

TARGET POPULATION

Asymptomatic adult population

EXCLUSIONS

Individuals with signs or symptoms suggesting colorectal cancer (CRC)

RISK ASSESSMENT

- ✓ Assess risk for colorectal cancer (CRC) to determine when to start screening, the appropriate screening test and frequency.
- ✓ An assessment for risk of CRC should occur earlier than 50
- ✓ Assess for indicators of increased risk including family and/or personal history of colorectal cancer, colonic adenomas or inflammatory bowel disease, and high risk CRC conditions, i.e., Lynch syndrome, Familial Adenoma Polyposis (FAP)

AVERAGE RISK POPULATION

50 TO 74 YEARS OF AGE

- ✓ Screening is recommended every 1 to 2 years with the **Fecal Immunochemical Test (FIT)**
- ✓ If the FIT result is positive, promptly refer for a colonoscopy. Use local CRC screening program or endoscopist, depending on available resources.
- ✓ Wait 10 years after a normal colonoscopy to start or re-start screening with FIT. If the quality of the colonoscopy was uncertain, start or re-start screening with FIT 5 years after the colonoscopy.

75 YEARS OF AGE AND OLDER

- X As a general practice, **DO NOT** screen asymptomatic patients with a life expectancy of less than 10 years and no family or personal history of colorectal neoplasia.
- ✓ The decision to screen individuals over 74 should be done on a case-by-case basis following a discussion between the client and healthcare provider regarding potential benefits and risks of screening, current medical status, and informed client preferences.
- ✓ Individuals over the age of 74 who would benefit from screening should be referred to the endoscopist for colonoscopy as they are not eligible for screening at local CRC screening programs.

WHEN NOT TO USE FIT*

- X **DO NOT** use as a diagnostic test for CRC in **symptomatic** patients (e.g., reported bloody stools or recent change in bowel habit)

- X DO NOT use to determine or exclude a cause for anemia
- X DO NOT use when an average risk patient has had a high quality colonoscopy within the past 10 years
- X DO NOT use as a CRC screening test when the patient has an acute gastrointestinal (G) condition and/or where bleeding is occurring or highly likely: such as inflammatory bowel disease, acute gastroenteritis or C. difficile colitis, actively bleeding hemorrhoids or anal fissure.

*See the Alberta Colorectal Cancer Screening Program flow chart – Does My Patient Need a FIT?
<https://screeningforlife.ca/wp-content/uploads/2020/02/ACRCSP-Does-my-patient-need-a-FIT.pdf>

CRC SCREENING PROGRAMS

EDMONTON ZONE

SCOPE Program: Edmonton AB T5K 0C0

Phone 780.342.0180

Fax 780.342.0311

Email: scope@albertahealthservices.ca

Website:

<https://www.albertahealthservices.ca/findhealth/service.aspx?id=1011952>

CALGARY ZONE

Forzani and MacPhail Colon Cancer Screening Centre: Teaching, Research and Wellness Building (TRW)

6th Floor, 3280 Hospital Drive NW

Calgary AB T2N 4N1

Phone 403.944.3800

Fax: 403.944.3838

Website: <http://www.albertahealthservices.ca/ccsc.asp>

SOUTH ZONE

Lethbridge and Area Colorectal Cancer Screening Program

2100 11 Street

Coaldale AB T1M 1L2

Phone 403.345.7009

Fax 403.345.2698

Medicine Hat Colorectal Cancer Screening Clinic

666 5th Street SW

Medicine Hat AB T1A 4H6

Phone 403.529.8016

Fax 403.528.5644

GENERAL RESOURCES

Colorectal Cancer Screening: <https://screeningforlife.ca/colorectal/>

Cancer CARE Alberta: <https://www.albertahealthservices.ca/cancer/cancer.aspx>

Post Polypectomy Surveillance Guidelines available at: <https://screeningforlife.ca/wp-content/uploads/2019/12/ACRCSP-Post-Polypectomy-Surveillance-Guidelines-June-2013.pdf>