

## TARGET POPULATION

Asymptomatic adult population

## EXCLUSIONS

Individuals with signs or symptoms suggesting colorectal cancer (CRC)

## RISK ASSESSMENT

- ✓ Assess risk for colorectal cancer (CRC) to determine when to start screening, the appropriate screening test and frequency.
- ✓ An assessment for risk of CRC should occur earlier than 50.
- ✓ Assess for indicators of increased risk including family and/or personal history of colorectal cancer, colonic adenomas or inflammatory bowel disease, and high risk CRC conditions, i.e., Lynch syndrome, Familial Adenoma Polyposis (FAP).

## AVERAGE RISK POPULATION (50 TO 74 YEARS OF AGE)

- ✓ Screening is recommended every 1 to 2 years with the Fecal Immunochemical Test (FIT).
- ✓ If the FIT result is positive, promptly refer for a colonoscopy. Use local CRC screening program (see Colorectal Cancer Screening CPG Appendix A) or endoscopist, depending on available resources.
- ✓ Wait 10 years after a normal colonoscopy to start or re-start screening with FIT. If the quality of the colonoscopy was uncertain, start or re-start screening with FIT 5 years after the colonoscopy.

## **75 YEARS OF AGE AND OLDER**

- X As a general practice, **DO NOT** screen asymptomatic patients with a life expectancy of less than 10 years and no family or personal history of colorectal neoplasia.
- ✓ The decision to screen individuals over 74 should be done on a case-by-case basis following a discussion between the client and healthcare provider regarding potential benefits and risks of screening, current medical status and informed client preferences.

## WHEN NOT TO USE FIT\*

- X **DO NOT** use as a diagnostic test for CRC in **SYMPTOMATIC** patients (e.g., reported bloody stools or recent change in bowel habit).
- X **DO NOT** use to determine or exclude a cause for anemia.

- X DO NOT use when an average risk patient has had a high quality colonoscopy within the past 10 years.
- X DO NOT use as a CRC screening test when the patient has an acute gastrointestinal (GI) condition and/or where bleeding is occurring or highly likely such as inflammatory bowel disease, acute gastroenteritis or C. difficile colitis, actively bleeding hemorrhoids or anal fissure.

\*See the Alberta Colorectal Cancer Screening Program flow chart – Does My Patient Need a FIT?  
[screeningforlife.ca/wp-content/uploads/2020/02/ACRCSP-Does-my-patient-need-a-FIT.pdf](http://screeningforlife.ca/wp-content/uploads/2020/02/ACRCSP-Does-my-patient-need-a-FIT.pdf)

## CRC SCREENING PROGRAMS

### **EDMONTON ZONE**

**SCOPE Program:** Edmonton AB T5K 0C0

Phone: 780-342-0180

Fax: 780-342-0311

Email: [scope@albertahealthservices.ca](mailto:scope@albertahealthservices.ca)

Website: [albertahealthservices.ca/findhealth/service.aspx?Id=1011952](http://albertahealthservices.ca/findhealth/service.aspx?Id=1011952)

### **CALGARY ZONE**

**Forzani and MacPhail Colon Cancer Screening Centre:**

Teaching, Research and Wellness Building (TRW)

6th Floor, 3280 Hospital Drive NW

Calgary AB, T2N 4N1

Phone: 403-944-3800

Fax: 403-944-3838

Website: [albertahealthservices.ca/info/ccsc.aspx](http://albertahealthservices.ca/info/ccsc.aspx)

### **SOUTH ZONE**

**Lethbridge and Area Colorectal Cancer Screening Program**

2100 11 Street

Coaldale AB T1M 1L2

Phone: 403-345-7009

Fax: 403-345-2698

**Medicine Hat Colorectal Cancer Screening Clinic**

666 5th Street SW

Medicine Hat AB T1A 4H6

Phone: 403-529-8016

Fax: 403-528-5644

## GENERAL RESOURCES

Colorectal Cancer Screening: [screeningforlife.ca/colorectal/](http://screeningforlife.ca/colorectal/)

Cancer Care Alberta: [albertahealthservices.ca/cancer/cancer.aspx](http://albertahealthservices.ca/cancer/cancer.aspx)

Post Polypectomy Surveillance Guidelines available at: [screeningforlife.ca/wp-content/uploads/2019/12/ACRCSP-Post-Polypectomy-Surveillance-Guidelines-June-2013.pdf](http://screeningforlife.ca/wp-content/uploads/2019/12/ACRCSP-Post-Polypectomy-Surveillance-Guidelines-June-2013.pdf)