# Understanding Task Force **Draft** Recommendations

U.S. Preventive Services TASK FORCE

This fact sheet explains the Task Force's draft recommendation statement on screening for colorectal cancer. It also tells you how you can send comments about the draft statement to the Task Force. Comments may be submitted from October 6 through November 2, 2015. The Task Force welcomes your feedback.

## Screening for Colorectal Cancer

The U.S. Preventive Services Task Force (Task Force) has issued a **draft recommendation statement** on *Screening for Colorectal Cancer.*

This draft recommendation statement applies to adults ages 50 and older who do not have signs or symptoms of colorectal cancer (CRC). It does not apply to people who are at increased risk of CRC because of a family history of certain genetic conditions linked to a high risk of CRC (such as Lynch syndrome or familial adenomatous polyposis) or who have a history of inflammatory bowel disease, previous non-cancer growths in the colon or rectum, or previous CRC.

The Task Force reviewed research studies on the potential benefits and harms of screening for CRC. The draft recommendation statement summarizes what the Task Force learned: (1) Adults ages 50 to 75 should be screened for CRC; and (2) adults ages 75 to 85 should talk with their doctors about whether they should be screened for CRC.

What is colorectal cancer? | **Colorectal cancer (CRC) is cancer that starts in the colon (the large intestine) or rectum (the passageway that connects the colon to the anus).**

### Facts about Colorectal Cancer

CRC usually develops slowly over a period of 10 to 15 years. It is the third most commonly diagnosed cancer in men and women and is the second leading cause of cancer death in the United States. In 2015, about 133,000 people will be diagnosed with CRC and about 50,000 will die from it.

The risk of developing CRC increases as people get older. Almost all cases of CRC occur in individuals age 50 and older. People with a family history of CRC and African Americans are at increased risk for the disease. Men also have a slightly higher risk than women of developing CRC.

### Screening for Colorectal Cancer

The goal of screening is to reduce the number of people who die from cancer. Getting screened—and treated early, if cancer is found—reduces the risk of dying from this disease.

Evidence clearly shows that several different types of screening tests reduce deaths from colorectal cancer, including:

- **Stool tests:** In these screening tests, stool is collected and sent to a lab. The lab can use several different types of tests to check for the presence of blood, which can be a sign of CRC or of noncancerous growths that can become CRC.
- **Flexible sigmoidoscopy combined with stool testing:** A procedure to look inside the rectum and sigmoid (lower) colon for abnormalities using a sigmoidoscope (a thin, flexible tube) that is inserted into the rectum. This procedure can be done every ten years with stool testing (described above) performed every year.
- **Colonoscopy:** A procedure to look inside the rectum and colon for abnormalities. A colonoscope (a thin, tube-like instrument with a light and lens for viewing) is inserted through the rectum into the colon. During this procedure, any abnormal tissue seen may also be sampled and removed. Colonoscopy is also used, when required, as a follow-up diagnostic test to other tests listed here.

Alternative tests with less evidence may also be useful in select circumstances, including:

- **CT colonography:** A procedure that uses a series of x-rays called computed tomography to take a series of pictures of the colon. A computer puts the pictures together to create detailed images that may show abnormalities on the inside surface of the colon.
- **Multi-targeted stool DNA testing:** A test of a stool sample that looks for DNA mutations that may indicate the presence of abnormalities; additionally, like other stool tests, it also looks for the presence of hidden blood.

### Potential Benefits and Harms of Colorectal Cancer Screening

The Task Force reviewed studies on the benefits and harms of screening for CRC. They found that there are several effective ways to be screened for CRC. The main benefit of CRC screening is that it can reduce the chance that a person will die from CRC. The Task Force found that adults ages 50 to 75 benefit the most from CRC screening. However, only about one-third of adults in this age group actually get CRC screening.

Adults ages 76 to 85 also may benefit, especially if they have never been screened before and are healthy enough to undergo treatment, if cancer is found.

CRC screening also has potential harms. These harms primarily result from the use of one specific type of screening test, a colonoscopy. They can happen as a result of the patient's preparation for the test (which can cause dehydration, especially in older adults), sedation used during the procedure (which can uncommonly cause heart or breathing problems), or the procedure itself (which can cause result in bleeding or a hole in the intestine).

The Task Force found that the potential harms of screening for colorectal cancer in adults ages 50 to 75 are small. As people get older, however, they are more likely to experience the harms of screening. In addition, it is less likely that they will be healthy enough to undergo treatment, or that they will see the benefits of that treatment, if abnormalities are found. People in the 76 to 85 age group should talk with their doctor to decide whether CRC screening is right for them. Adults older than 85 are more likely to experience the harms of CRC screening than to benefit from the screening.

## The Draft Recommendations on Screening for Colorectal Cancer: What Do They Mean?

Here are the Task Force's draft recommendations on screening for CRC. Recommendation statements have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. They also are based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends screening (**Grade A**), it is because it has more potential benefits than potential harms for the overall population covered by the recommendation. When the evidence shows that a screening test may have at least a small benefit for some individuals in the population, but not necessarily everyone, the Task Force gives it a **Grade C**. The Notes explain key ideas.

Before you send comments to the Task Force, you may want to read the full **draft recommendation statement**. The statement explains the evidence the Task Force reviewed and how it decided on the grade. **Evidence documents** provide more detail about the studies the Task Force reviewed.

1 The Task Force recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary. **Grade A**

2 The decision to screen adults ages 76 to 85 years for colorectal cancer should be an individual one, depending on overall health and prior screening history. **Grade C**

- Adults in this age group who have not previously been screened for colorectal cancer are more likely to benefit.
- Screening would be most appropriate among adults who: 1) are healthy enough to undergo treatment if colorectal cancer is detected, and 2) do not have comorbid conditions that would significantly limit life expectancy.

## Notes

1 **screening**
Using a test to detect CRC or abnormalities that might lead to CRC.

**risks and benefits of different screening methods vary**
Although all the recommended CRC screening tests reduce the risk of dying from the disease, they differ in the way they are used, and they have different risks and benefits. Importantly, the features of the different tests may make them more or less attractive to individual patients. Individuals ages 50 to 75 should talk with their doctors about which screening test is best for them.

2 **should be an individual one**
The benefits of CRC screening are smaller and the risks are higher for adults ages 76 to 85 than for adults ages 50 to 75. Individuals in this age group should talk with their doctor about whether CRC screening is right for them.

**comorbid conditions**
Other diseases or health conditions.

**life expectancy**
How much longer a person is likely to live.

## What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the **Task Force Web site**.

**Task Force Recommendation Grades**

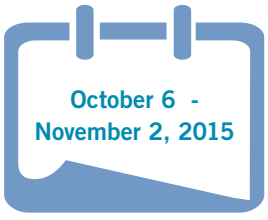
| Grade | Definition |
|---|---|
| A | Recommended. |
| B | Recommended. |
| C | Recommendation depends on the patient's situation. |
| D | Not recommended. |
| I statement | There is not enough evidence to make a recommendation. |

### Click Here to Learn More About Colorectal Cancer and Screening

- **Colorectal Cancer** (National Cancer Institute)
- **Get Tested for Colorectal Cancer** (healthfinder.gov)
- **Colorectal Cancer: Questions for the Doctor** (healthfinder.gov)

## Click Here to Comment on the Draft Recommendation

The Task Force welcomes comments on this draft recommendation.




Comments must be received between **October 6** and **November 2, 2015**.

All comments will be considered for use in writing final recommendations.