

Colorectal Screening Guide

What is Colon Cancer?

Colon cancer lives in the large intestine and is the third leading cause of cancer deaths in the United States. Because colon cancer is so common, and the survival rate is so high when caught early, screenings for colon cancer are important. Experts recommend starting colonoscopies at age 45.



Five-year survival rate is about **90%** if caught before colon cancer spreads



Approximately **135K** new cases are diagnosed annually



Around **25%** of individuals age 50 and older will have at least one polyp*

* Colon cancer typically begins as a polyp. Some polyps are found because of bleeding, while others have no symptoms.

What is a polyp?

A polyp is an abnormal growth of cells that can progress into cancer.

Colon Cancer Risk Factors

- Family history of colon cancer
- Personal history of polyps or cancer in other parts of the body
- Smoking
- Alcohol Use (more than four drinks per week)
- Obesity
- Diet high in red meat and processed meat
- Other diseases like Crohn's and ulcerative colitis

Colonoscopies are the gold standard for finding and removing polyps. This is especially true if you have a personal history of polyps and/or colon cancer, or if you have a family history of colon cancer.

If you do not have a personal or family history of colon cancer, and a colonoscopy seems overwhelming, you may be eligible for other screening options. Talk to your provider about what is best for you.

Test/Frequency	Screening Type	Benefits	Considerations
Colonoscopy Every 10 Years	Moderately invasive procedure	<ul style="list-style-type: none"> • Visual examination of the entire colon • Can remove polyps and take biopsies • Other diseases can be detected • Most comprehensive screening 	<ul style="list-style-type: none"> • Full bowel prep • Risk of tears • The only option for those who are at high risk for colon cancer
Flexible Sigmoidoscopy Every 5 years	Minimally invasive procedure	<ul style="list-style-type: none"> • Minimal bowel prep • Visual examination of last part of colon • Can remove small polyps and take biopsies 	<ul style="list-style-type: none"> • Views only 1/3 of colon • Risk of tears • A colonoscopy is needed if results are abnormal
CT Colonography Every 5 years	Non-invasive procedure	<ul style="list-style-type: none"> • Visual examination of the entire colon • Safer for patient taking blood-thinning medication 	<ul style="list-style-type: none"> • Full bowel prep • Not for those with certain allergies • A colonoscopy is needed if results are abnormal
Cologuard (FIT-DNA) Every 3 years	Stool sample	<ul style="list-style-type: none"> • No bowel prep • Performed at home • Looks for blood and DNA changes in the stool 	<ul style="list-style-type: none"> • Nonbleeding polyps can be missed • A colonoscopy is needed if results are abnormal
Fecal Occult Blood Test Every year	Stool sample	<ul style="list-style-type: none"> • No bowel prep • Performed at home • Looks for blood in the stool 	<ul style="list-style-type: none"> • Nonbleeding polyps can be missed • A colonoscopy is needed if results are abnormal



Always check with your insurance provider for pricing and coverage options.



Frequency may be altered as directed by your health-care provider.