# Guidelines For Colorectal Cancer Screening

### PATIENT DESCRIPTION  
EVALUATION INDICATED

<table>
<thead>
<tr>
<th></th>
<th>Digital Rectal Exam</th>
<th>Stool Hemoccult</th>
<th>Colonoscopy</th>
<th>Sigmoidoscopy</th>
</tr>
</thead>
</table>
| **AGE 50+ or 45+ if African American**  
No symptoms; negative family history | Every year | Every year | Now, then every 5-10 years if negative | If colonoscopy not available, sigmoidoscopy plus air contrast barium enema would be second choice |
| **ANY AGE ADULT**  
With personal history of colon polyps or cancer; first degree relative with colon cancer or colon polyps | Every year | Every year | Now, then every 3-5 years if negative | If colonoscopy not available, sigmoidoscopy plus air contrast barium enema would be second choice |
| **High Risk**  
Ulcerative Colitis | Every year | —— | —— | —— |
| **Average Risk**  
Blood in stool, iron deficiency or anemia | Every year | —— | Now | —— |
| **Other**  
Other GI symptoms such as abdominal pain, narrow stools, constipation or diarrhea, "gas" or distention; family history of gynecologic, breast or other GI cancer | Annually after 8 years with the disease | —— | —— | —— |

» **Individualized Approach**

- AGA 2014 ruler:AGA 2008 ruer  11/5/14  8:28 AM  Page 1

www.atlantagastro.com

1.866.GO.TO.AGA

[1.866.468.6242]