Colorectal Cancer Screening Saves Lives

Colorectal cancer is the second leading cancer killer—
but it doesn't have to be.

Screen for Life
National Colorectal Cancer Action Campaign

Screening Saves Lives

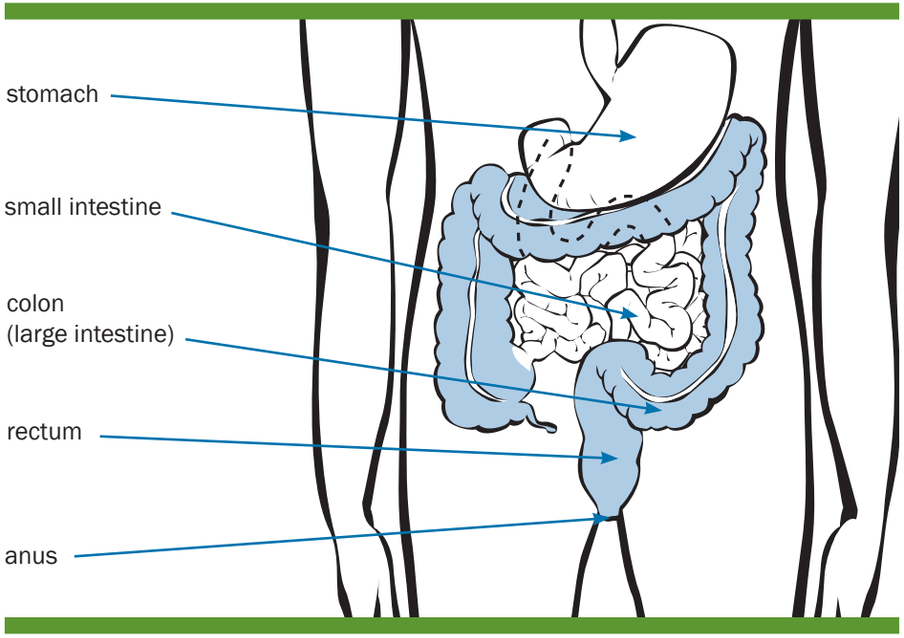
Among cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the U.S.

But if everyone aged 50 years or older had regular screening tests, at least 60% of deaths from this cancer could be avoided.

What is colorectal cancer?

Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later.

Colorectal cancer is cancer that occurs in the colon or rectum. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.



Colon and Rectum

Both men and women are at risk for colorectal cancer.

Screening tests can find polyps, so they can be removed **before** they turn into cancer.

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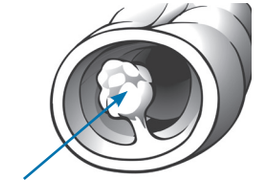
If you're 50 or older, getting a colorectal cancer screening test could save your life.



Colon polyp

Here's How:

- Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn't be there. Over time, some polyps can turn into cancer.
- Screening tests can find polyps, so they can be removed *before* they turn into cancer.
- Screening tests also find colorectal cancer early, when the chance of being cured is good.

Who Gets Colorectal Cancer?

Colorectal cancer occurs most often in people aged 50 years or older. The risk increases with age. Both men and women can get colorectal cancer. If you are 50 or older, talk to your doctor about getting screened.

Am I at High Risk?

Your risk for colorectal cancer may be higher than average if:

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer.

Speak with your doctor about having earlier or more frequent tests if you think you're at high risk for colorectal cancer.

What are the Symptoms of Colorectal Cancer?

People who have polyps or colorectal cancer don't always have symptoms, especially at first. Someone could have polyps or colorectal cancer and not know it. If there are symptoms, they may include:

- Blood in or on your stool (bowel movement).
- Pains, aches, or cramps in your stomach that don't go away.
- Losing weight and you don't know why.

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

Colorectal cancer is the 2nd leading cancer killer — but it doesn't have to be.

Insurance Coverage

Many insurance plans and Medicare help pay for colorectal cancer screening tests. Check with your plan to find out which tests are covered for you.

Types of Screening Tests

Several different screening tests can be used to find polyps or colorectal cancer. Each can be used alone, or sometimes in combination with each other. The U.S. Preventive Services Task Force (USPSTF) recommends colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. Talk to your doctor about which test or tests are right for you. If you are older than 75, ask your doctor if you should be screened.

High-Sensitivity FOBT (Stool Test)—There are two types of FOBT—one uses the chemical guaiac, while the other (the fecal immuno-chemical test, or FIT) uses antibodies to find blood in the stool. You receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the kit to the doctor or a lab, where stool samples are checked for anything unusual.

How Often: Once a year.

Flexible Sigmoidoscopy (Flex Sig)—The doctor puts a short, thin, flexible, lighted tube into your rectum, and checks for polyps or cancer inside the rectum and lower third of the colon. This test may be used in combination with the FOBT.

How Often: Every 5 years. When Flexible Sigmoidoscopy is done in combination with High-Sensitivity FOBT, the FOBT should be done every 3 years.

Colonoscopy—This is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.

How Often: Every 10 years.

Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.

If you're 50 or older, talk with your doctor about getting screened.

Other Screening Tests in Use or Being Studied

Although these tests are not recommended by the USPSTF, they are used in some settings. Many insurance plans don't cover them. If anything unusual is found during the test, you likely will need a follow-up colonoscopy.

- **Double Contrast Barium Enema**—You receive an enema with a liquid called barium, followed by an air enema. This creates an outline around your colon, allowing the doctor to see the outline of your colon on an X-ray.
- **Virtual Colonoscopy**—Uses X-rays and computers to produce images of the entire colon. The images are displayed on the computer screen.
- **Stool DNA Test**—You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

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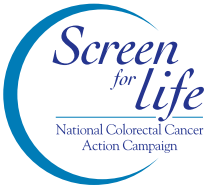
1-800-CDC-INFO (1-800-232-4636) • www.cdc.gov/screenforlife



Resources

For more information, visit **www.cdc.gov/screenforlife**
or call 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) or visit www.medicare.gov.

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