

Colon Cancer Screening Recommendation

Colon cancer is the second leading cause of cancer death in North Carolina and the US. The disease affects both men and women and persons of all races/ethnicities. Deaths are higher among men and African Americans.

Treatment following early detection by screening lowers deaths from colon cancer. Screening also can prevent colon cancer by finding and removing polyps before they become cancerous. Expert groups (such as the US Preventive Services Task Force, the American Cancer Society, the American Gastroenterological Association, and others) recommend periodic colon cancer screening for all normal risk and asymptomatic persons ages 50 years and older. Persons at higher risk due to family or personal medical history should consider periodic screening beginning at an earlier age.

Options for colon cancer screening include the fecal occult blood test (FOBT), endoscopy (flexible sigmoidoscopy, colonoscopy), and double contrast barium enema (DCBE). Other tests (such as fecal DNA tests and virtual colonoscopy) have not yet been demonstrated to be effective. Evidence suggests that in a long-term screening program no current test option is clearly superior in benefit and/or cost-effectiveness. The tests differ in terms of invasiveness, frequency, and cost. Because no single screening test is best, individuals should discuss with their healthcare provider the options and choose the screening test that is best fits their personal preferences.

Overall screening rates in North Carolina are lower than optimal. Rates are even lower among those without health insurance and with lower incomes. Increasing colon cancer screening in North Carolina will lower the number of cancer death and new cases. To be effective, however, screening must be followed by appropriate follow-up of positive test results and treatment for those diagnosed with colon cancer.

The North Carolina Advisory Committee on Cancer Coordination and Control recommends that individuals discuss colon cancer screening with their healthcare provider at age 50 or sooner if there is a personal or family history that increases risk of colon cancer. The public and healthcare providers should follow current expert group guidelines for colon cancer screening. Further, the Advisory Committee recommends community, provider, policy, and other efforts to increase colon cancer screening in North Carolina. Efforts to increase screening should promote and support informed patient choice of a screening test. Efforts to increase screening should also reach all segments of the population and must be accompanied by efforts to assure follow-up and treatment, particularly among those with lowered access to care because of financial or insurance issues, race or ethnicity, or disability status.

The Advisory Committee recommends that scientific evidence related to colon cancer screening be re-examined in five years (2011). If, however, compelling evidence regarding screening becomes available before the scheduled review, the Advisory Committee recommends immediate review of the current position statement.

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