

Recommendations for Colorectal Cancer Prevention

Risk Category	Definition	Age to Start Screening	Recommended Screening	Alternative Strategy
Average	Age 50 or older and no other risk factors.	50 years	Colonoscopy every 10 years	Annual fecal occult blood test plus flexible sigmoidoscopy every 5 years.
Moderately* Increased	One First Degree Relative (Immediate family member mother, father, brother, sister) with colorectal cancer diagnosed at age 60 or older.	40 years	Colonoscopy at least every 10 years	Annual fecal occult blood test plus flexible sigmoidoscopy every 5 years.
High	Two or more First Degree Relatives (Immediate family member – mother, father, brother, sister) with colorectal cancer or one diagnosed with colorectal cancer at age less than 60.	40 years or 10 years younger than age at diagnosis of the youngest affected relative, whichever is earlier.	Colonoscopy every 3 to five years	No alternative is considered adequate.

* A family history of pre-cancerous polyps predicts increased risk also. Screening recommendations for persons with a family history of polyps should be individualized, but screening is often similar to that used in persons with a family history of colorectal cancer.

Surveillance for Persons Who Have Had Colorectal Cancer or Pre-cancerous Polyps

Findings of Most Recent Colonoscopy	Followup Recommendations
Colorectal Cancer	Interval Colonoscopy*
Pre-cancerous Polyps	Interval Colonoscopy*
Normal	Colonoscopy – usually in 5 years

*Most patients can have their next colonoscopy in 3-5 years, but some patients will need colonoscopy repeated in as little as 3 months to 1 year.

Patients with family history of **Familial Adenomatous Polyposis** or **Hereditary Nonpolyposis Colorectal Cancer** require individualized screening that may begin in childhood.