

U.S. Preventive Services Task Force

Colorectal Cancer - Screening

Release Date: July 2002

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Summary of Recommendations

- **The USPSTF strongly recommends that clinicians screen men and women 50 years of age or older for colorectal cancer.**

Rating: [A recommendation](#).

Rationale: The USPSTF found fair to good evidence that several screening methods are effective in reducing mortality from colorectal cancer. The USPSTF concluded that the benefits from screening substantially outweigh potential harms, but the quality of evidence, magnitude of benefit, and potential harms vary with each method.

The USPSTF found good evidence that periodic fecal occult blood testing (FOBT) reduces mortality from colorectal cancer and fair evidence that sigmoidoscopy alone or in combination with FOBT reduces mortality. The USPSTF did not find direct evidence that screening colonoscopy is effective in reducing colorectal cancer mortality; efficacy of colonoscopy is supported by its integral role in trials of FOBT, extrapolation from sigmoidoscopy studies, limited case-control evidence, and the ability of colonoscopy to inspect the proximal colon. Double-contrast barium enema offers an alternative means of whole-bowel examination, but it is less sensitive than colonoscopy, and there is no direct evidence that it is effective in reducing mortality rates. The USPSTF found insufficient evidence that newer screening technologies (for example, computed tomographic colography) are effective in improving health outcomes.

There are insufficient data to determine which strategy is best in terms of the balance of benefits and potential harms or cost-effectiveness. Studies reviewed by the USPSTF indicate that colorectal cancer screening is likely to be cost-effective (less than \$30,000 per additional year of life gained) regardless of the strategy chosen.

It is unclear whether the increased accuracy of colonoscopy compared with alternative screening methods (for example, the identification of lesions that FOBT and flexible sigmoidoscopy would not detect) offsets the procedure's additional complications, inconvenience, and costs.

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Reference: <http://www.ahrq.gov/clinic/uspstf/uspscolo.htm>

Supporting Documents

Screening for Colorectal Cancer, July 2002

- ▶ [Recommendations and Rationale \(PDF file, 89 KB\)](#)
- ▶ [Summary of the Evidence \(PDF file, 187 KB\)](#)
- ▶ [Systematic Evidence Review \(File Download, 99 KB\)](#)
- ▶ [Cost-effectiveness Analyses of Colorectal Cancer Screening \(PDF file, 117 KB\)](#)
- ▶ [What's New \(PDF file, 75 KB\)](#)

Electronic Archive:

[*Guide to Clinical Preventive Services, 2nd Edition*](#)
[Screening for Colorectal Cancer, 1996](#)

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