

## Appendix 2.

### Changes in the 2021 ACG CRC screening guideline from the 2009 recommendations

1. Age to initiate CRC screening in average risk men and women is lowered to 45
2. Decision to offer CRC screening beyond age 75 should be Individualized
3. Screening should be considered a multi-step process: For example, a one-step process, such as colonoscopy, or two step, such as a stool-based test followed by colonoscopy if positive
4. African Americans should start screening at age 45, but special efforts are required to improve screening rates and reduce disparities in treatment and outcomes
5. Colon capsule is added as an option for CRC screening for individuals unwilling or unable to undergo colonoscopy or a FIT. If negative screening may be repeated in 5 years
6. Suggestion to initiate CRC screening at age 40 or 10 years before the youngest affected relative, then resume average-risk screening recommendations for individuals with CRC or advanced polyp in one FDR at age  $\geq 60$ . Colonoscopy or FIT are reasonable options
7. Endoscopist should measure quality indicators for screening colonoscopy and achieve minimum benchmarks for cecal intubation ( $\geq 95\%$ ), adenoma detection rate ( $\geq 25\%$ ) and withdrawal time ( $\geq 6$  minutes)
8. Suggestion to use low dose aspirin, in addition to CRC screening, in individuals between the ages of 50-69 with a cardiovascular disease risk of  $\geq 10\%$  over the next 10 years, who are not an increased risk for bleeding and willing to take aspirin for at least 10 years to reduce the risk of CRC.
9. Organized screening programs should be developed to improve adherence to CRC screening and follow-up of a two-stage screening test if positive
10. The following strategies may be implemented to improve organized screening: Patient navigation, patient reminders, clinician interventions, provider recommendations and clinical decision support tools
11. A positive multitarget stool DNA test followed by a colonoscopy with no findings should not prompt any further work up, and repeat screening should be offered at 10 years