

Risk Assessment and Screening Algorithm

Screen individuals at average risk of colorectal cancer (CRC) beginning at age 45. Screen individuals at average risk using the following options:

Colonoscopy every 10 years

-OR-

Stool-based testing at recommended intervals and all positive results must be followed up with a timely colonoscopy. Options include a fecal immunochemical test (FIT) annually, a high-sensitivity guaiac-based fecal occult blood test (HSgFOBT) annually or a multi-target stool DNA test (FIT-DNA) every three years.

Individuals at familial or other increased risk may need to be screened before age 45. Consult a specialist for screening recommendations.



Health care providers should individualize care after considering patient preference, personal and family history, and overall health.



NYC Health Department CRC Screening Recommendations

Presentation

- No personal or family history of CRC
- No personal or family history of adenomas or sessile serrated polyps (SSP)
- No personal history of inflammatory bowel disease
- No personal history of genetic syndromes (for example, familial adenomatous polyposis, other polyposis syndrome or Lynch syndrome)
- No other source of increased risk (for example, cystic fibrosis or history of abdominopelvic radiation)

Average Risk

Recommended Screening

Screen with colonoscopy or any recommended stool-based test.
Start at age 45.

All positive stool-based tests must be followed up with colonoscopy to complete the screening process.

Recommended Stool-Based Tests and Intervals

- Fecal immunochemical test (FIT) — annually
- High-sensitivity guaiac-based fecal occult blood test (HSgFOBT) — annually
- Multi-target stool DNA test (FIT-DNA) — every three years

Diagnostic Evaluation Due to Symptoms

Evaluate patients (at any age) with the following symptoms for CRC and consider a colonoscopy:

- Blood in the stool
- Bleeding from the rectum
- Persistent abdominal or rectal pain
- Unintended or unexplained weight loss
- Change in bowel habits such as chronic constipation, frequent diarrhea or change in caliber of stool



1. Colorectal Cancer Screening (Version 3.2022). National Comprehensive Cancer Network. https://www.nccn.org/professionals/physician_gls/pdf/colorectal_screening.pdf. Accessed November 29, 2022.
2. Rex DK, Boland CR, Dominitz JA, et al. Colorectal cancer screening: recommendations for physicians and patients from the U.S. Multi-Society Task Force on Colorectal Cancer. *Am J Gastroenterol*. 2017 Jul;112(7):1016-1030.
3. Recommendation consistent with NCCN 2022 v. 3. Other guidelines may differ.
4. Colorectal Cancer: Screening. U.S. Preventive Services Task Force. May 18, 2021. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>. Accessed June 17, 2022.

National CRC Screening Recommendations for Patients at Increased Risk

Presentation Increased risk due to personal history (examples)	<ul style="list-style-type: none"> ■ History of CRC ■ History of adenoma, SSP or certain hyperplastic polyps ■ Inflammatory bowel disease ■ Known or suspected genetic syndrome that increases risk of CRC ■ Cystic fibrosis¹ 		<p>Recommended Screening</p> <p>Screen with colonoscopy. Screening intervals vary. Early and/or more frequent screening may be necessary.¹ Consult appropriate specialist and guidelines.</p>
Presentation Increased risk due to family history	<ul style="list-style-type: none"> ■ CRC in one or more first-degree relatives 		<p>Screen with colonoscopy. Start at age 40 or 10 years before earliest diagnosed relative, whichever is earlier.^{1,3} Intervals vary by findings and individual risk.</p>
Presentation Increased risk due to family history	<ul style="list-style-type: none"> ■ Advanced adenoma or advanced SSP in a first-degree relative 		<p>Screen with colonoscopy. Start at age 40 or the age of onset in relative, whichever is earlier.^{1,3} Intervals vary by findings and individual risk.</p>
Presentation Increased risk due to family history	<ul style="list-style-type: none"> ■ CRC in second- or third-degree relatives 		<p>Screen with colonoscopy. Start at age 45. Continue at 10-year intervals or as needed according to findings. Earlier or more frequent screening may also be reasonable depending on family patterns.^{1,3}</p>