

APPENDIX 2. SCREENING RECOMMENDATIONS FOR ADULTS ≥50 YEARS AT AVERAGE RISK

	Fecal Occult Blood Test (FOBT)	Colonoscopy*	Flexible Sigmoidoscopy	Double-Contrast Barium Enema (DCBE)
Guidelines Advisory Committee (2008) , endorsed Australian Cancer Network (2005)	At least every 2 years (Recommendation A, Level of evidence I-2) For positive result, do colonoscopy	Insufficient evidence to include or exclude as primary screening tool	Every 5 years Recommendation equivocal" (II-2)	Not considered
American Cancer Society, U.S. Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology (2008)	Annual gFOBT <i>if</i> test with high sensitivity available. (I-III) Effective for early detection of CRC. Follow-up vital for effectiveness.	Every 10 years Recommended for detection of adenomas and colorectal cancer (III, as no prospective RCTs of screening colonoscopy)	Every 5 years Recommended as option for detection of adenomas as well as colorectal cancer (II-2)	Every 5 years DCBE and CT colonography recommended as options for detection of adenomas and colorectal cancer (III)
Canadian Association of Gastroenterology (2004); American Gastroenterological Association (2003)	Every 2 years (Canadian) Every year (US) (I-2) For positive result, do colonoscopy	Every 10 years (not supported by direct evidence)	Every 5 years (II-2) Can combine yearly FOBT with sigmoidoscopy every 5 years (I-2, II-1, II-2). Do FOBT first	Every 5 years (II-1 [confidence intervals wide], II-2)
US Preventive Services Task Force (2002)	Periodic (A, I-2) Note: Annual FOBT offers greater reductions in mortality rates than biennial screening but produces more false-positive results and is more costly	Insufficient evidence to recommend for or against routine use for screening	Periodic (B, I-2, II-2) Insufficient evidence to determine if combination of FOBT and sigmoidoscopy is superior to either test alone	Insufficient evidence to recommend for or against
Canadian Task Force on Preventive Health Care (2001)	Include annual or biennial Hemoccult test in PHE (A, I)	Insufficient evidence to include or exclude as primary screening tool	Include in PHE (B, II-2, III) Insufficient evidence re: whether only 1 or both of FOBT and sigmoidoscopy be performed	Not considered

* The updated Preventive Care Checklist (www.cfp.ca/cgi/reprint/54/1/84) states: "Colonoscopy every 10 years can be considered as a screening option, though controlled studies of efficacy are lacking."

Sources:

- Guidelines Advisory Committee. Colorectal Cancer Screening. 2008 <http://gacguidelines.ca> accessed April 2008.
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- Levin B, Lieberman DA, McFarland B, et al for the American Cancer Society Colorectal Cancer Advisory Group, the US Multi-Society Task Force, and the American College of Radiology Colon Cancer Committee. Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008: A Joint Guideline. CA: A Cancer Journal for Clinicians 2008; Mar 5 [Epub ahead of print] <http://caonline.amcancersoc.org/cgi/content/full/CA.2007.0018v1>
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