

 <p>MaineHealth CANCER CARE NETWORK SUPPORTED BY THE HAROLD ALFOND® FOUNDATION</p>	Colorectal Cancer Screening Guidelines	
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	MaineHealth Colorectal Work Group and Ad Hoc Committee of MH Advanced Primary Care Committee	

Cancer Screening Choices

It is fundamentally important for individual patients to make an informed choice on cancer screening, especially when to start, what test, and interval of testing. This process should begin with a careful Shared Decision Making discussion between the patient and their primary care physician and/or oncology specialist. All guidelines are carefully developed and they also differ. They do not differ, however, with the firm recommendation that any given approach must be carefully considered between the patient and their physician. It is important to take advantage of understanding the benefits and risks of cancer screening aligned with the patient’s personal wishes, medical history, and family history.

- **Age Range:** Patients age **50-75 years** and at average risk should be screened. Age **76-85 years** should be an individual decision, taking into account the patient’s overall health and prior screening history.
- **Special considerations** should be made for those with higher risks, e.g. screening should begin at age 45 in African Americans; Individuals with 1st degree relative with cancer should be screened with a colonoscopy 10 years prior to the age of diagnosis of their 1st degree relative; Patients with inflammatory bowel disease (IBD) are at higher risk for colorectal cancer and screening strategies need to be discussed with their physician.
- **Screening Tests:**
 - Providers should offer patients a colonoscopy every 10 years OR an annual FIT.
 - For patients who decline a colonoscopy or FIT, providers should discuss the following other screening test options: gFOBT (Hemoccult II SENSAs); FIT-DNA (stool DNA); CT-Colonography; Flexible Sigmoidoscopy

* *Guidance to the provider:* The best screening method is the one that gets done – i.e., that is acceptable to the patient. A colonoscopy can be presented to the patient as the colorectal cancer prevention test and FIT can be presented as a cancer detection test.

* *Any abnormal (non-colonoscopy) test demands a colonoscopy as follow-up*