



Information for Patients  
**American College of Gastroenterology**  
 Recommendations for Colorectal Cancer Prevention

**Surveillance:** For Persons Who Have Had Colorectal Cancer or Pre-cancerous Polyps

Findings of Most Recent Colonoscopy	ACG Recommendations
Colorectal Cancer	Interval Colonoscopy <sup>^</sup>
Pre-cancerous Polyps	Interval Colonoscopy <sup>^</sup>
Normal	Colonoscopy - usually in 5 years

<sup>^</sup>Most patients can have their next colonoscopy in 3-5 years, but some patients will need colonoscopy repeated in as little as 3 months to 1 year. Medicare allows colonoscopy as frequently as every 2 years to allow for special circumstances and covers more frequent intervals when medically indicated. Your gastrointestinal specialist will decide what interval is appropriate in your case.

**Note:** Patients with ulcerative colitis involving most of the colon for 8 years or more, or involving the left colon only for 15 years or more, or having Crohn's colitis for many years are at special risk. They should undergo colonoscopy every 1 to 2 years.



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**Screening:** For persons who have never had a colorectal cancer or pre-cancerous polyp (adenoma)

Risk Category	Definition	Age to Start Screening	ACG Recommended Screening	Alternative Strategy
Average	Age 50 or older and no other risk factors	50 years	Colonoscopy every 10 years	Annual fecal occult blood test plus flexible sigmoidoscopy every 5 years
Moderately Increased <sup>#</sup>	One First Degree Relative [immediate family member – mother, father, brother, sister] with colorectal cancer* diagnosed at age 60 or older	40 years	Colonoscopy <sup>^</sup> at least every 10 years	Annual fecal occult blood test plus flexible sigmoidoscopy every 5 years
High	Two or more First Degree Relatives [immediate family member – mother, father, brother, sister] with colorectal cancer* or one diagnosed with colorectal cancer at age less than 60	40 years or 10 years younger than age at diagnosis of the youngest affected relative, whichever is earlier	Colonoscopy <sup>^</sup> every 3 to 5 years	No alternative is considered adequate

\* A family history of pre-cancerous polyps predicts increased risk also. Screening recommendations for persons with a family history of polyps should be individualized, but screening is often similar to that used in persons with a family history of colorectal cancer.

<sup>^</sup>Medicare allows colonoscopy as often as every two years, which may be needed depending on other factors. Your gastrointestinal specialist will decide what interval is appropriate in your case.

<sup>#</sup> Medicare benefits offered to the patient on same basis as high risk.

**Note:** Genetic testing (blood sample testing) is available only for Familial Adenomatous Polyposis and Hereditary Nonpolyposis Colorectal Cancer. These are rare inherited syndromes that are not fully addressed here.