

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/analyzing-updates-from-the-nccn-guidelines-for-colorectal-cancer-screening/36481/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

---

## Analyzing Updates from the NCCN Guidelines for Colorectal Cancer Screening

### Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Reid Ness, who will be discussing updates from the NCCN Guidelines for Colorectal Cancer Screening, focusing on screening recommendations for patients at average and increased risk. Dr. Ness is an Associate Professor of Medicine at Vanderbilt University Medical Center in Nashville, Tennessee, faculty with the Vanderbilt Ingram Cancer Center, and the Chairman of the committee that developed the colorectal cancer screening guidelines. Here he is now.

### Dr. Ness:

According to all current guidelines for colorectal cancer screening, individuals at risk for colorectal cancer should begin screening at age 45 and continue through age 75, assuming a life expectancy of at least 10 years. The guidelines also advised for individualized decisions for those aged 76 to 85. So what does this mean?

The guidelines previously recommended a beginning of screening for colorectal cancer at age 50. In the past five years, all guidelines have lowered to age 45 as the starting age based upon the results of modeling studies that show increased effectiveness and cost-effectiveness by beginning screening at age 45. This also was prompted by the well-publicized increase in colorectal cancer incidence occurring in those patients less than age 50.

We recommend that colorectal cancer screening be continued through age 75 in all individuals who are not believed to be dying of another cause and have a life expectancy of less than 10 years. Between 76 and 85, we advise individualized decision-making. And what do we mean by that? Well, a patient who has had, let's say, three previous colonoscopies that were negative at age 50, 60, and 70, probably that person has declared themselves not a polyp producer, and their risk of colorectal cancer is very, very low, and stopping at age 75 is more than appropriate.

On the other hand, a patient who has had repeated colonoscopies with multiple polyps or multiple large polyps, perhaps we want to continue screening for that patient into their late 70s and early 80s.

The guidelines do say that adults under 45 years of age with alarm symptoms should not be dismissed, especially given the rising incidence of colorectal cancer in patients before the age of 50. To be honest, these symptoms shouldn't be dismissed in any person. In fact, all patients, regardless of age, who present with symptoms or signs potentially associated with colorectal cancer including, let's say, rectal bleeding, iron deficiency anemia, unexplained abdominal pain, or unexplained weight loss should undergo a prompt tailored evaluation for both GI and non-GI sources of blood loss.

When it comes to increased risk groups, the update expands colorectal cancer screening guidance to survivors of childhood, adolescent, and young adult cancers, particularly those exposed to chemotherapy or radiation. We now recommend colonoscopy starting at age 35 or 10 years after treatment, whichever occurs last, for those previously treated with chemotherapy. Unfortunately, many times in saving our patients from other cancers, we put them at risk for cancers in other areas of the body. The change in these guidelines really was made to better reflect current data. Furthermore, patients who have had radiation therapy involving the abdominal pelvic field, we should have colonoscopy starting at age 30 or five years after the last treatment, whichever occurs last. They then should be surveyed every five years, similar to the patients who previously had chemotherapy, because of their increased risk of colorectal cancer.

**Announcer:**

That was Dr. Reid Ness talking about screening considerations for patients at average and increased risk of colorectal cancer. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!