



Colon & Rectal Cancer Screening

What is colon and rectal cancer screening?

Colon and rectal cancer screening is a way that doctors check the **colon and rectum** for signs of cancer or growths (*called polyps*) that might become cancer. It is done in people who have no symptoms and no reason to think that they have cancer. The goal is to **find and remove polyps** before they become cancer, or to find cancer before it grows, spreads, or causes problems.

The colon and rectum are the last part of the digestive tract. When doctors talk about colon and rectal cancer screening, they use the term "**colorectal**." That is just a shorter way of saying "**colon and rectal**". It's also possible to say just colon cancer screening. Studies show that having colon cancer screening lowers the chance of dying from colon cancer.

What are the different screening tests for colon cancer?

- **Colonoscopy** - Allows the doctor to see directly inside the entire colon. Before you have a colonoscopy, you must clean out your colon. You do this at home by drinking a special liquid that causes watery diarrhea for several hours. On the day of the test, you get medicine to help you relax, if you want. Then, a doctor puts a thin tube into your anus and advances it into your colon. The tube has a tiny camera attached to it, so the doctor can see inside your colon. The tube also has tiny tools on the end, so the doctor can remove pieces of tissue or polyps if needed. After polyps or pieces of tissue are removed, they are sent to a lab to be checked for cancer.
- **Stool test for blood** - "Stool" is another word for bowel movements. Stool tests most commonly check for blood in samples of stool. Cancers and polyps can bleed, and if they bleed around the time that you do the stool test, blood will show up on the test. The test can find even small amounts of blood that you can't see in your stool. Other less serious conditions can also cause small amounts of blood in stool, and that will show up in this test, too. You collect small samples from your bowel movements, and put them in a special container that you get from your doctor or nurse. Then, you follow the instructions to mail the container out for the testing.

- **CT Colonography** (also known as virtual colonoscopy or "CTC") - CTC looks for cancer and polyps using a special X-ray called a "CT scan." For most CTC tests, the preparation is the same as for colonoscopy.
- **Sigmoidoscopy** - A sigmoidoscopy is similar to a colonoscopy. The difference is that this test looks only at the last part of the colon, while a colonoscopy looks at the whole colon. Before you have a sigmoidoscopy, you must clean out the lower part of your colon using an enema. This bowel cleaning is not as thorough or unpleasant as the one for colonoscopy. For this test, you do not need to take medicines to help you relax, so you can drive and work afterward if you want.
- **Stool DNA test** - The stool DNA test checks for genetic markers of cancer, as well as for signs of blood. For this test, you get a special kit to collect a whole bowel movement. Then, you follow the instructions about how and where to ship it.

How do I choose which test to have?

Work with your doctor to decide which test is best for you. Some doctors might choose to **combine screening tests**, for example, sigmoidoscopy plus stool testing for blood. Being screened, no matter how, is more important than which test you choose.

Who should be screened for colon cancer?

Doctors recommend that most people begin having colon cancer screening at **age 45**. People who have an **increased risk** of getting colon cancer sometimes begin screening at a younger age. That might include people with a strong family history of colon cancer, and people with diseases of the colon called "Crohn's disease" and "ulcerative colitis." Most people can **stop being screened** around the **age of 75** or, at the latest, 85.

How often should I be screened?

That depends on your risk of colon cancer and which test you have. People who have a high risk of colon cancer often need to be tested more often and should have a colonoscopy.

Most people are not at high risk, so they can choose 1 of these schedules:

- **Colonoscopy** every 10 years
- **CT colonography (CTC)** every 5 years
- **Stool testing for blood** once a year
- **Sigmoidoscopy** every 5 to 10 years
- **Stool DNA testing** every 3 years (*but doctors are not yet sure of the best time frame for repeating this test*)