

Colorectal Cancer Screening Options

Most insurance plans cover 100% of the cost of screening with no co-pays or deductibles. Even without insurance, there are low cost, reliable options. Please make and keep your appointment to be screened. Then talk about your experience and encourage other people you know to get screened too.

NAME	PREPARATION	WHAT HAPPENS?	FREQUENCY
<p>High-Sensitivity Fecal Occult Blood Test (FOBT) or Stool Test; or Fecal Immunochemical Test (FIT)</p> <p>Note: There are two types of stool tests: one uses the chemical guaiac to detect blood. The other—a fecal immunochemical test (FIT) uses antibodies to detect blood in the stool.</p> <p>Ask your doctor for a high-sensitivity FOBT or FIT. The one time stool test done by the doctor in the doctor's office is not appropriate as a screening test for colorectal cancer.</p>	<p>Your doctor may recommend that you follow a special diet before taking the stool test.</p>	<p>You receive a kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You may be asked to do this for several bowel movements in a row. You return the test to the doctor or a lab, where stool samples are checked for blood.</p>	<p>This screening should be done every year. (If anything unusual is found, your doctor will recommend a follow-up colonoscopy.)</p>
<p>Flexible Sigmoidoscopy (Flex Sig)</p> <p>Note: This is sometimes done in combination with a stool test.</p> <p>A sigmoidoscopy allows doctors to check for polyps inside the rectum or lower third of the colon. It is, therefore, not a recommended screening for African Americans who often have polyps in the upper thirds of the colon.</p>	<p>Your doctor will tell you what foods you can and cannot eat before the screening. The evening before, you use a strong laxative and/or enema to clean out the colon.</p>	<p>During the screening, the doctor puts a short, thin, flexible, lighted tube into the rectum. This tube allows the doctor to check for polyps or cancer inside the rectum and lower third of the colon.</p>	<p>This screening should be done every 5 years. When it is done in combination with a stool test, the stool test should be done every 3 years. (If anything unusual is found, your doctor will recommend a follow-up colonoscopy.)</p>
<p>Colonoscopy</p> <p>Note: Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening options.</p>	<p>Before this screening, your doctor will tell you what foods you can and cannot eat. You use a strong laxative to clean out the colon. Some doctors recommend that you also use an enema. Make sure you arrange for a ride home, as you will not be allowed to drive.</p>	<p>You will receive medication during this screening, to make you more comfortable. A colonoscopy is similar to flex sig, 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 screening, the doctor can find and remove most polyps and some cancers.</p>	<p>This screening should be done every 10 years. If polyps or cancers are found, you will need more frequent colonoscopies in the future.</p>

COLORECTAL CANCER
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