

The risk of developing **colorectal cancer** (cancer of the **colon** or **rectum**) increases with age. Most cases (93%) occur in people 50 and older. But **screening tests** can help **prevent** colorectal cancer (CRC), by finding pre-cancerous **polyps** (growths in the colon) so they can be removed before they turn into cancer. Screening can also find CRC early, when treatment is most effective.

Important Facts about Colorectal Cancer

- It's second only to lung cancer in causing cancer related deaths in the U.S.
- *More than 33% of CRC deaths could be avoided if people over 50 had regular screening tests.*
- Some people with polyps or CRC have no symptoms.
- Men and women of any racial or ethnic group can get it.

When Should I Begin Screening?

Start having regular screening tests for colorectal cancer soon after you turn 50. Speak with your doctor about earlier or more frequent tests if: you have a close relative who's had colorectal cancer or polyps; you've had CRC, polyps, or inflammatory bowel disease; or you have symptoms such as rectal bleeding, stomach pain, a change in bowel habits, or unexplained weight loss.

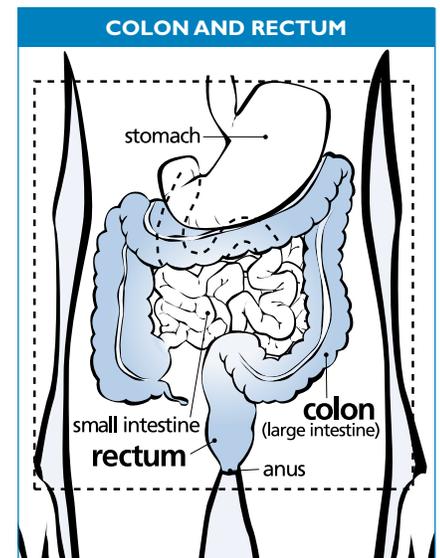
Screening Tests

Several tests are used to screen for CRC. There are pros and cons related to each, including issues such as what the test costs, what experts say about its effectiveness, convenience, etc. Discuss the options with your doctor to determine which one(s) would be best for you.

Here's what's involved in each test:

- **Fecal Occult Blood Test (FOBT)** — At home, with a small stick from a test kit, you spread a thin layer of your stool on test cards for three bowel movements in a row. You mail the cards to your doctor's office or a lab, where they're checked for occult blood (blood you can't see). *Recommended yearly.*
- **Flexible Sigmoidoscopy (Flex Sig)** — In a doctor's office, clinic, or hospital, the doctor uses a flexible, lighted tube (about the thickness of a finger) to look at the lining of the *rectum and lower part of the colon*, and is able to find and sometimes remove polyps or cancers. *Recommended every 5 years.*

- **Combination of Fecal Occult Blood Test and Flexible Sigmoidoscopy** (see descriptions of FOBT and Flex Sig) — Some groups recommend *both tests* to increase the chance of finding polyps and cancers. *FOBT recommended yearly; Flex Sig every 5 years.*



- **Colonoscopy** — In a doctor's office, clinic, or hospital, you receive medication to lessen pain and help you relax. Using a flexible, lighted tube, the doctor looks at the lining of the *rectum and entire colon* and can find and remove polyps and some cancers. *Suggested every 10 years*; usually recommended as a follow-up exam if anything unusual is found during FOBT, Flex Sig, or DCBE.
- **Double Contrast Barium Enema (DCBE)** — Done in a clinic or hospital, it lets the doctor see an x-ray image of the rectum and entire colon. Barium flows from a tube into the colon, creating an outline around polyps and other growths so they're visible on the x-ray. *Suggested every 5-10 years.*

The Bottom Line

Discuss screening options with your doctor and visit www.cdc.gov/cancer/ScreenforLife. For more information about colorectal cancer or any other cancer, call the NCI's Cancer Information Service: 1-800-4-CANCER (TTY 1-800-332-9615).



FACTS ON SCREENING



| SCREENING TEST | FREQUENCY/COST ESTIMATE | PURPOSE | IMPORTANT CONSIDERATIONS | COVERED BY INSURANCE/MEDICARE? |
|---|---|---|--|---|
| FOBT Fecal Occult Blood Test | Once a year starting at 50. \$10-\$25* | Detects blood in stool from polyps and cancer. | You receive the test kit from your health care provider and do the test yourself at home. To prepare: avoid some foods and medicines before and until stool samples are collected. (If blood is found, a follow-up colonoscopy is generally necessary.) | Insurance: Most plans cover. Medicare: Covered annually starting at 50 for people with Medicare. You pay no coinsurance or Part B deductible. |
| Flex Sig Flexible Sigmoidoscopy | Once every 5 years starting at 50. \$150-\$300* | Doctor sees lining of <i>rectum and lower part of colon</i> . Tissue samples of polyps and cancers can be taken. Some polyps <i>within view</i> may be removed. | Provides direct view of <i>rectum and lower colon</i> where nearly half of CRCs occur, but cannot view <i>entire</i> colon. To prepare: restrict diet, use laxatives and/or enemas. You may feel discomfort during/after exam. Slight risk of perforation, infection, bleeding. (If polyps or lesions are found, a follow-up colonoscopy is generally necessary.) | Insurance: Many plans cover every 4-5 years, starting at 50. Medicare: Covered once every 4 years. You pay 20% of Medicare-approved amount after Part B deductible. |
| Combination - Flex Sig & FOBT | FOBT annually & flex sig every 5 years starting at 50. | See above | Combination of tests may increase the chance to find polyps and early cancers. (See above for other "Important Considerations") | See above |
| Colonoscopy | Once every 10 years starting at 50. \$800-\$1600* | Doctor sees lining of <i>entire rectum and colon</i> . Tissue samples of polyps and cancers can be taken. Most polyps can be removed. | To prepare: restrict diet, use laxatives and/or enemas. May cause discomfort during/after exam. You're given medication to help you relax during exam and are advised not to drive or work on day of exam. Slight risk of perforation, infection, bleeding. | Insurance: Some cover, especially if you are at higher-than-average risk for CRC. Most plans cover when a follow-up test is needed after FOBT or flex sig. Check with your plan. Medicare: Covered for high-risk patients and others needing a follow-up test after FOBT or flex sig. You pay 20% of approved amount. (Check with Medicare for details.) |
| DCBE Double Contrast Barium Enema | Once every 5-10 years starting at 50. \$250-\$500* | Doctor sees x-ray image of entire colon. May be able to detect polyps and cancers. | To prepare: restrict diet, use laxatives and/or enemas. May cause discomfort during/after exam. Slight risk of perforation. (If polyps or lesions are found, a follow-up colonoscopy is necessary.) | Insurance: Some plans cover. Check with your plan. Medicare: Sometimes can be substituted for flex sig or colonoscopy. (Check with Medicare for details). |

* Cost estimates are listed to show the typical range of rates for each test, and may not include the costs of all related services.