Updated Canadian colorectal cancer screening guidelines

Updated Canadian guidelines recommend that low-risk adults aged 50 to 74 years should be screened for colorectal cancer with faecal occult blood testing (FOBT) or faecal immunochemical testing (FIT) every 2 years, or flexible sigmoidoscopy every 10 years, rather than colonoscopy.

The latest recommendations from the Canadian Task Force (CTF) on Preventive Health Care update the previous guidance from 2001, which did not rule out the use of colonoscopy as an initial screening test.

The new guidelines state that there is no evidence to support the use of colonoscopy as a primary screening tool for colorectal cancer in the general population. The guidelines further recommend not screening people aged 75 years and older for colorectal cancer if they are asymptomatic. However, there is strong evidence to screen people aged 60 to 74 years. Individuals aged 50 to 59 years have a lower incidence of colorectal cancer and the guidelines recommend that physicians discuss screening preferences with patients in this age group.

Lead researcher Dr Maria Bacchus (University of Calgary, Calgary AB, Canada) said “This updated guideline is designed to promote the message that screening for colorectal cancer among those aged 50–74 can save lives. Current levels of uptake for screening are low, ranging from 20% to 40% across the Canadian provinces.”

Baccus continued “the evidence has moved on since the 2001 guideline. At that time, we could not make a recommendation on the use of colonoscopy. Now we have found that there is no evidence to support its use. The [current] guideline recommends the use of FOBT or flexible sigmoidoscopy. However, flexible sigmoidoscopy is not widely available in Canada. Ontario is the only province using it.”

Dr Robert Smith (American Cancer Society, Atlanta, GA, USA) added “The new CTF colorectal cancer screening guideline is somewhat similar to US recommendations, but in general it is more conservative, limiting recommended screening tests to biennial stool testing or flexible sigmoidoscopy every 10 years, and stopping screening at an earlier age.”

Smith said “US guidelines offer a greater range in the choice of tests, in particular the inclusion of colonoscopy every 10 years, which also is important because adults have definite preferences for the screening tests they are willing to use. While colonoscopy is expensive and complex, it has contributed to a significant reduction in colorectal cancer mortality in the US.”

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