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

Screening modality	Pros	Coms	Performance characteristics	Recommended interval (years)
One-step				
Colonoscopy	Diagnostic and ther- apeutic, infrequent	Operator dependent, bowel preparation, sedation, compli- cations in 4 to 8 per 10,000	31% to 73% reduction in CRC incidence	10*
			65% to 88% reduction in CRC mortality	
Two-step+				
Stool tests				
RT	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	1
			79% sensitive and 94% specific for CRC	
Multitarget stool DNA test	Noninvasive, done at home, higher sen- sitivity for advanced adenomas and ser- rated lesions than FIT	More expensive than FIT, more false positives than FIT, unknown repeat inter- val, unknown harms from positive test with negative colonoscopy	Effect on CRC incidence and mortality unknown	3
			92% sensitive and 87% specific for CRC	
Imaging				
Flexible sig- moidoscopy	Lower risk complica- tions compared with colonoscopy	Enema preparation, sedation	21% reduction in CRC incidence	5 to 10
			26% reduction in CRC mortality	
			90% to 100% sensitivity for distal CRC	
Computed tomographic colonography	Less invasive, no sedation, minimal complications	Bowel preparation, trained radiologist dependent, incidental findings on com- puted tomography requiring follow-up	Effect on CRC incidence and mortality unknown	5
			90% to 100% sensitivity for CRC	
			Reduced sensitivity for flat, sessile, serrated lesions	
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	5
			81% sensitive and 93% specific for detecting polyps ≥ 6 mm	

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.

t-All positive results require follow-up colonoscopy.

Ama Guidelines For Colonoscopy

John I. Allen

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Pfenninger and Fowler's Procedures for Primary Care E-Book Grant C. Fowler, 2019-03-24 Primary care clinicians are performing more varied procedures than ever before and physicians residents and students need a comprehensive authoritative resource that provides trusted information in an easy to follow format Through three outstanding editions Pfenninger and Fowler's Procedures for Primary Care has been the go to reference for step by step strategies for nearly every medical procedure that can be performed in an office hospital or emergency care facility by primary care providers This 4th Edition continues that tradition with new section editors updated illustrations new chapters and much more No other primary care procedure book compares with Pfenninger and Fowler's breadth and depth of practical step by step content Provides comprehensive real world coverage of more than 230 procedures that arise in the primary care setting including many that were previously performed only in subspecialty settings such as joint injections and cosmetic procedures Includes new chapters Esophageal Foreign Body Removal Manual Testicular Detorsion Symphysiotomy Zipper Injury Management and Blood Products Presents the how to expertise of six new section editors for a fresh contemporary perspective throughout the book Additional focus on the evidence with plentiful citations to key references makes this the most evidence based edition yet Features numerous updated illustrations including many more in full color and incorporates updated ICD 10 CM codes throughout Provides access to online resources including patient education handouts and consent forms lists of device manufacturers and more Utilizes a concise outline format detailed text and illustrations and abundant boxes and tables for guick access to the information you need Enhanced eBook version included with purchase which allows you to access all of the text figures and references from the book on a variety of devices **Pocket Guide to Colorectal** Cancer Deborah T. Berg, 2003 This easy to use reference provides nurses with practical material that is useful in the day to day care of patients with colorectal cancer Divided into five sections the text covers the basics of colorectal cancer disease assessment therapeutic approaches and nursing care treatment of recurrent and metastatic colorectal cancer and care of the individual with colorectal cancer Quality of life advanced symptom management and survivorship are also explored and offer Emerging therapeutic targets, potential diagnostic or prognostic insight into the colorectal cancer experience markers for colorectal cancer Muzafar Ahmad Macha, Nadia M. Hamdy, Zhanlong Shen, 2023-06-09 Colonoscopy Jerome D. Waye, Douglas K. Rex, Christopher B. Williams, 2008-04-15 First Edition Winner of 2004 BMA Medical Book Competitionin Gastroenterology A state of the art reference guide covering all aspects of the performance technical and clinical background tocolonoscopy The second edition of this prize winning book is written by someof the world s foremost experts in the field of colonoscopyand colonic imaging Every chapter has been updated and 5 newchapters have been added to include the latest information and advances in the field of colonoscopy Capsule Colonoscopy Narrow Band Imaging Confocal Endomicroscopy Endoscopic Submucosal Dissection in the Colon New Colonoscopes and Assist Devices Drawing on

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Table of Contents Ama Guidelines For Colonoscopy

- 1. Understanding the eBook Ama Guidelines For Colonoscopy
 - The Rise of Digital Reading Ama Guidelines For Colonoscopy
 - Advantages of eBooks Over Traditional Books
- 2. Identifying Ama Guidelines For Colonoscopy
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
- 3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Ama Guidelines For Colonoscopy
 - User-Friendly Interface
- 4. Exploring eBook Recommendations from Ama Guidelines For Colonoscopy
 - Personalized Recommendations
 - Ama Guidelines For Colonoscopy User Reviews and Ratings
 - Ama Guidelines For Colonoscopy and Bestseller Lists
- 5. Accessing Ama Guidelines For Colonoscopy Free and Paid eBooks

- Ama Guidelines For Colonoscopy Public Domain eBooks
- Ama Guidelines For Colonoscopy eBook Subscription Services
- Ama Guidelines For Colonoscopy Budget-Friendly Options
- 6. Navigating Ama Guidelines For Colonoscopy eBook Formats
 - o ePub, PDF, MOBI, and More
 - Ama Guidelines For Colonoscopy Compatibility with Devices
 - Ama Guidelines For Colonoscopy Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Ama Guidelines For Colonoscopy
 - Highlighting and Note-Taking Ama Guidelines For Colonoscopy
 - Interactive Elements Ama Guidelines For Colonoscopy
- 8. Staying Engaged with Ama Guidelines For Colonoscopy
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Ama Guidelines For Colonoscopy
- 9. Balancing eBooks and Physical Books Ama Guidelines For Colonoscopy
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Ama Guidelines For Colonoscopy
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Ama Guidelines For Colonoscopy
 - Setting Reading Goals Ama Guidelines For Colonoscopy
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Ama Guidelines For Colonoscopy
 - Fact-Checking eBook Content of Ama Guidelines For Colonoscopy
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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