



## Colorectal Cancer Screening Guidelines (2024)\*

### Assess family/personal history

Age 50-74 with no personal or family history of colorectal cancer  
OR  
First degree relatives\*\* with any non-advanced adenoma, second degree relatives with colorectal or advanced adenoma

1 first degree relative with colorectal cancer or high-risk lesion\*\*\*\* diagnosed over the age of 60

1 first degree relative with colorectal cancer or high-risk lesion\* diagnosed under the age of 60  
OR  
2 or more first degree relatives with colorectal cancer or high-risk lesion\* diagnosed at any age

Family history of hereditary non-polyposis colorectal cancer (Lynch syndrome)  
OR  
Family history of familial adenomatous polyposis (FAP)  
OR  
Personal history of inflammatory bowel disease

FIT test\*\*\* every 2 years starting at age 50

FIT test every 2 years or colonoscopy every 5 years starting at age 40

Colonoscopy every 5 years starting at age 40 or 10 years under than the age of diagnosis of earliest diagnosed first-degree relative, whichever is earlier

Refer to Endoscopist

Negative

Unsatisfactory

Positive

Rescreen in 2 years

Repeat

Refer for colonoscopy

If any individual is symptomatic\*\*\*\*\* refer directly to endoscopist!

\* Reference: Canadian Association of Gastroenterology Clinical Practice Guideline. [https://www.cag-acg.org/images/publications/CAG\\_CPG\\_CRC\\_Screening\\_Aug2018.pdf](https://www.cag-acg.org/images/publications/CAG_CPG_CRC_Screening_Aug2018.pdf)

\*\* First Degree Genetic Relative defined as parent, sibling, or child

\*\*\*FIT screening is not recommended in anyone who has had a FIT in the past year or colonoscopy in the past 5 years

\*\*\*\*High-risk lesion as defined in algorithm on reverse as High Risk or Very High Risk. Must be positively identified (polyp type of unknown type does not increase screening in family member)

\*\*\*\*\* Symptomatic: If any of the following, **do not** provide FIT. Refer for colonoscopy instead:

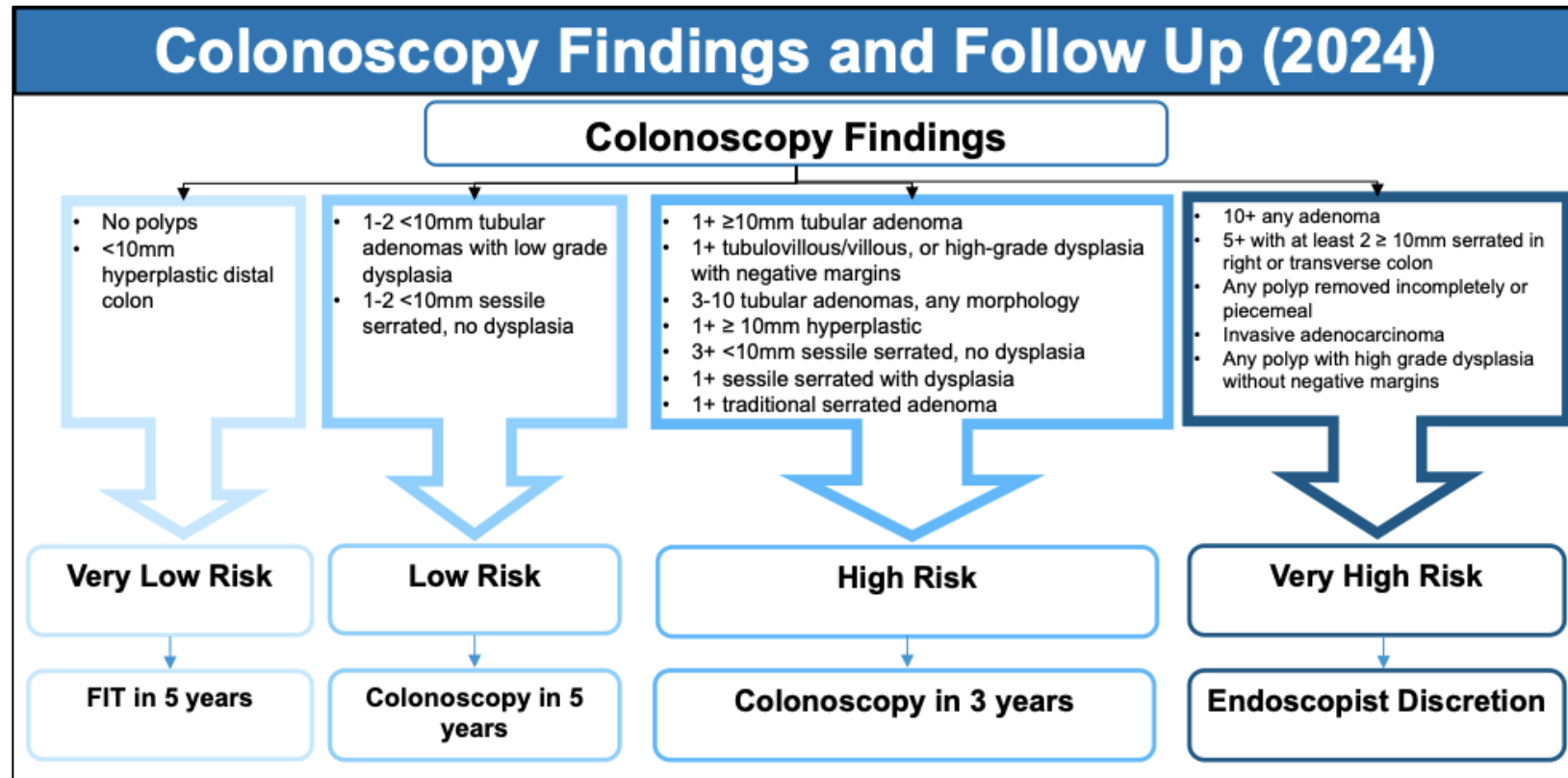
Rectal mass, Abdominal mass, Unexplained weight loss, Unexplained change in bowel habits, Rectal bleeding, Unexplained anemia, Persistent urge to evacuate rectum, Unexplained stool incontinence.

The Territorial Colorectal Cancer Screening program will automatically send a fecal immunochemical test (FIT) by mail at the appropriate interval based on the last FIT and/or last colonoscopy follow-up recommendations.

Clients can e-mail [CRCscreening@gov.nt.ca](mailto:CRCscreening@gov.nt.ca) or call 1-866-313-7989, ext. 6 for a FIT.



## Colonoscopy Findings and Follow Up (2024)



### Colorectal Cancer Screening Follow-up (2024)

- Following a negative fecal immunochemical (FIT) an individual who continues to be age eligible (between 50 and 74 years of age) and has not had a colonoscopy in the past (5) years:
  - ✓ Re-screen through the Screening Program for Colorectal Cancer in two (2) years with a FIT.
- Participants who will be 75 years of age or older at the next screening interval are not recommended for programmatic screening due to greater screening-related risks.
  - ✓ Screening is at the discretion of the physician, NP, CHN or specialist.
- Colonoscopy is the **recommended follow up** for positive FIT. The colonoscopy report should make a recommendation for the rescreening. The intervals suggested are in the above algorithm.

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