



**DIGESTIVE HEALTH ASSOCIATES**  
PROFESSIONAL CORPORATION

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**Colonoscopy Screening Frequency**

	USPSTF	ACS-MSTF-ACR	ACG
	United States Preventative Services Task Force	American Cancer Society U.S. Multi-Society Task Force on Colorectal Cancer American College of Radiology	American College of Gastroenterology
	2008	2008	2008
Average Risk	10 years	10 years	10 years Begin age 50 (45 in African Americans)
CRC in FDR<60	10 years	5 years <i>Begin age 40 or 10 years younger than age at diagnosis of youngest affected relative</i>	5 years <i>Begin age 40 or 10 years younger than age at diagnosis of youngest affected relative</i>
CRC in FDRs<60	10 years	-	5 years <i>Begin age 40 or 10 years younger than age at diagnosis of youngest affected relative</i>
CRC in FDR≥60	10 years	10 years <i>Begin age 40</i>	10 years <i>Begin age 50 (45 in African Americans)</i>
CRC in FDRs any age	10 years	5 years <i>Begin age 40 or 10 years younger than age at diagnosis of youngest affected relative</i>	5 years <i>Begin age 40 or 10 years younger than age at diagnosis of youngest affected relative</i>
CRC in SDRs any age	10 years	10 years <i>Begin age 40</i>	-
AA in FDR<60	10 years	-	5 years <i>Begin age 40 or 10 years younger than age at diagnosis of youngest affected relative</i>
AP in FDR<60	10 years	5 years <i>Begin age 40 or 10 years younger than age at diagnosis of youngest affected relative</i>	-
AA in FDR≥60	10 years	-	10 years <i>Begin age 50 (45 in African Americans)</i>
AP in FDR≥60	10 years	10 years <i>Begin age 40</i>	-
AP in FDRs any age	10 years	5 years <i>Begin age 40 or 10 years younger than age at diagnosis of youngest affected relative</i>	-
AA in FDRs any age	10 years	-	5 years <i>Begin age 40 or 10 years younger than age at diagnosis of youngest affected relative</i>
Age 76-85	Do not screen routinely <i>In patients with adequate screening history</i>	-	-
Age >85	Do not screen	-	-

USPSTF notes:

- Recommendations exclude individuals with inherited syndromes (HNPCC and FAP) or IBD
- Recommendations include those with FDR who have had CRC or AP, although those with FDR who developed cancer at a younger age or those with multiple affected first-degree relatives, an earlier start to screening may be reasonable.
- When the screening test results in the diagnosis of clinically significant colorectal adenomas or cancer, the patient will be followed by a surveillance regimen and recommendations for screening are no longer applicable. The USPSTF did not address evidence for the effectiveness of any particular surveillance regimen after diagnosis and/or removal of adenomatous polyps.

AP=adenomatous polyp, AA=advanced adenoma, FDR=first-degree relative, FDRs=more than one first-degree relative, SDR=second-degree relative