# NYC Colorectal Cancer Screening Recommendations

## RISK ASSESSMENT AND SCREENING ALGORITHM

Consider age 45 to begin screening individuals at average risk of colorectal cancer (CRC). 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 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.

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

NYC Health

## NYC Health Department CRC Screening Recommendations

| PRESENTATION | | RECOMMENDED SCREENING |
|---|---|---|
| Average Risk | ■ No personal or family history of CRC<br>■ No personal or family history of adenomas or sessile serrated polyps<br>■ No personal history of inflammatory bowel disease<br>■ No personal history of genetic syndromes (e.g., familial adenomatous polyposis, other polyposis syndrome, Lynch syndrome)<br>■ No other source of increased risk (e.g., cystic fibrosis, history of abdominopelvic radiation) | Screen with colonoscopy or any recommended stool-based test.<br><br>Consider starting at age 45.*<br><br>*Screening for average risk patients should start no later than age 50. |

**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 1.2020). National Comprehensive Cancer Network. https://www.nccn.org/professionals/physician_gls/pdf/colorectal_screening.pdf. Accessed May 13, 2020.
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. For advanced adenoma or sessile serrated polyp (SSP), consistent with MSTF; NCCN recommends starting at age 40 or age of onset in relative if earlier.
4. Stool-based tests are acceptable in this group per MSTF; NCCN encourages colonoscopy.




## National CRC Screening Recommendations for Patients at Increased Risk

| PRESENTATION | | RECOMMENDED SCREENING |
|---|---|---|
| **Increased risk due to personal history** | ■ History of CRC<br>■ History of adenoma, sessile serrated polyp (SSP), or certain hyperplastic polyps<br>■ Inflammatory bowel disease<br>■ Known or suspected genetic syndrome (e.g., familial adenomatous polyposis, other polyposis syndrome, Lynch syndrome) | Screen with colonoscopy. Screening intervals vary. Early and/or more frequent screening may be necessary.[1] Consult appropriate specialist and guidelines. |
| **Increased risk due to family history** | ■ CRC, advanced adenoma or advanced SSP in one first degree relative before 60 years of age<br>■ CRC, advanced adenoma or advanced SSP in two or more first degree relatives at any age | Screen with colonoscopy. Start at age 40 or 10 years before earliest diagnosed relative, whichever is earlier.[1,2,3] |
| | ■ CRC, advanced adenoma or advanced SSP in one first degree relative 60 years of age or older | Screen with colonoscopy or any recommended stool-based test.[2,4] Start at age 40. |