

### What is Colorectal Cancer?

Colorectal cancer is cancer that develops in the colon or rectum. It's the second leading cancer killer in the U.S., but it doesn't have to be. If everyone age 50 and older had regular colorectal cancer screening tests, more than one third of deaths from this cancer could be avoided.

### Colorectal Cancer Facts and Figures

- It's the 2nd leading cancer killer in the U.S. (after lung cancer).
- Both men and women are at risk.
- 93% of cases occur in people age 50 and older.
- The risk of developing it increases with age.

### How Screening Saves Lives

Colorectal cancer almost always develops from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests can find polyps, so they can be removed *before* they turn into cancer. Screening tests can also find colorectal cancer early, when treatment works best.

### When Should I Begin Screening?

You should begin screening for colorectal cancer soon after turning 50, then continue at regular intervals. However, you may need to be tested earlier or more often than other people if:

- You or a close relative have had colorectal polyps or cancer, or
- You have inflammatory bowel disease.

Talk to your doctor about when you should begin screening and how often you should be tested.

### Does Colorectal Cancer Have Symptoms?

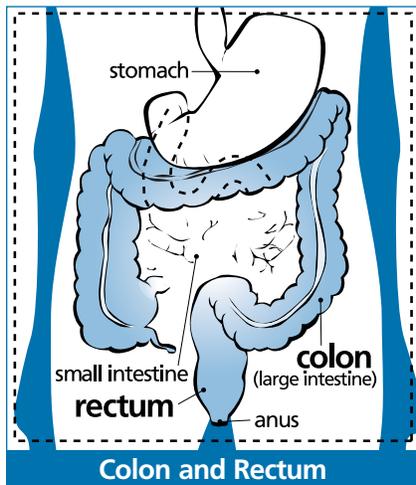
Polyps and colorectal cancer do not always cause symptoms, especially at first. But sometimes there are symptoms, such as:

- Blood in or on your stool;
- Unexplained and frequent pain, aches, or cramps in your stomach;
- A change in bowel habits, such as having stools that are narrower than usual; and
- Unexplained weight loss.

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

### Screening Tests

Several tests are available to screen for colorectal cancer. Some are used alone, while others are used in combination with each other. Talk with your doctor about which is best for you. Here's a description of each:



**Fecal Occult Blood Test** – This test checks for occult (hidden) blood in the stool. You receive a test kit from your doctor or health care provider. At home, you place a small amount of your stool from three bowel movements in a row on test cards. You return the cards to your doctor's office or a lab, where the stool samples are tested for hidden blood.

**Flexible Sigmoidoscopy** – This test allows the doctor to examine the lining of your rectum and lower part of your colon using a thin, flexible, lighted tube called a sigmoidoscope. It is inserted into your rectum and lower part of the colon.

**Combination of Fecal Occult Blood Test and Flexible Sigmoidoscopy** – Some experts recommend combining both tests, to increase the chance of finding polyps and cancers.

**Colonoscopy** – This test is similar to flexible sigmoidoscopy, except it allows the doctor to examine the lining of your rectum and entire colon using a thin, flexible, lighted tube called a colonoscope. It is inserted into your rectum and colon. The doctor can find and remove most polyps and some cancers.

**Double Contrast Barium Enema** – This test allows the doctor to see an x-ray image of the rectum and entire colon. First you receive an enema with a liquid called barium that flows from a tube into the colon, followed by an air enema. The barium and air create an outline around your colon, allowing the doctor to see if abnormalities are present.

### The Bottom Line

If you are 50 or older, get screened regularly for colorectal cancer. For more information, visit [www.cdc.gov/screenforlife](http://www.cdc.gov/screenforlife) or call CDC Info at 1-800-CDC-INFO (1-800-232-4636). For TTY, call 1-888-232-6348. To find out about Medicare coverage, call 1-800-MEDICARE (1-800-633-4227).



## SCREENING TEST OPTIONS



SCREENING TEST	FREQUENCY/COST ESTIMATE	PURPOSE	IMPORTANT CONSIDERATIONS	COVERED BY INSURANCE/MEDICARE?
<b>Fecal Occult Blood Test (FOBT)</b>	Once a year starting at 50. \$10–\$25* (If blood is found, follow-up testing is needed.)	Detects blood in stool from polyps, cancer, or causes unrelated to cancer.	You receive the test kit from your doctor or health care provider and do the test yourself at home.  Your doctor will probably recommend that you avoid some foods and medicines before and until stool samples are collected.	<b>Insurance:</b> Many plans cover.  <b>Medicare:</b> Covers annually starting at age 50 for people with Medicare. You pay no co-insurance or Part B deductible.
<b>Flexible Sigmoidoscopy (Flex Sig)</b>	Once every 5 years starting at 50. \$150–\$300* (If polyps or lesions are found, follow-up testing is needed.)	Doctor sees lining of rectum and lower part of colon. Tissue samples of polyps and cancers can be taken.	Provides direct view of rectum and lower colon where half of colorectal cancers occur, but cannot view entire colon.  Before the test, your doctor will recommend that you restrict your diet and use laxatives and/or enemas to clean out your colon and rectum.  You may feel discomfort during or after exam.  Very slight risk of perforation, infection, bleeding.	<b>Insurance:</b> Many plans cover every 4–5 years beginning at age 50.  <b>Medicare:</b> Covers once every 4 years. You pay 20% of Medicare-approved amount after Part B deductible.
<b>Combination: FOBT and Flex Sig</b>	FOBT annually and Flex Sig every 5 years starting at 50.	See above.	Combination of tests may increase the chance of finding polyps and early cancers.	See above.
<b>Colonoscopy</b>	Once every 10 years starting at 50 for people with no family or personal history of polyps, and no symptoms. \$800–\$1600* (Colonoscopy is usually recommended as a follow-up test if any of the other screening tests are abnormal.)	Doctor sees lining of entire rectum and colon. Tissue samples of polyps and cancers can be taken. Most polyps can be removed during the test.	Provides direct view of rectum and entire colon.  Before the test, your doctor will recommend that you restrict your diet and use laxatives and/or enemas to clean out your colon and rectum.  You may feel discomfort during or after exam.  You're given medication to help make the exam more comfortable for you and are advised not to drive or work on the day of the exam.  Slight risk of perforation, infection, bleeding.	<b>Insurance:</b> Coverage is variable when colonoscopy is used for screening. If it's needed for a follow-up test or diagnosing a problem, most plans cover. Check with your plan.  <b>Medicare:</b> Covers average-risk patients every 10 years. You pay 20% of approved amount after Part B deductible. Also covers high-risk patients every 2 years and those needing a follow-up test after FOBT or flex sig. Check with Medicare for details.
<b>Double Contrast Barium Enema</b>	Once every 5 years starting at 50. \$250–\$500* (If polyps or lesions are found, follow-up testing is necessary.)	Doctor sees x-ray image of entire colon. May be able to detect polyps and cancers.	Allows doctor to see outline of the colon on an x-ray.  Before the test, your doctor will recommend that you restrict your diet, and use laxatives and/or enemas to clean out your colon and rectum.  You may feel discomfort during or after exam.  Slight risk of perforation.	<b>Insurance:</b> Many plans cover. Check with your plan.  <b>Medicare:</b> Sometimes can be substituted for 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.