

COLORECTAL CANCER SCREENING (CRC) USPSTF POCKET GUIDE (AVERAGE-RISK) —2026

TARGET POPULATION

Average-risk, asymptomatic adults with no personal history of CRC, adenomatous polyps, inflammatory bowel disease, or high-risk genetic syndromes (e.g., Lynch syndrome, familial adenomatous polyposis).

EXCLUSIONS

(These require earlier and more intensive surveillance, not covered in this guide)

- Personal/family history of CRC or polyps.
- Inflammatory bowel disease (ulcerative colitis/Crohn's).
- Genetic syndromes (e.g., Lynch, FAP).

RECOMMENDED AGES TO SCREEN

Age Group	Action
45–49	Offer screening
50–75	Routinely screen — highest net benefit.
76–85	Selectively offer screening – consider health status, prior screening history, patient preference.
85+	Do not screen — harms outweigh benefits.

SCREENING OPTIONS & INTERVALS

Multiple acceptable strategies — choice should be individualized based on patient preference, access, and risk factors. All tests with abnormal results require **colonoscopy follow-up**.

Stool-Based Tests

Test	Frequency	Notes
FIT (fecal immunochemical test)	Annually	Most common non-invasive option.
Stool DNA-FIT (e.g., Cologuard)	Every 1–3 years	Detects DNA markers + FIT.

Direct Visualization

Test	Frequency	Notes
Colonoscopy	Every 10 years	Gold standard; allows polyp removal.
CT Colonography	Every 5 years	Requires bowel prep; may detect extracolonic findings.
Flexible Sigmoidoscopy	Every 5 years	Less extensive; requires follow-up colonoscopy if abnormal.

CHOOSING A SCREENING STRATEGY – QUICK TIPS

- **Highest adherence:** Choose a test the patient is willing to complete — annual tests require adherence yearly, colonoscopy less often but requires prep and sedation.
- **Colonoscopy:** Best for both screening + preventative treatment (removal of polyps).
- **FIT/Stool DNA:** Convenient at home; good for patients reluctant to undergo colonoscopy. Cologuard is only every 3 years.
- **CT Colonography/Flexible Sigmoidoscopy:** Alternatives when colonoscopy is not feasible.

SUMMARY

- Screen average-risk adults starting at age 45–75 routinely, tailor 76–85, stop after 85.
- For best compliance, consider Cologuard every 3 years or colonoscopy every 10 years.

