

CLINICAL GUIDELINES	Guideline up for revision
<p>Topic:</p> <p><i>(Examples: Diabetes, Asthma, COPD, Women's Health, etc.)</i></p>	<p style="text-align: right;">Physician Champion: Lewan</p> <p>Colorectal Cancer Screening</p>
<p>Guideline Source:</p> <p><i>(Examples: ADA, USPSTF, HTW, NHLBI, etc)</i></p>	<p>American College of Physicians</p>
<p>Guideline Original or Revision Date:</p>	<p>March 2012 no updates on 2008 USPSTF guidelines Healthteam works is unchanged from 2009 as well.</p>
<p>QCEC Approval Date:</p>	<p>02/10/2014</p>
<p>Guideline Summary and link to guideline</p> <p><i>(Summarize guideline for Memo and link to full guideline + note on Updates</i></p>	<p>http://annals.org/article.aspx?articleid=1090701 <i>Ann Intern Med.</i> 2012;156(5):378-386. doi:10.7326/0003-4819-156-5-201203060-00010</p> <p>Guidance Statement 1: ACP recommends that clinicians perform individualized assessment of risk for colorectal cancer in all adults.</p> <p>Guidance Statement 2: ACP recommends that clinicians screen for colorectal cancer in average-risk adults starting at the age of 50 years and in high-risk adults starting at the age of 40 years or 10 years younger than the age at which the youngest affected relative was diagnosed with colorectal cancer.</p> <p>Guidance Statement 3: ACP recommends using a stool-based test, flexible sigmoidoscopy, or optical colonoscopy as a screening test in patients who are at average risk. ACP recommends using optical colonoscopy as a screening test in patients who are at high risk. Clinicians should select the test based on the benefits and harms of the screening test, availability of the screening test, and patient preferences.</p> <p>Guidance Statement 4: ACP recommends that clinicians stop screening for colorectal cancer in adults over the age of 75 years or in adults with a life expectancy of less than 10 years.</p>

