

TABLE 2

Recommended CRC Screening Modalities With Interval Screening Recommendations for Average-Risk Individuals

Screening modality	Pros	Cons	Performance characteristics	Recommended interval (years)
One-step Colonoscopy	Diagnostic and therapeutic, infrequent	Operator dependent, bowel preparation, sedation, complications in 4 to 8 per 10,000	31% to 73% reduction in CRC incidence 65% to 88% reduction in CRC mortality	10*
Two-step† Stool tests				
FIT	Noninvasive, done at home, single sample, no medication or dietary restrictions	Low sensitivity for advanced adenomas, no detection for serrated lesions	Effect on CRC incidence and mortality unknown 79% sensitive and 94% specific for CRC	1
Multitarget stool DNA test	Noninvasive, done at home, higher sensitivity for advanced adenomas and serrated lesions than FIT	More expensive than FIT, more false positives than FIT, unknown repeat interval, unknown harms from positive test with negative colonoscopy	Effect on CRC incidence and mortality unknown 92% sensitive and 87% specific for CRC	3
Imaging				
Flexible sigmoidoscopy	Lower risk complications compared with colonoscopy	Enema preparation, sedation	21% reduction in CRC incidence 26% reduction in CRC mortality 90% to 100% sensitivity for distal CRC	5 to 10
Computed tomographic colonography	Less invasive, no sedation, minimal complications	Bowel preparation, trained radiologist dependent, incidental findings on computed tomography requiring follow-up	Effect on CRC incidence and mortality unknown 90% to 100% sensitivity for CRC Reduced sensitivity for flat, sessile, serrated lesions	5
Colon video capsule	Minimally invasive, newer tests can be performed at home, no sedation	Bowel preparation, unknown repeat interval	Effect on CRC incidence and mortality unknown 81% sensitive and 93% specific for detecting polyps ≥ 6 mm	5

Note: Colonoscopy and FIT are strongly recommended as primary modalities for CRC screening.

CRC = colorectal cancer; FIT = fecal immunochemical testing.

*—Recommend screening every 5 years for patients who have a first-degree relative with CRC.

†—All positive results require follow-up colonoscopy.

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