

U.S. Preventive Services Task Force Issues Draft Recommendation on Screening for Colorectal Cancer

Colorectal cancer screening saves lives, and adults ages 45 to 75 should be screened

WASHINGTON, D.C. – October 27, 2020 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for colorectal cancer. For the first time, the Task Force is recommending that screening start at age 45. **This is a B recommendation.** The Task Force continues to strongly recommend screening people who are 50 to 75 years old. **This is an A recommendation.** Overall, people ages 45 to 75 should be screened to reduce their risk of dying from this disease.

For adults ages 76 to 85, the Task Force continues to recommend that the decision to screen be made on an individual basis. **This is a C recommendation.** These draft recommendations all apply to adults without symptoms and who do not have a personal history of colorectal polyps, or a personal or family health history of genetic disorders that increase the risk of colorectal cancer.

Colorectal cancer is a devastating disease and is the third leading cause of cancer deaths in the United States. Despite strong evidence that screening for colorectal cancer is effective, about a quarter of people ages 50 to 75 have never been screened.

“Unfortunately, not enough people in the U.S. receive this effective preventive service that has been proven to save lives,” says Task Force chair Alex Krist, M.D., M.P.H. “We hope that this recommendation to screen people ages 45 to 75 for colorectal cancer will encourage more screening and reduce people's risk of dying from this disease.”

Black adults get colorectal cancer more often than other populations and are more likely to die from this disease. The Task Force recognizes this disproportionate risk and encourages clinicians to offer recommended colorectal cancer screening to their Black patients beginning at age 45.

“New science about colorectal cancer in younger people has enabled us to expand our recommendation to screen all adults starting at age 45, especially Black adults who are more likely to die from this disease,” says Task Force member Michael Barry, M.D. “Screening earlier will help prevent more people from dying from colorectal cancer.”

In this draft recommendation, there are two types of tests that are recommended to screen for colorectal cancer: direct visualization tests and stool-based tests.

“There are many tests available that can effectively screen for colorectal cancer,” says Task Force member Martha Kubik, Ph.D., R.N. “We urge primary care clinicians to discuss the pros and cons of the various recommended options with their patients to help decide which test is best for each person.”

The Task Force’s draft recommendation statement, draft evidence review, and draft modeling report have been posted for public comment on the Task Force website at www.uspreventiveservicestaskforce.org. Comments can be submitted from October 27, 2020, to November 23, 2020, at www.uspreventiveservicestaskforce.org/tfcomment.htm.

Grades in this recommendation:

A: Recommended.

B: Recommended.

C: The recommendation depends on the patient’s situation.

[Learn more here](#)

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Krist is a professor of family medicine and population health at Virginia Commonwealth University (VCU) School of Medicine and an active clinician and teacher at the Fairfax Family Practice Residency. He is director of the Virginia Ambulatory Care Outcomes Research Network and director of community-engaged research at the VCU Wright Center, and a member of the Cancer Prevention and Control research program at the VCU Massey Cancer Center.

Dr. Barry is director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a clinician at Massachusetts General Hospital.

Dr. Kubik is a professor and director of the School of Nursing, College of Health and Human Services at George Mason University. Dr. Kubik is a nurse scientist, active researcher, and past standing member on the National Institutes of Health's Community-Level Health Promotion Study Section. Dr. Kubik is an advanced practice nurse and fellow of the American Academy of Nursing.

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