## Colorectal Cancer Screening

**Variant 1:** Colorectal cancer screening. Average-risk individual. Age greater than or equal to 50 years. Initial screening, then follow-up every 5 years after initial negative screen.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT colonography</td>
<td>Usually appropriate</td>
<td>☢☢☢ 1-10 mSv</td>
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</table>

**Variant 2:** Colorectal cancer screening. Moderate-risk individual. First-degree family history of cancer or adenoma. Initial screening, then follow-up every 5 years after initial negative screen.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
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<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>Final Tabulations</th>
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**Variant 3: Colorectal cancer detection. Moderate-risk individual. Average-risk individual after positive fecal occult blood test (FOBT) or positive fecal immunochemical test indicating a relative elevation in risk.**

<table>
<thead>
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<th>Peds RRL</th>
<th>Rating</th>
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<tr>
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**Variant 4: Colorectal cancer screening. High-risk individual. Hereditary nonpolyposis colorectal cancer; ulcerative colitis or Crohn colitis.**

<table>
<thead>
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<tbody>
<tr>
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<tr>
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### Variant 5: Colorectal cancer screening. Average-, moderate-, or high-risk individual after incomplete colonoscopy.

<table>
<thead>
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<th>Procedure</th>
<th>Appropriateness Category</th>
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<td>CT colonography</td>
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<td>Fluoroscopy barium enema double-contrast</td>
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</table>
Appendix Key
A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

**Appropriateness Category**: The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

**SOE**: Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References**: The citation number and PMID for the reference(s) associated with the recommendation.
- **Study Quality**: The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

**RRL**: Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

**Rating**: The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

**Median**: The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

**Final tabulations**: A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at [www.acr.org/ac](http://www.acr.org/ac).