

Colorectal Cancer Screening Options

There are several reliable screening options—some cost as little as \$25 and most are covered by insurance. Talk to your doctor about the one that's right for you. Get screened. Then share your experience and encourage people you know to get screened too.

Name	Preparation	What Happens?	Frequency
High-Sensitivity Fecal Occult Blood Test (FOBT); or Fecal Immunochemical Test (FIT) <i>Note: There are two types of FOBT: one uses the chemical guaiac to detect blood. The other—a fecal immunochemical test (FIT) uses antibodies to detect blood in the stool.</i> Ask your doctor for a high-sensitivity FOBT or FIT.	Your doctor may recommend that you follow a special diet before taking the FOBT.	You receive a kit from your health care provider or through the mail. At home, you use a stick or brush to obtain a small amount of stool. You return the test to the doctor or a lab, where stool sample is checked for blood.	This screening should be done every year. <i>(If hidden blood is found, your doctor will recommend a follow-up colonoscopy.)</i>
FIT -DNA test <i>Note: FIT-DNA test are not covered by all insurance plans.</i>		You receive a kit from your health care provider or through the mail. At home, you collect a small amount of stool. You return the test to the lab, where the stool sample is checked for blood and for DNA.	The screening test should be done every 3 years.
Colonoscopy <i>Note: Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening options.</i>	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.	You will receive medication during this screening, to make you more comfortable. During a colonoscopy, the doctor uses a 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.	This screening should be done every 10 years. If polyps or cancers are found, you will need more frequent colonoscopies in the future.
Flexible Sigmoidoscopy (Flex Sig) <i>Note: This is sometimes done in combination with High-Sensitivity FOBT.</i> 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.	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.	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.	This screening should be done every 5 years. When it is done in combination with High-Sensitivity FOBT, the FOBT should be done every 3 years. <i>(If anything unusual is found, your doctor will recommend a follow-up colonoscopy.)</i>
CT Colonography <i>Note: CT colonography, also known as virtual colonoscopy, is an x-ray of the colon.</i>	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.	During the screening, the doctor takes an x-ray of your colon to check for polyps or cancer.	This screening should be done every 5 years. When it is done in combination with High-Sensitivity FOBT, the FOBT should be done every 3 years. <i>(If anything unusual is found, your doctor will recommend a follow-up colonoscopy.)</i>