Colonoscopy in Adults Aged 65 and Older

Colonoscopy is typically recommended every 10 years. Therefore, assessing use within a two year period underestimates the percent of the population that is “up to date” in screening, but it allows for comparisons of screening rates among different groups.

After a steep increase in colonoscopy rates when Medicare began reimbursing all beneficiaries in 2001, all racial/ethnic groups continue to see increased rates:
- Highest rates among Whites,
- Lowest among Hispanics,
- Black and Hispanic women are more likely to be screened than males,
- Rates among Hispanics have not increased in the latest period,
- Rates among those 85 and older have declined (The USPSTF recommends against screening in this population).

Although screening rates appear age-appropriate, reasons for lower rates among minorities need further review.
Colonoscopy in Adults Aged 65 and Older

Things to Remember About Colon Cancer Screening
• There are 3 main tests your doctor may recommend to screen for pre-cancerous lesions in your intestines (colon polyps):
  Fecal occult (FOBT) (simplest non-invasive stool sample to look for blood), sigmoidoscopy (invasive, usually no sedation views lower colon only) and & colonoscopy (invasive with sedation entire colon viewed)
• colonoscopy is considered to be the standard and most sensitive test
• There are benefits and risks of colonoscopy:
  • Benefit: Detection of potentially lethal cancers at an early stage when treatment will be beneficial
  • Risks: Invasive procedure carries risk of anesthesia reaction and/or bleeding. Detection of cancer that is not lethal leading to treatment where side effects are worse than cancer symptoms,
• Screening recommendations are based on several factors: overall health status, age, life expectancy, family history and scientific evidence

Routine Screening Guidelines from Two Authorities: U.S. Preventive Service Task Force (USPSTF) and American Cancer Society (ACS)

<table>
<thead>
<tr>
<th>Age</th>
<th>Test Interval</th>
<th>Test</th>
<th>Recommending Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-75</td>
<td>5 years</td>
<td>Tests that find polyps and cancer</td>
<td>ACS</td>
</tr>
<tr>
<td></td>
<td>10 years</td>
<td>Flexible sigmoidoscopy or Colonoscopy, or</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>5 years</td>
<td>Double-contrast barium enema (^1), or CT colonography (virtual colonoscopy) (^1)</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>5 years</td>
<td>CT colonography (virtual colonoscopy) (^1)</td>
<td>Yes</td>
</tr>
<tr>
<td>Annual</td>
<td>Annual</td>
<td>Tests that primarily find cancer</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fecal occult blood test (gFOBT) (^1,2) or Fecal immunochemical test (FIT) (^1,2) or Stool DNA test (sDNA) (^1,2)</td>
<td>Yes</td>
</tr>
<tr>
<td>&gt;75</td>
<td>Undetermined</td>
<td></td>
<td>Continue screening</td>
</tr>
</tbody>
</table>

\(^1\) Positive test should be followed by a colonoscopy; \(^2\) The multiple stool take-home test should be used. One test done by the doctor in the office is not adequate for testing.

More Information on Colon Cancer & Screening
• [http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm](http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm)
• Texas Cancer Registry
• American Cancer Society
• Texas Cancer Information
• U.S. Preventive Services Task Force
• Texas Department of State Health Services – Health Promotion and Chronic Disease Prevention
• Centers for Disease Control