Screening Tests At-a-Glance

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. The decision to be screened after age 75 should be made on an individual basis. If you are older than 75, ask your doctor if you should be screened.

The benefits and potential harms of the recommended screening methods vary. Discuss with your doctor which test is best for you. Getting screened could save your life!

Name	Preparation	What happens?	Frequency
High-Sensitivity Fecal Occult Blood Test (FOBT) or Stool Test; or Fecal Immunochemical Test (FIT) 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.	Your doctor may recommend that you follow a special diet before taking the FOBT.	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 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.	This test should be done every year. (If anything unusual is found, your doctor will recommend a follow-up colonoscopy.)
Ask your doctor for a high-sensitivity FOBT or FIT.			
The one time FOBT done by the doctor in the doctor's office is <i>not</i> appropriate as a screening test for colorectal cancer.			
Flexible Sigmoidoscopy (Flex Sig) Note: this is sometimes done in combination with High-Sensitivity FOBT.	Your doctor will tell you what foods you can and cannot eat before the test. The evening before the test, you use a strong laxative and/or enema to clean out the colon.	During the test, 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 test should be done every 5 years. When it is done in combination with High-Sensitivity FOBT, the FOBT should be done every 3 years.
			(If anything unusual is found, your doctor will recommend a follow-up colonoscopy.)
Colonoscopy Note: Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.	Before this test, 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 test, to make you more comfortable. This test 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 test, the doctor can find and remove most polyps and some cancers.	This test should be done every 10 years. If polyps or cancers are found during the test, you will need more frequent colonoscopies in the future.



Other Screening Tests At-a-Glance

Colorectal Cancer Screening Saves Lives

Other Screening Tests In Use or Being Studied				
Name	Who recommends it?	What is involved?	Important considerations	
Double Contrast Barium Enema (DCBE)	American Cancer Society (recommends every 5 years.)	Before this test, you follow a special diet and use a strong laxative or enema to clean out the colon. During the test, you receive an enema with a liquid called barium that flows from a tube into the colon, followed by an air enema. The barium and air create an outline around your colon, allowing the doctor to see the outline of your colon on an X-ray.	If anything is found during this test, you likely will need a colonoscopy.	
Virtual Colonoscopy (also known as computed tomographic (CT) colonography or CTC)	American Cancer Society (recommends every 5 years.)	You prepare for this test as you would for a colonoscopy. Before the test, you follow a special diet and use a strong laxative to clean out the colon. Virtual colonoscopy uses x-rays and computers to produce images of the entire colon. The images are displayed on the computer screen.	This test is recommended by at least one group that issues screening guidelines, but other groups say more studies are needed to measure its effectiveness and to better understand its benefits and potential harms. Many insurance plans do not yet cover this test for screening. If anything is found during this test, you likely will need to have a 'regular' colonoscopy, described on the other side.	
Stool DNA test	American Cancer Society	For this test you collect an entire bowel movement and send it to a lab to be checked for cancer cells.	This test costs more than the other FOBT or stool tests. If something is found, you will need a colonoscopy. It is not yet known how often this test should be done. Most insurance plans do not cover this test.	

