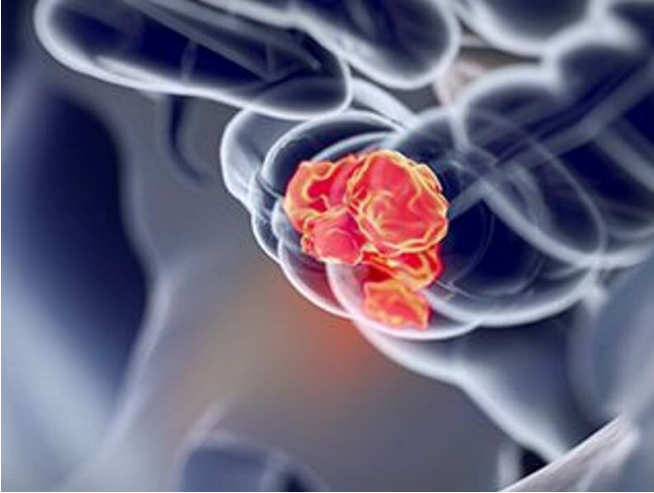


# ACG updates guidelines for colorectal cancer screening

14 April 2021



Colonoscopy and [fecal immunochemical test](#) (FIT) are strongly recommended as the primary screening modalities based on low-quality evidence. Flexible sigmoidoscopy, multitarget stool DNA test, computed tomography colonography, or colon capsule should be considered for those unable or unwilling to undergo colonoscopy or FIT. Recommendations for earlier CRC screening were detailed for individuals who have first-degree relatives with CRC or advanced colorectal polyps.

"Despite the availability of multiple screening modalities and various public health initiatives to boost CRC screening, nearly one-third of the eligible U.S. population is unscreened," the authors write. "CRC screening rates must be optimized to reach the aspirational target of >80 percent."

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

**More information:** [Abstract/Full Text](#)

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In the March issue of the *American Journal of Gastroenterology*, the American College of Gastroenterology has published updated recommendations for colorectal cancer (CRC) screening.

Aasma Shaukat, M.D., M.P.H., from the University of Minnesota in Minneapolis, and colleagues updated the 2009 American College of Gastroenterology CRC [screening](#) guidelines. A comprehensive literature search was conducted to include studies through October 2020.

The authors strongly recommend CRC screening for average-risk individuals aged 50 to 75 years to reduce the incidence of advanced adenoma, CRC, and mortality from CRC. Based on very low-quality evidence, the authors suggest CRC screening for average-risk individuals aged 45 to 49 years to reduce the incidence of advanced adenoma, CRC, and CRC mortality. Based on very low-quality evidence, a decision to continue screening beyond age 75 years should be individualized.

APA citation: ACG updates guidelines for colorectal cancer screening (2021, April 14) retrieved 15 April 2021 from <https://medicalxpress.com/news/2021-04-acg-guidelines-colorectal-cancer-screening.html>

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