AGA INSTITUTE GUIDELINES FOR THE
Early Detection of Colorectal Cancer and Adenomatous Polyps
CLINICAL DECISION SUPPORT TOOL

ALGORITHM ONE

Step 1: Identify higher than average-risk individuals

Higher Risk

Average Risk ≥ 50 years

Step 2: Shared Decision Making Screening options

*Personal hx of CRC
*Personal hx of adenoma
*Personal hx of UC or Crohn’s colitis
*Family history of CRC in first-degree relative

Refer to Specialist

Structural Exam of Colon

PRIMARY AIMS:
• Detection of early-stage CRC
• CRC prevention by detection/removal of adenomas (Sensitivity for adenomas 80-90%)

Noninvasive Stool-based test

PRIMARY AIM:
• Detection of early-stage CRC
SECONDARY AIM:
• Some cancer prevention by detection/removal of adenomas (Sensitivity for adenomas <50%)

Review online at www.gastro.org/XXX
ALGORITHM TWO

Structural Exam of Colon
• Options include colonoscopy, sigmoidoscopy or CT colonography
• All require adequate bowel prep

Noninvasive Stool-based test
• Options include FIT or Stool DNA
• Sample obtained at home
• No bowel prep required

CT Colonography
NEGATIVE
Repeat 5 years
POSITIVE*
Flexible Sigmoidoscopy
NEGATIVE
Repeat 5 years
POSITIVE*
Colonoscopy
NEGATIVE
Repeat 10 years
POSITIVE*
Polyp Surveillance Algorithm (ref)
NEGATIVE
POSITIVE*
CRC
NEGATIVE
Interval uncertain
POSITIVE
Referral for Surgery/Oncology

Fecal Immunochemical Test (FIT)
NEGATIVE
Repeat annually
POSITIVE
Stool DNA
NEGATIVE
Interval uncertain

* Polyp/adenoma