



# Screening for Colorectal Cancer Guideline

These clinical guidelines are designed to assist clinicians by providing an analytical framework for the evaluation and treatment of patients. They are not intended to replace a clinician's judgment or to establish a protocol for all patients with a particular condition. A guideline will rarely establish the only approach to a problem.

## GUIDELINE HISTORY and APPROVAL

ACTION	SEED GUIDELINE and/or MAIN INFORMATION & GROUP SOURCE(S)	DATE	ORGANIZATION
Guideline reviewed, revised, and approved	American Cancer Society American College of Gastroenterology American Gastroenterological Association American Society of Colon and Rectal Surgeons American Society for Gastrointestinal Endoscopy American Gastrointestinal Endoscopic Surgeons	June 06, 2002	Geisinger Health Plan/ Clinical Guideline Committee
Guideline reviewed and approved	Same as above	June 26, 2002	Geisinger Health Plan/Medical Management Committee
Guideline reviewed and revised	Same as above	June 27, 2002	Geisinger Health Plan/ Clinical Guideline Committee
Guideline reviewed and approved	Same as above	July 24, 2002	Geisinger Health Plan/Quality Improvement Committee
Guideline reviewed, revised, and approved	American Cancer Society American College of Gastroenterology Centers for Disease Control and Prevention American Gastroenterological Association American Society of Colon and Rectal Surgeons American Society for Gastrointestinal Endoscopy American Gastrointestinal Endoscopic Surgeons	March 11, 2004	Geisinger Health Plan Guideline Review Conference/Colon Cancer Screening Team
Guideline reviewed and approved	Same as above and Gastrointestinal Consortium Canadian Society of Colon and Rectal Surgeons	April 01, 2004	Geisinger Health Plan/ Clinical Guideline Committee
Guideline reviewed and approved	Same as above	April 28, 2004	Geisinger Health Plan/Quality Improvement Committee
Guideline reviewed and approved	Same as above	May 05, 2004	Geisinger Health Plan/Medical Management Committee
Guideline reviewed and approved	Same as above	Sept. 12, 2005	Geisinger Health Plan/ Clinical Guideline Committee
Guideline reviewed and approved	Same as above	Sept. 13, 2005	Geisinger Health Plan Pharmacy
Guideline reviewed and approved	Same as above	Sept. 19-30, 2005	Geisinger Health Plan/ Medical Directors
Guideline reviewed and approved	Same as above	Dec.5, 2005	Geisinger Health Plan/Medical Management Committee

Guideline reviewed and approved	Same as above	Jan. 25, 2006	Geisinger Health Plan/Quality Improvement Committee
Guideline reviewed and approved	Same as above NCCN Clinical Practice Guidelines in Oncology™Colorectal Cancer Screening v.2007	July 16, 2007	Geisinger Health Plan/Clinical Guideline Committee
Guideline reviewed and approved	Same as above	Dec 5-14, 2007	Geisinger Health Plan/Medical Directors
Guideline reviewed and approved	Same as above	Dec. 17, 2007	Geisinger Health Plan/Medical Management Committee
Guideline reviewed and approved	Same as above	Jan. 23, 2008	Geisinger Health Plan/Quality Improvement Committee
Guideline reviewed and approved	Same as above .Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008: A Joint Guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. <i>CA Cancer J Clin.</i> 2008;58. U.S. Preventive Services Task Force. <u>Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement.</u>  AHRQ Publication 08-05124-EF-3, October 2008. Agency for Healthcare Research and Quality, Rockville, MD. American College of Gastroenterology Guidelines for Colorectal Cancer Screening 2008. <i>Am J Gastroenterol</i> <a href="http://www.gi.org/media/releases/ACG2009CRCGuideline.pdf">http://www.gi.org/media/releases/ACG2009CRCGuideline.pdf</a>		Geisinger Health Plan/Clinical Guideline Committee
Guideline reviewed and approved	Same as above	Dec.15-21, 2009	Geisinger Health Plan/Medical Directors
Guideline reviewed and approved	Same as above	Dec. 21, 2009	Geisinger Health Plan/Medical Management Committee
Guideline reviewed and approved	Same as above	Jan. 27, 2010	Geisinger Health Plan/Quality Improvement Committee



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## OVERVIEW

Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women in the United States. Overall, the lifetime risk for developing colorectal cancer is about 1 in 19 (5.3%), and 93% of cases are diagnosed in those 50 or older. The American Cancer Society's most recent estimates for the number of colorectal cancer cases in the United States are for 2009:

- 106,100 new cases of colon cancer (52,010 in men and 54,090 in women)
- 40,870 new cases of rectal cancer (23,580 in men and 17,290 in women)

### Why screen?

The natural history of CRC makes it ideally suited to screening. Most cancers develop over many years from benign adenomatous polyps. Precancerous polyps can be detected and removed during certain screening procedures, thereby preventing colorectal cancer. And when CRC is found early and appropriately treated, survival is greatly enhanced, with a 5-year relative survival rate of 90%. Currently only 39% of colorectal cancers are diagnosed at an early stage<sup>2</sup>.

1. National Cancer Institute. <http://www.cancer.gov/cancertopics/types/colon-and-rectal>
2. American Cancer Society. <http://www.cancer.org/docroot/home/index.asp?level=0>

## SEED GUIDELINE(S)

This guideline is a representative compilation of recommendations from the American Cancer Society, American College of Gastroenterology, Centers for Disease Control and Prevention, American Gastroenterological Association, American Society of Colon and Rectal Surgeons, American Society for Gastrointestinal Endoscopy, American Gastrointestinal Endoscopic Surgeons, Gastrointestinal Consortium, Canadian Society of Colon and Rectal Surgeons, the U.S. Preventive Services Task Force and the National Comprehensive Cancer Network.

## GOALS

1. To increase the awareness of screening recommendations for colorectal cancer.
2. To decrease the morbidity and mortality associated with colorectal cancer.
3. To increase the awareness of the risk stratification criteria for colorectal cancer.

**FAST FACTS**

1. Recommendations for screening depend on which risk group a patient is classified into: Low Risk, Moderate Risk, or High Risk.
2. Screening for Low Risk patients begins at age 50.

**ALGORITHM**

Geisinger Health Plan Screening for Colorectal Cancer Guideline has been simplified and updated to follow the recommendations of the American Cancer Society, American College of Gastroenterology, American Gastroenterological Association, American Society of Colon and Rectal Surgeons, American Society for Gastrointestinal Endoscopy, American Gastrointestinal Endoscopic Surgeons, Gastrointestinal Consortium, Canadian Society of Colon and Rectal Surgeons, the U.S. Preventive Services Task Force and the National Comprehensive Cancer Network.

This guideline uses the tables below to provide a simple method for classifying the patient’s risk status and making decisions regarding screening.

**RECOMMENDATIONS FOR SCREENING**

<b>LOW RISK</b>			
Group	Recommendation	Age to Begin	Interval
Age 50 Asymptomatic No risk factors	Digital Rectal Exam (DRE) Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) Flexible sigmoidoscopy; or Total Colon Exam (TCE) consisting of either screening colonoscopy or double contrast barium enema (DCBE)	50  45 for African-Americans	-DRE Yearly  -FOBT or FIT yearly  -Sigmoidoscopy in combination with DCBE every 5 years  -Colonoscopy every 10 years if no lesions found
Single first-degree relative with CRC or advanced adenoma (adenoma ≥ 1 cm in size, or with high grade dysplasia or villous elements) diagnosed at age ≥60 years.	Colonoscopy	50  45 for African-Americans	Every 10 years

<b>MODERATE RISK</b>			
Group	Recommendation	Age to Begin	Interval
People with single small (< 1 cm) adenomatous polyp	Colonoscopy	At time of initial polyp diagnosis	TCE within 5 years after initial polyp removal; then if normal, repeat every 5-10 years
People with large (1 cm or greater) adenomatous polyp	Colonoscopy	At time of initial polyp diagnosis	TCE within 3 years after initial polyp removal
Personal history of curative intent resection of colorectal cancer	TCE – Total Colon Exam (Either colonoscopy or double contrast barium enema)	Within 1 year of resection	If normal – TCE in 3 years; if still normal TCE every 4 years
Colorectal cancer or adenomatous polyps in first degree relative before age 60, or in two or more first degree relatives of any age	TCE	Age 40 or 10 years before the youngest case in the family	Every 5 years

<b>HIGH RISK</b>			
Group	Recommendation	Age to Begin	Interval
Family History of Familial adenomatous polyposis	Early surveillance with endoscopy, counseling, and referral to specialty center	Puberty	
Family History of hereditary non-polyposis colon cancer	Colonoscopy and counseling	Age 21	Every 2 years
Inflammatory Bowel Disease	Colonoscopy with biopsy for dysplasia	8 years post pancolitis; 12-15yrs post left colitis	Every 2 years

## REFERENCES

NCCN Clinical Practice Guidelines in Oncology™Colorectal Cancer Screening v.2007

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Rex DK, Johnson DA, et al. American College of Gastroenterology Guidelines for Colorectal Cancer Screening 2008. *Am J Gastroenterol* <http://www.gi.org/media/releases/ACG2009CRCGuideline.pdf>

## MEASURES

Denominator – Members 50 – 75 years of age as of Dec. 31 of the measurement year

Numerator – Number of eligible members who had one or more screenings for colorectal cancer defined as:

- Fecal Occult Blood Test (FOBT) during the measurement year
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
- Double contrast barium enema (DCBE) or air contrast barium enema during the measurement year or the four years prior to the measurement year
- Colonoscopy during the measurement year or the nine years prior to the measurement year