

WHICH TEST IS RIGHT FOR YOU?

There is no single “best test” for any person. Each test has advantages and disadvantages. Talk to your doctor about which test or tests are right for you, and how often you should be screened.

RESOURCES

For more information:

Visit www.cdc.gov/screenforlife

Call 1-800-CDC-INFO (1-800-232-4636)

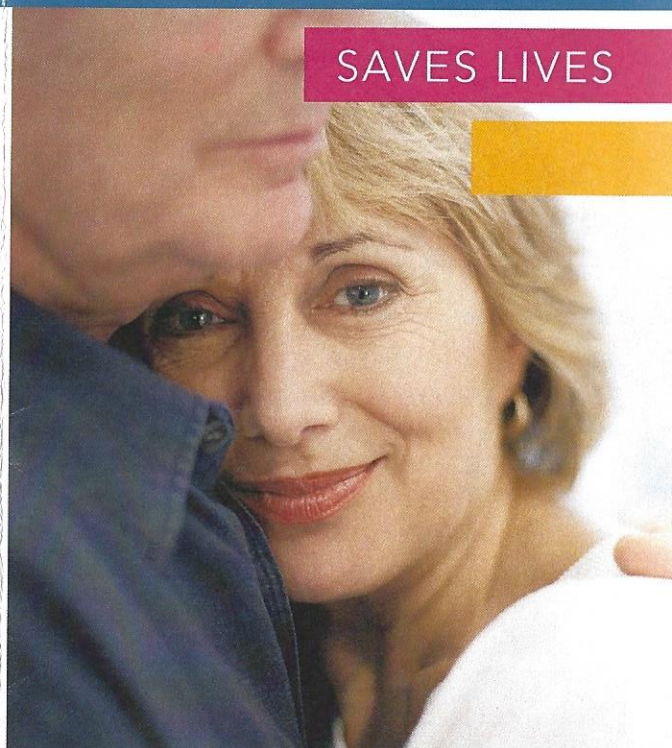
For TTY, call 1-888-232-6348



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



COLORECTAL CANCER SCREENING



Colorectal cancer is the second leading cancer killer—but it doesn't have to be.



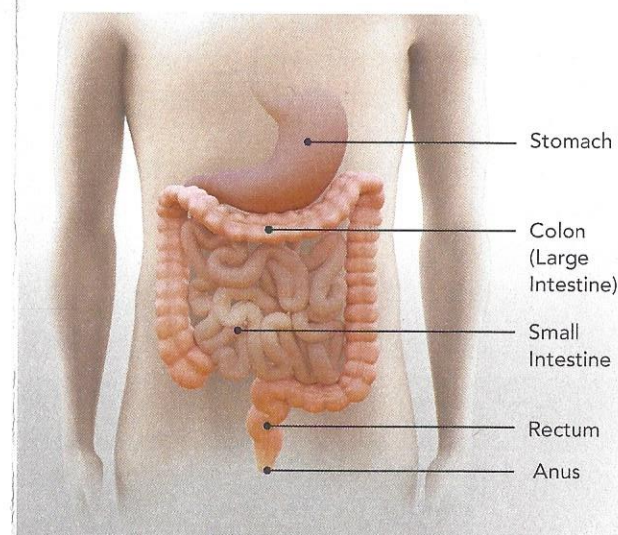
BOTH MEN AND WOMEN ARE AT RISK FOR COLORECTAL CANCER.

SCREENING SAVES LIVES

Among cancers that affect both men and women, colorectal cancer is the 2nd leading cancer killer in the U.S. But it doesn't have to be. There is strong scientific evidence that screening for colorectal cancer beginning at age 50 saves lives!

WHAT IS COLORECTAL CANCER?

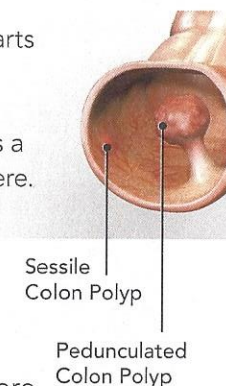
Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other parts of the body later. Colorectal cancer is cancer that occurs in the colon or rectum. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.



If you're 50 or older, getting a colorectal cancer screening test could save your life.

HERE'S HOW:

- Colorectal cancer usually starts from precancerous polyps (abnormal growths) in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find precancerous polyps, so they can be removed before they turn into cancer.
- Screening tests can also find colorectal cancer early, when treatment works best.



WHO GETS COLORECTAL CANCER?

Colorectal cancer occurs most often in people aged 50 years or older. The risk increases with age. Both men and women can get colorectal cancer. If you are 50 or older, talk to your doctor about getting screened.

AM I AT INCREASED RISK?

Your risk for colorectal cancer may be higher than average if:

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease, Crohn's disease, or ulcerative colitis.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer.

If you think you may be at increased risk for colorectal cancer, speak with your doctor about when to start screening, which test is right for you, and how often you should be tested.

WHAT ARE THE SYMPTOMS OF COLORECTAL CANCER?

People who have polyps or colorectal cancer don't always have symptoms, especially at first. Someone could have polyps or colorectal cancer and not know it.

If there are symptoms, they may include:

- Blood in or on your stool (bowel movement).
- Pains, aches, or cramps in your stomach that don't go away.
- Losing weight and you don't know why.

If you have any of these symptoms, talk to your doctor. They may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.

FREE OR LOW-COST SCREENING

Colorectal cancer screening tests may be covered by your health insurance policy without a deductible or co-pay. Check with your plan to find out which tests are covered for you.

Where feasible, some states in CDC's Colorectal Cancer Control Program provide free or low-cost screenings to those who are eligible. To learn more, visit www.cdc.gov/cancer/crccp/contact.htm or call 1-800-CDC-INFO (1-800-232-4636).

TYPES OF SCREENING TESTS

The U.S. Preventive Services Task Force recommends that adults aged 50–75 be screened for colorectal cancer. The decision to be screened after age 75 should be made on an individual basis. If you are aged 76–85, ask your doctor if you should be screened.

Several different screening tests can be used to find polyps or colorectal cancer. They include:

Stool Tests

There are two types of FOBT tests. **Guaiac-based Fecal Occult Blood Test (gFOBT)** uses the chemical guaiac to detect blood in stool, while **Fecal Immunochemical Test (FIT)** uses antibodies to detect blood in the stool. You receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test to the doctor or a lab, where stool samples are checked for blood.

The third type of stool test is the **FIT-DNA test (or Stool DNA test)** which combines the FIT with a test to detect altered DNA in stool. You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

How often: gFOBT once a year.
FIT once a year. FIT-DNA test once every year or three years.

Flexible Sigmoidoscopy (Flex Sig)

The doctor puts a short, thin, flexible, lighted tube into your rectum, and checks for polyps or cancer inside the rectum and lower third of the colon.

How often: Every five years, or every 10 years with FIT every year.

Colonoscopy

Similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers. Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.

How often: Every 10 years.

CT Colonography (Virtual Colonoscopy)

Computed tomography (CT) colonography, also called a virtual colonoscopy, uses X-rays and computers to produce images of the entire colon. The images are displayed on a computer screen for the doctor to analyze.

How often: Every five years.

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