

Colorectal Cancer Alliance Breaks Down New ACS Screening Guidelines

Screening can prevent colorectal cancer or catch it early, when it's most treatable. Here's what to know about the updated guidelines.

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The Colorectal Cancer Alliance (Alliance), the leading nonprofit dedicated to ending the disease, is urging Americans to prioritize colorectal cancer screening, as the American Cancer Society (ACS) released [updated guidelines](#) on May 27. The Alliance's Screen Smart initiative is committed to saving lives through screening education for the disease, which is now the deadliest cancer in people under age 50 and the second deadliest overall. In many cases, [screening can prevent colorectal cancer](#) or catch it early, when it's most treatable, saving lives.

"The guidelines have been updated to include a new stool test, as well as blood-based tests that can be used when recommended tests like colonoscopy, Cologuard, and FIT are refused or can't be completed," said William Dahut, M.D., Chief Scientific Officer of the American Cancer Society. "However, not all tests have the same efficacy, accessibility, or coverage, so it's important that patients understand their risk factors and options when selecting a test with their doctor."

To help people better understand what the new guidelines mean, experts from the Screen Smart initiative dig deeper into the screening recommendations.

What the Updated Guidelines Mean

Screening is recommended starting at age 45 for those at average risk or earlier for those with symptoms or risk factors, such as a family history of colorectal cancer or certain genetic conditions or diseases. Depending on personal risk, a variety of screening options are available, including new stool-based and blood-based options, but not all tests are equal.

- A [colonoscopy](#) remains the only screening test that can both detect and remove precancer.

Preferred by ACS guidelines; widely covered by insurance.

- Multitarget [mt-sDNA stool tests](#), (including brands, Cologuard Plus) are effective at (detecting 43% of precancer), can be done at home, and are widely covered by insurance. Preferred by ACS guidelines; widely covered by insurance.
- High-quality [FIT stool tests](#) are effective at detecting 24% of precancer, can be done at home, and are widely covered by insurance. Preferred by ACS guidelines; widely covered by insurance.
- Multitarget mRNA stool tests are now included in the ACS screening guidelines and are effective at detecting 41.3% of precancer. Preferred by ACS guidelines; not widely covered by insurance and not A or B rated by the U.S. Preventive Services Task Force (USPSTF).
- For those who refuse a colonoscopy or stool test, the updated screening guidelines now include blood-based tests (including brands like Shield and Simple Screen) that do not detect precancer. Not widely covered by insurance and not A or B rated by the USPSTF.

New Additions to the ACS Guidelines

- Multitarget stool testing (mt-s) demonstrates high sensitivity for colorectal cancer and moderate sensitivity for advanced precancerous lesions.
 - The next-generation mt-sDNA test (Cologuard) is an updated version of an already-recommended at-home mt-sDNA test analyzing stool samples for specific DNA markers and hemoglobin.
 - An mt-sRNA test (ColoSense) is a new at-home multi-target test that analyzes stool samples for specific RNA markers and hemoglobin.
- Blood-based tests are not preferred screening options at this time. People should only use a

blood-based test if they are unwilling to get a stool-based test or visual exam. Patients who receive an abnormal blood-based test result require a follow-up colonoscopy. Blood-based tests aren't as good as other tests at detecting precancerous growths, which may limit their potential to prevent colorectal cancer.

U.S. Preventive Services Task Force (USPSTF) Screening Recommendations

The Alliance's Screen Smart initiative supports all colorectal cancer screening tests that have received an [A or B rating from the USPSTF](#). These ratings reflect the highest levels of scientific evidence and also mandate what is covered by private insurance for wide accessibility. Blood-based and mt-sRNA stool screening tests are not yet rated A or B by the USPSTF and therefore are not currently widely covered by insurance, making them less accessible alternatives for the general population.

"Ongoing screening innovation is critical to increasing screening participation and early detection, particularly among individuals who face barriers to screening," said Richard Wender, MD, Medical Advisor to the Colorectal Cancer Alliance and Professor and Chair of Family Medicine and Community Health at the Perelman School of Medicine, University of Pennsylvania. "With young-onset colorectal cancer rates and deaths continuing to rise, it's important that we continue to make advancements and prioritize screening awareness and education."

The [Screen Smart initiative](#) encourages individuals to speak with their healthcare providers about the full range of available screening options. The most effective test is the one that gets done, chosen in consultation with a clinician based on coverage, age, risk factors, health history, and personal preference.

"The updated guidelines are a reminder that we have tools to help prevent this deadly disease now or detect it early when survival rates are higher than 90%," said Michael Sapienza, Chief Executive Officer of the Colorectal Cancer Alliance. "The Alliance encourages Americans to be aware of their [screening options](#), discuss them with their healthcare provider, and take action. Getting screened is one of the most important actions you can take for your health."

For more information about risk factors and screening, and for a free personalized screening recommendation to share with your doctor, visit [getscreened.org](https://www.getscreened.org). To get involved with the Alliance to help end this disease, visit [colorectalcaner.org/getinvolved](https://www.colorectalcaner.org/getinvolved).

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