

Colon Cancer Screening in Average Risk Patient Referral Guidelines

Diagnosis/Definition

All patients > 50 yr (except African Americans who should begin at age > 45 yr) that have **none** of the following risk factors: positive occult blood or frank bleeding, iron deficiency anemia, history of colonic adenomas, family history of colon cancer, inflammatory bowel disease, or a personal history of colon cancer.

Initial Diagnosis and Management

Colon cancer prevention tests. This should be offered first. The preferred colon cancer prevention test is colonoscopy every 10 years, beginning at age 50. Screening should begin at age 45 for African Americans.

Alternative colon cancer prevention tests include:

- Flexible sigmoidoscopy every 5-10 years.
- CT Virtual Colonoscopy every 5 years. Performed by Radiology.

Cancer detection test. This test should be offered to patients who decline colonoscopy or another cancer prevention test.

- Annual fecal occult blood test. Refer to Gastroenterology if positive.

Indications for Referral to Gastroenterology

- Patients > 50 yr without the aforementioned risk factors (> 45 yr for African Americans). Submit consult as “average risk colonoscopy.”
- If any of the risk factors defined above are present, then refer patient for a full GI consultation.

Ongoing Management and Objectives

- Annual fecal occult for blood if no colon prevention test is performed.
- After a normal colonoscopy, repeat colonoscopy is needed in 10 yrs.
- The BAMC colonoscopy report will indicate the appropriate surveillance interval for a repeat colonoscopy.