Question 1:
Which of the following sentences about incidence of colorectal cancer in younger adults (eg, before age 50) and older adults is correct?

a. Despite the success in colorectal cancer screening programs in younger adults, colorectal cancer incidence is rising among older adults.
b. Colorectal cancer screening has led to a decreasing trend of colorectal cancer incidence in both younger and older adults.
c. Colorectal cancer screening has led to increasing trend of colorectal cancer incidence in both younger and older adults.
d. Despite the success in colorectal cancer screening programs in older adults, colorectal cancer incidence is increasing among younger adults.
e. Colorectal cancer screening has no effect on the incidence of this cancer.

Question 2:
Which of the following sentences matches with the recommendations by the US Multi-Society Task Force on Colorectal Cancer (American College of Gastroenterology, American Gastroenterological Association, and American Society for Gastrointestinal Endoscopy)?

a. Screening should begin at age 50 years in those with a family history of colorectal cancer.
b. Persons with a single first-degree relative diagnosed at age ≥60 years should be screened starting at age 45 years.
c. Persons with a family history of colorectal cancer in 2 first-degree relatives at any age should start colonoscopy 5 years before the age at diagnosis of the youngest affected relative.
d. Persons with a family history of colorectal cancer in a first-degree relative <60 years or 2 first-degree relatives at any age should start colonoscopy 10 years before the age at diagnosis of the youngest affected relative or at age 40 years old, whichever is earlier.
e. Persons with a family history of colorectal cancer in a second-degree relative <60 years should start colonoscopy 5 years before the age at diagnosis of the youngest affected relative.

Question 3:
How solid are the recommendations by US Multi-Society Task Force on Colorectal Cancer for screening of relatives of patients with colorectal cancer?

a. These are strong recommendations based on high-quality evidence.
b. These are strong recommendations based on moderate-quality evidence.
c. These are weak recommendations based on high-quality evidence.
d. These are weak recommendations based on moderate-quality evidence.
e. These are weak recommendations based on low-quality or very low-quality evidence.
Question 4:

A 35-year-old man has a family history of colorectal cancer only in his father diagnosed at age 57. If the mass screening starts in the general population at age 50, based on the risk-adapted recommendations in this study, at what age you would suggest him to start screening?

- a. 38 years old.
- b. 40 years old.
- c. 42 years old.
- d. 44 years old.
- e. 46 years old.

Question 5:

According to findings of this study, which of the following statements about a family history of colorectal cancer in second-degree relatives is correct?

- a. Family history in a second-degree relative is not important.
- b. Only a history in grandparents is important.
- c. A history in all second-degree relatives is important with the exception of half-siblings.
- d. Only a history in a half-sibling is important.
- e. A history in all second-degree relatives (half-siblings in particular) is important, except when there are already 2 first-degree relatives affected in the family.