A large, white, curved graphic element on the left side of the page, resembling a thick, open arc or a stylized letter 'C'.

# Colorectal Cancer Screening ● Saves Lives



**Getting screened for colorectal cancer  
starting at 45 can save your life!**



**Both men and women are at risk for colorectal cancer.**



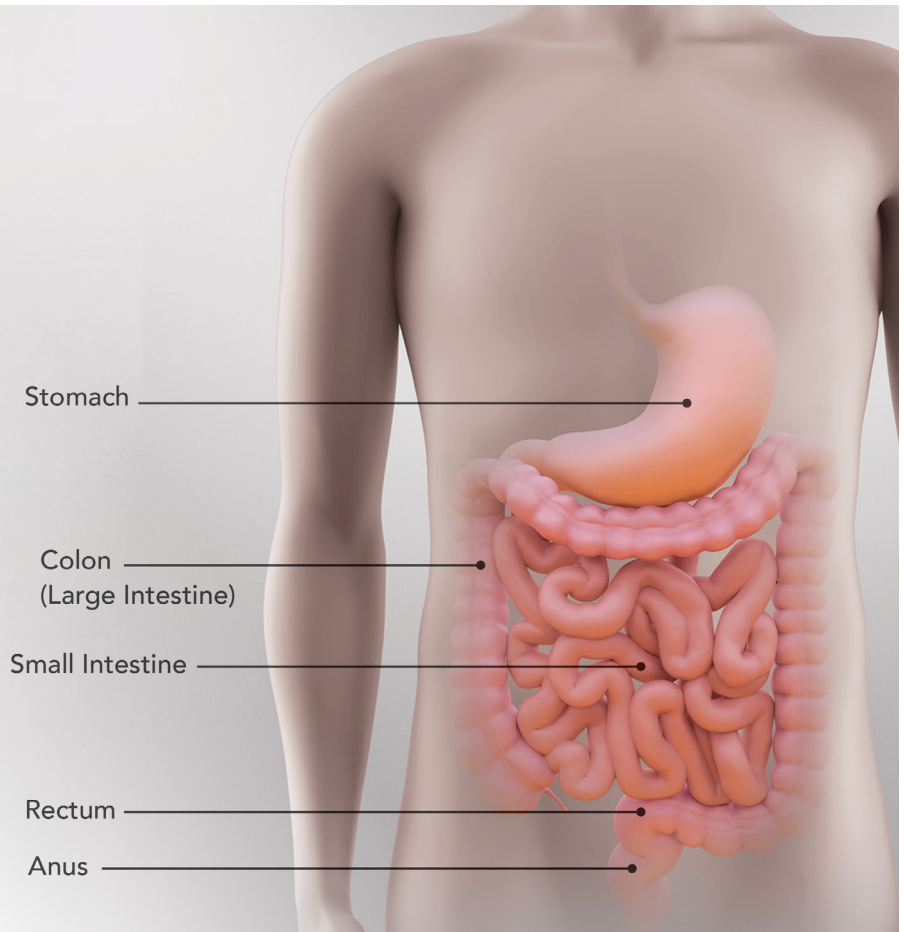
**Screening can prevent colorectal cancers from occurring and detect cancers early, when they're most treatable.**

# Screening Saves Lives

Colorectal cancer is the second leading cancer killer in the U.S. among cancers that affect both men and women. But it doesn't have to be. Routine screening for colorectal cancer beginning at age 45 can save lives!

## What Is Colorectal Cancer?

Cancer is a disease in which cells in the body grow out of control. 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.



## What Are the Symptoms of Colorectal Cancer?

Someone could have colorectal cancer and not know it. People do not always have symptoms, especially at first (or in early stages). If there are symptoms, they may include:

- ▶ Changes in your bowel habits.
- ▶ Blood in or on your stool (bowel movement).
- ▶ Abdominal pain, aches, or cramps that don't go away.
- ▶ Unexplained weight loss.

Contact your health care provider if you notice any of these symptoms.

# Screening Saves Lives

**If you're 45 or older, getting a colorectal cancer screening test could save your life.**

## Here's How:

- ▶ Colorectal cancer usually starts from precancerous 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 precancerous polyps, so they can be removed before they turn into cancer. Screening tests can also find colorectal cancer early, when treatment works best.

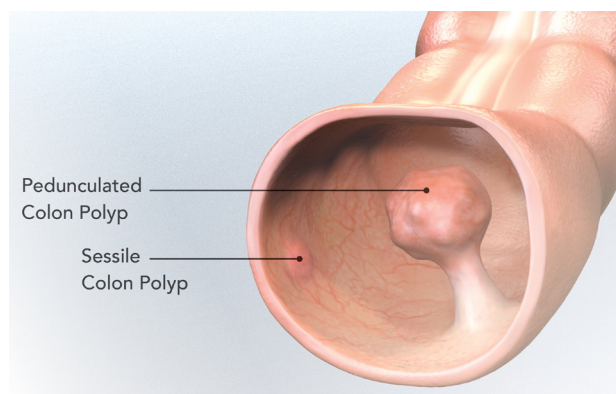
## Who Gets Colorectal Cancer?

Colorectal cancer occurs most often in men and women who are 45 years old or older, and the risk increases with age. If you are 45 or older, talk to your health care provider about getting screened.

## You May Be at Increased Risk If:

- ▶ You or a close relative have had colorectal polyps or colorectal cancer.
- ▶ You have inflammatory bowel disease, Crohn's disease, or ulcerative colitis.
- ▶ You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome).

People at increased risk for colorectal cancer may need earlier or more frequent tests than other people. If you think you may be at increased risk, talk to your health care provider about the routine screening tests that are right for you.



**Screening can find  
problems before you  
have symptoms.**





**In cancers that affect both men and women, colorectal cancer is the second leading cancer killer—but it doesn't have to be.**

# Which Test Is Right for You?

You have different screening options. Talk to your health care provider about which tests are right for you and how often you should be screened.

## Types of Screening Tests

The U.S. Preventive Services Task Force, a group of medical experts, recommends that adults who are 45 to 75 years old be screened for colorectal cancer. The decision to be screened between ages 76 and 85 should be made on an individual basis. If you are older than 75, talk to your health care provider about getting screened.

Several different screening tests can be used to find polyps or colorectal cancer. They include:

### Stool Tests

- ▶ **Guaiaac-based Fecal Occult Blood Test (gFOBT)** uses the chemical guaiac to detect blood in stool. At home, you use a stick or brush to obtain a small amount of stool. You return the test to the health care provider or a lab, where stool samples are checked for blood.
- ▶ **Fecal Immunochemical Test (FIT)** uses antibodies to detect blood in the stool. You receive a test kit from your health care provider. This test is done the same way as gFOBT.
- ▶ **FIT-DNA Test (or Stool DNA Test)** combines the FIT with a test to detect altered DNA in stool. You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

### Flexible Sigmoidoscopy (Flex Sig)

The health care provider 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.

### Colonoscopy

Similar to flexible sigmoidoscopy, except the health care provider uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the health care provider can find and remove most polyps and some cancers. Colonoscopy may also be used as a follow-up test if one of the other screening tests finds anything unusual.

### CT Colonography (Virtual Colonoscopy)

Computed tomography (CT) colonography, also called a virtual colonoscopy, uses X-rays and computers to produce images of the entire colon. The images are displayed on a computer screen for the health care provider to analyze.

**Your health care provider will discuss your test results with you. Depending on your results, you may need a follow-up appointment or another screening test.**

### Insurance Coverage

Colorectal cancer screening tests may be covered by your health insurance policy without a deductible or co-pay. Check with your plan to find out which tests are covered for you.

### Resources

For more information:  
Visit <https://www.cdc.gov/cancer/colorectal/>  
Call 1-800-CDC-INFO (1-800-232-4636)  
For TTY, call 1-888-232-6348.