Getting Screened for Colorectal Cancer
What is colorectal cancer?

Cancer that starts in the colon or rectum is often called colorectal cancer. It might also be called colon cancer or rectal cancer. It starts when cells in the colon or rectum grow out of control and crowd out normal cells.

Most colorectal cancers start as abnormal growths called polyps. These growths can happen anywhere in the colon and rectum.

Why is colorectal cancer screening important?

Screening can help find some cancer before it causes any symptoms – when it’s small, hasn’t spread, and might be easier to treat.
Regular screening can even prevent colorectal cancer. A polyp can take as many as 10 to 15 years to develop into cancer. Screening helps doctors find and remove polyps before they can turn into cancer.

**Who should get screened for colorectal cancer?**

If you’re age 45 or older and at average risk, you should start regular screening tests for colorectal cancer. Average risk means that you don’t have certain **risk factors**. Risk factors are things that can increase your chances of getting colorectal cancer.

You might be at an increased risk if you have:

- A personal or family history of colorectal cancer or certain types of polyps
- A personal history of inflammatory bowel disease like ulcerative colitis or Crohn’s disease
- A family history of certain family cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (also known as hereditary non-polyposis colon cancer)
- A personal history of getting radiation to the abdomen (belly) or pelvic area for any cancer

People who are at a higher risk of getting colorectal cancer may need to start getting screened at a younger age. Talk to a health care provider about when you should start regular colorectal screening.
Screening options for colorectal cancer

There are two types of screening tests for colorectal cancer: stool-based tests and visual exams.

Stool-based tests
Stool tests check your poop for signs of colorectal cancer. There are 3 kinds:

- Fecal immunochemical test (FIT) every year
- Guaiac-based fecal occult blood test (gFOBT) every year
- Stool DNA tests (FIT-DNA) every 3 years

You collect the sample on your own at home using a test kit. But even though these tests can find some cancers, they can also miss some.

If blood is found on your test, you’ll need to get a colonoscopy to look for the cause of the blood.

Visual exams
A health care provider uses an instrument to look inside your colon and rectum for polyps and signs of cancer. There are 3 kinds of visual exams:
Colonoscopy every 10 years
CT colonography every 5 years
Flexible sigmoidoscopy every 5 years

Each of these exams is different. For a colonoscopy and flexible sigmoidoscopy, a doctor uses a thin tube with a light and camera to look inside your rectum and colon. If they find any polyps, they will be removed, or a piece will be taken out to be tested for cancer cells (also called a biopsy).

Before a colonoscopy or flexible sigmoidoscopy, you’ll get directions on how to do a bowel prep. A bowel prep cleans out the colon so the doctor can see it clearly during the exam. The prep might include medicines or liquids you drink that make you poop a lot.

A colonoscopy and flexible sigmoidoscopy are the same, except a flexible sigmoidoscopy doesn’t go through the whole colon. It only looks at about ½ of the colon. A colonoscopy looks at the entire colon.

A CT colonography is different from a colonoscopy and flexible sigmoidoscopy. Air is pumped into your colon. Then a type of x-ray called a CT scan is done to take pictures.

This exam is sometimes called a virtual colonoscopy because nothing is placed into your colon. However, you will still need to do a bowel prep so the doctor can get good pictures of your colon.

And if a polyp or growth is found, a colonoscopy must be done later to remove it or take a piece for testing.
Which screening test is best for me?

There are some differences between these tests to think about when deciding which test is best for you. But the most important thing is to get screened, no matter which test you choose.

Talk to a health care provider about which tests might be good options for you. Talk to your insurance provider about which screening tests they cover.

American Cancer Society Guideline for Colorectal Cancer Screening

The American Cancer Society recommends that people at average risk of colorectal cancer **start regular screening at age 45**.

If you’re in good health, you should continue regular screening **through age 75**.

For people **ages 76 through 85**, talk with a health care provider about whether continuing to get screened is right for you. When deciding, think about your preferences, overall health, and past screening history.

**People over age 85** should no longer get colorectal cancer screening.
You may have an increased risk if you have:

• A personal history of colorectal cancer or certain types of polyps
• A family history of colorectal cancer
• A personal history of inflammatory bowel disease
• A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)
• A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer

People at increased or high risk of colorectal cancer might need to start colorectal cancer screening before age 45, be screened more often, or get specific tests. Talk to a health care provider about when to start screening if you have any of the risk factors listed above.
This booklet is about getting screened for colorectal cancer.

It tells you things like:

• Why screening is important
• Who should get screened and when
• The different screening tests you can get

There are many different tests that can be used to check for colorectal cancer in people who don’t have symptoms. **The most important thing is to get screened, no matter which test you choose.**

To learn more about screening for colorectal cancer, visit the American Cancer Society website at cancer.org/colon or call us at 1-800-227-2345. We’re here when you need us.