

United States Preventive Services Task Force Releases Final Recommendation, Evidence Summary, and Modeling Study on Screening for Colorectal Cancer

ACS Expert says: “These new guidelines are in line with the most recent American Cancer Society (ACS) guidelines released in 2018.”

Lisa Lacasse, president of American Cancer Society Cancer Action Network (ACS CAN) says: *“Following the updated ACS guidelines in 2018, ACS and ACS CAN urged the USPSTF to expedite its review cycle to take into account new scientific evidence that supports starting routine screening at age 45. These new guidelines will help move our mission forward to end suffering and death from cancer.”*

The United States Preventive Services Task Force (USPSTF), an independent, volunteer panel of national experts in prevention and evidence-based medicine, has released a final recommendation statement, evidence summary, and modeling study on screening for colorectal cancer. It says:

The USPSTF has lowered the age to begin colorectal cancer screening from age 50 to age 45, now recommending colorectal cancer screening for average risk individuals ages 45 to age 75 to reduce their risk of dying from this disease. It is recommended that the decision to screen individuals aged 76 to 85 years be individualized based on screening history and overall health status.

We asked **Robert A. Smith, PhD, Senior Vice President, Cancer Screening**, for his thoughts on the final recommendations.

Big picture: what do you think of the draft recommendation statement?

The major change in the USPSTF’s final recommendation statement for colorectal cancer screening is an important modification in their 2016 recommendation, specifically to lower the age to begin regular screening for colorectal cancer from age 50 to age 45. We expected that they would align their guideline update with the change we made in 2018 because the evidence is so convincing. Our update and theirs addressed the rising incidence of colorectal cancer in younger adults. Colorectal cancer is the third leading cause of cancer deaths in the United States, yet about one third of people ages 50 to 75 are not up to date with being screened for the disease. Colorectal cancer screening saves lives.

How does this draft compare to the current ACS guideline?

In 2018, ACS updated its colorectal cancer screening guideline by reducing the age to begin screening from age 50 to age 45, so the two guidelines will be essentially the same. Although there are small differences, the ages to begin screening, the main screening test options, and undergoing shared decision about screening from age 76 to 85 are the same. Both organizations do not recommend colorectal cancer screening after age 85.

How would these changes affect the potential for colorectal cancer screening to reduce colorectal cancer mortality?

Given the rising risk and the fact that the risk of colorectal cancer at age 45 today is similar to the risk at age 50 about 20 years ago, the opportunity to prevent colorectal cancer or detect it early will improve if adults begin screening at age 45. To date, 50-54-year-olds report lower screening rates than other adults. Barriers to screening include affordability, lack of a family history or symptoms, feelings of embarrassment or fear, and no recommendation from a health professional. As a result, we miss opportunities to prevent colorectal cancer and avert many preventable deaths. We, along with our advocacy affiliate the American Cancer Society Cancer

Action Network (ACS CAN), hope this new recommendation from the USPSTF will help remove barriers and promote beginning colorectal cancer screening at age 45, so screening begins earlier on average than it has to date.

How will these guidelines impact health insurance coverage for colorectal cancer screenings?

The final guideline now classifies screenings for adults ages 50 to 75 as an “A” recommendation and ages 45 to 49 as a “B” recommendation. The Affordable Care Act (ACA) requires non-grandfathered private health insurance plans and Medicaid expansion plans to cover all preventive services that receive an “A” or “B” grade from USPSTF. This final USPSTF recommendation means that individuals with ACA-compliant plans ages 45-49 who previously were not eligible to get coverage for colorectal screenings will gain coverage at no cost.

Now that the USPSTF has finalized these updated colorectal screening guidelines, ACS’s advocacy affiliate, ACS CAN, will continue to work to notify relevant state and federal policymakers, insurance commissioners and state Medicaid directors about the evidence in support of screening individuals aged 45-49, and the importance of expanding insurance coverage of screening for this age group as soon as possible. ACS CAN will work with state insurance commissioners to ensure state plans follow the new coverage requirements. ACS CAN will also continue to advocate that all individuals have access to comprehensive health coverage, including for recommended cancer screenings, regardless of where they live.

For more information on screening for colorectal and other cancers, see: [Cancer Screening Guidelines on cancer.org](https://www.fightcancer.org/what-we-do/colorectal-cancer).

For more information on ACS CAN’s advocacy work regarding access to colorectal cancer screenings, see: <https://www.fightcancer.org/what-we-do/colorectal-cancer> Or for more on colorectal cancer and health disparities, see: <https://www.fightcancer.org/policy-resources/colorectal-cancer-screening-and-health-equity>
