colonoscopy at age 40, or 10 years prior to index case, whichever is earliest</td>
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<td>Personal History</td>
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<tr>
<td>CRC</td>
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- Assist with adherence to recommended follow-up
- Assist with on-going follow-up by colonoscopy
- Check Post Polypectomy Surveillance Guidelines (see Resources)
- Not all polyps are high risk and require surveillance, e.g., small, single, hyperplastic polyps found in the distal colon

<table>
<thead>
<tr>
<th>Colonic adenomas</th>
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<th>Inflammatory bowel disease; ulcerative colitis or Crohn’s colitis</th>
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<th>High Risk Conditions</th>
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<td>Lynch syndrome (HNPCC): identified by history of multiple cancers, i.e., CRC, endometrial, gastric, ovarian</td>
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<td>Familial adenomatous polyposis (FAP)</td>
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- Ensure patient has established relationship with local CRC screening program (see Resources) or endoscopist for on-going care and
## Comparison of FIT, gFOBT and Colonoscopy

<table>
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<tr>
<th>CRC Screening Test</th>
<th>Performance Features &amp; Limitations</th>
<th>Accessibility</th>
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| **Fecal Immunochemical Test (FIT)** | • High diagnostic accuracy  
• Likelihood of completing CRC screening is higher than gFOBT (by about 10%)  
• Safe; no direct risk to colon | Available for CRC screening across Alberta (as of Nov 2013) |
| **gFOBT** | • Not as accurate as the FIT; may miss polyps and cancers  
• Requires dietary prep | Discontinued for screening as of Jan 2014 |
| **Colonoscopy** | • Can detect pre- | Availability and |
cancerous lesions
  • Risk of complications of approx. 0.5%
  • Requires bowel prep and sedation; may be uncomfortable

expertise may vary across the province

**Implementation Strategies**

Use outreach, opportunistic screening and checklists to increase the likelihood of engaging men and women to participate in CRC screening.

**Resources**

Local CRC Screening Programs

- Edmonton Zone – SCOPE Program: Edmonton AB  T5K 0C0
  Phone 780.735.3235, Fax 780.735.1061
  scope@albertahealthservices.ca
  www.albertahealthservices.ca/services.asp?pid=saf&rid=1092770
• South Zone – Lethbridge and Area Colorectal Cancer Screening Program:
  2100 11 Street, Coaldale AB  T1M 1L2
  Phone 403.345.7009, Fax 403.345.2698

• Calgary Zone – Forzani and MacPhail Colon Cancer Screening Centre:
  Teaching, Research and Wellness Building (TRW)
  6th Floor, 3280 Hospital Drive NW, Calgary AB  T2N 4N1
  Phone 403.944.3800

• Medicine Hat Colorectal Cancer Screening Clinic:
  666 5th Street SW, Medicine Hat AB  T1A 4H6
  Phone 403.529.8016, Fax 403.528.5644

Colorectal Cancer Screening: Information available at:
www.screeningforlife.ca/colorectalcancer

CancerControl Alberta:
www.albertahealthservices.ca/8109.asp

Post Polypectomy Surveillance Guidelines:
www.albertahealthservices.ca/1751.asp

For the complete guideline refer to the TOP website: www.topalbertadoctors.org