

Colorectal Cancer: Know the Facts and Get Screened.

An Overview of Screening Options

Colorectal cancer can be prevented with regular screening.

Use the table below to learn about five types of colorectal cancer screening. Then, talk with your healthcare provider to help you decide which screening is best for you.

	What is it?	Where is it done?	Is it for people at average or increased risk?*	How often should it be repeated, if results are normal?	What typically happens next if my results are not normal?
Colonoscopy	A doctor puts a thin, flexible tube in your rectum. The doctor looks for polyps and cancer in your rectum and throughout the colon. The doctor can painlessly remove any polyps found during the screening.	At a hospital, ambulatory surgical center, or medical office	Average and increased risk	Every 10 years for people at average risk, but usually more often for people at increased risk	If polyps are found, the doctor may remove them painlessly and advise you to get screened more often. The doctor's advice will depend on the size and number of polyps found. If cancer is found, appropriate treatment will be recommended. Finding cancer is uncommon.
Sigmoidoscopy	A doctor puts a thin, flexible tube in your rectum. The doctor looks for polyps and cancer in your rectum and in the lower part of your colon.	At a hospital, ambulatory surgical center, or medical office	Only average risk	Every 5 years, or every 10 years if the FIT/FOBT stool test is done every year in between	You are referred to get a diagnostic colonoscopy.**
Computed Tomographic Colonography ("Virtual Colonoscopy")	A radiation technologist performs a CT scan on you. The CT machine creates 2D and 3D images of your colon and rectum. The doctor looks at the images for any findings.	At a hospital or radiology center	Only average risk	Every 5 years	You are referred to get a diagnostic colonoscopy.**
Stool DNA Test (Cologuard®)	You collect a stool (poop) sample at home, then mail it to a specific lab for testing. The lab checks the stool for blood, as well as DNA from colorectal cancer or precancerous polyps.	At home, then mailed	Only average risk	Every 3 years	You are referred to get a diagnostic colonoscopy.**
Stool Test (FIT/iFOBT/gFOBT)	You collect a stool (poop) sample at home. Then you mail it (or bring it) to an office or lab for testing. The lab tests the stool for blood.	At home, then mailed	Only average risk	Every year	You are referred to get a diagnostic colonoscopy.**

* You may be at increased risk for developing colorectal cancer if you have a personal or family history of colorectal polyps or colorectal cancer. Talk with a healthcare provider to understand your individual risk and which screening is best for you.

** A diagnostic colonoscopy is performed like a screening colonoscopy, but the cost to the patient may be different. Check with your insurance to learn about potential out-of-pocket costs.