

# COLORECTAL CANCER SCREENING. THE RIGHT CHOICE.

## ALBERTA'S COLORECTAL CANCER SCREENING CLINICAL PRACTICE GUIDELINES ARE HERE.

Colorectal cancer is the 2<sup>nd</sup> leading cause of cancer deaths in Alberta. Many of these deaths are preventable if detected early. At present, far too few Albertans, especially those between the ages of 50-74, are screened for colorectal cancer and as a result far too many are dying needlessly.

### Clinical Practice Guidelines

Alberta has clinical practice guidelines for colorectal cancer screening for individuals at low, average, moderate and high risk. An individual's risk of colorectal cancer determines when screening should be initiated and what tests and frequency are appropriate. It is important to stratify an individual's risk based on age, personal medical history and family history.



Regardless of risk level, any individual with symptoms or signs suggestive of the presence of colorectal cancer requires a diagnostic workup.



### For individuals at low risk

For individuals under age 50 with no family history or relevant medical history, no screening is recommended. Inform them that screening should start at age 50.

### For individuals at average risk

About 70%-80% of colorectal cancer occurs in the average risk group. Individuals at average risk should begin colorectal cancer screening at age 50 and continue until at least age 74. The screening options are as follows:

Screening using any of the recommended methods is better than no screening.

#### Fecal Occult Blood Test (FOBT) every one to two years

A guaiac-based home test kit should be used. A single in-office FOBT is NOT adequate screening.

If FOBT is positive, a colonoscopy is recommended as the follow-up test.

If follow-up colonoscopy is negative, then further screening tests are not required for 10 years.

#### Flexible Sigmoidoscopy every five years

May be used in combination with FOBT every one to two years.

Colonoscopy is the recommended follow-up test for individuals with abnormal results.

#### Double Contrast Barium Enema every five years

This test is not commonly used for colorectal cancer screening in Alberta.

Colonoscopy is the recommended follow-up test for individuals with abnormal results.

#### Colonoscopy every ten years

If colonoscopy is negative, then further screening tests are not required for 10 years.

**It is vital that every patient aged 50-74 be screened for colorectal cancer.**

### For individuals at moderate or high risk

Due to the specific nature of these situations, please refer to the appropriate algorithms on the reverse.



# COLORECTAL CANCER SCREENING FOR INDIVIDUALS AT DIFFERENT LEVELS OF RISK

## ALGORITHM 1: SCREENING OF INDIVIDUALS AT AVERAGE RISK

Asymptomatic<sup>1</sup> Men and Women  
Ages 50-74

No personal history  
- Colorectal adenomatous polyps  
- Colorectal cancer  
- Inflammatory bowel disease  
AND  
No family history of colorectal cancer

FOBT every 1-2 years  
- If positive refer for colonoscopy<sup>2</sup>  
OR  
Flexible Sigmoidoscopy<sup>3</sup> every 5 years  
- Colonoscopy<sup>2</sup> is the recommended follow-up test for individuals with abnormal results  
OR  
Double Contrast Barium Enema<sup>4</sup> every 5 years  
- Colonoscopy<sup>2</sup> is the recommended follow-up test for individuals with abnormal results  
OR  
Colonoscopy<sup>2</sup> every 10 years

## ALGORITHM 2: SCREENING OF INDIVIDUALS AT MODERATE RISK

Asymptomatic<sup>1</sup> Men and Women

Any 1<sup>st</sup> degree relative with colorectal cancer diagnosed at age < 60 years  
OR  
Two or more 1<sup>st</sup> degree relatives with colorectal cancer at any age (if not a hereditary syndrome)

Colonoscopy every 5 years commencing at age 40 or 10 years younger than the earliest case in the family, whichever comes first

One 1<sup>st</sup> degree relative with colorectal cancer diagnosed at age 60 or older

Same as for average risk but commencing at age 40

### Notes

1. If the individual is symptomatic, diagnostic workup is recommended.
2. If Colonoscopy is negative then no further screening tests are required for the next 10 years.
3. Flexible Sigmoidoscopy may be used in conjunction with FOBT.
4. Double Contrast Barium Enema is not commonly used for colorectal cancer screening in Alberta.
5. See guidelines for surveillance of patients with early stage colorectal cancer.

## ALGORITHM 3: SCREENING OF INDIVIDUALS AT HIGH RISK

High Risk

Family History of HNPCC (Lynch Syndrome)

Genetic counselling and testing  
  
Colonoscopy every 1-2 years beginning at age 20 or 10 years younger than the earliest case in the family, whichever comes first

Family History of FAP (Familial Adenomatous Polyposis)

Genetic counselling and testing  
  
Flexible Sigmoidoscopy annually beginning at age 10-12

Personal History of Inflammatory Bowel Disease

Screening colonoscopy at 8-10 years after disease onset  
- Regular surveillance colonoscopy every 1-2 years beginning 8-10 years after onset of pancolitis or 12-15 years after onset of left sided colitis

## ALGORITHM 4: SURVEILLANCE OF INDIVIDUALS WITH A PERSONAL HISTORY OF COLORECTAL CANCER OR ADENOMATOUS POLYPS

Surveillance

Individuals with one or two small (< 1cm) adenomas

Surveillance colonoscopy 5 years after the initial polypectomy  
- If normal repeat in 5 years

Individuals with a large (> 1cm) adenoma, multiple adenomas (3 or more), or adenomas with high grade dysplasia or villous change

Surveillance colonoscopy within 3 years after the initial polypectomy  
- Further follow-up depends on multiple factors

Individuals with a personal history of curative intent resection of colorectal cancer<sup>5</sup>

Surveillance colonoscopy within 1 year after cancer resection  
- If normal repeat colonoscopy in 3 years  
- If normal at 3 years repeat colonoscopy every 5 years (interval may vary based on individual factors)