

SCREENING TEST OPTIONS

Screening guidelines have been developed by several medical societies and organizations. All strongly recommend that adults aged 50 or older be screened regularly for colorectal cancer. Several tests can be used to find polyps or colorectal cancer. Each has advantages and disadvantages. Here is information that can help you decide, with your doctor, which test(s) is right for you:

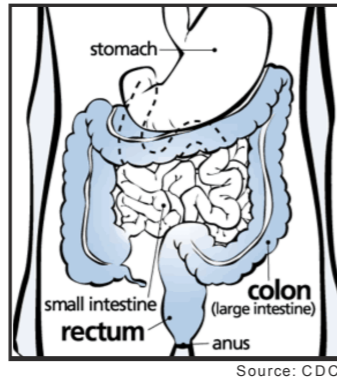
<i>Screening Test</i>	<i>How Often</i>	<i>Important Points to Consider</i>
<p>Fecal Occult Blood Test (FOBT, Hemoccult, Stool Guaiac) Detects blood in stool from polyps, cancer, or other causes. Before the test, you may be asked to follow a special diet (information is included in the test kit). During the test, you place stool samples on special cards and mail the cards to your doctor's office or lab.</p>	<p>Once a year, starting at age 50.</p>	<ul style="list-style-type: none"> You will receive the test kit from your doctor or nurse You do the test yourself at home, and you do not need to miss work Before the test, your doctor may recommend that you avoid some foods and medicines You will not feel discomfort during or after the test There are no complications This test may miss some polyps and cancers If blood is found, you will need a follow-up exam - usually with a colonoscopy
<p>Flexible Sigmoidoscopy (Flex Sig) and Fecal Occult Blood Test (FOBT, Hemoccult, Stool Guaiac) Flexible Sigmoidoscopy (Flex Sig) allows the doctor to examine the lining of the rectum and lower colon, using a thin, flexible, lighted tube. To prepare, you use a strong laxative, as prescribed by your doctor, to clean out your colon and rectum. The test is done at a doctor's office or a specialty clinic.</p>	<p>Flex Sig every 5 years and FOBT (Hemoccult, Stool Guaiac) every 3 years, starting at age 50.</p>	<ul style="list-style-type: none"> The combination of flex sig and FOBT may increase the chance of finding polyps and early cancers <p>For Flex Sig:</p> <ul style="list-style-type: none"> You will visit a doctor's office and if you work, you will have to miss half a day Before the test, your doctor will recommend that you restrict your diet and use strong laxatives and/or enemas You will be able to drive yourself home after the test You may feel discomfort during or after the exam There is a very slight risk of perforation of the colon, reaction to the medication, or bleeding This test provides a direct view of the rectum and lower colon where half of colorectal cancer occurs, but cannot view the entire colon If polyps or lesions are found, you will need a follow-up exam - usually with a colonoscopy
<p>Colonoscopy Allows the doctor to examine the lining of the rectum and the entire colon, using a thin, flexible, lighted tube. To prepare, you use a strong laxative, as prescribed by your doctor, to clean out your colon and rectum. During the test, you are given medication to help you relax. Colonoscopy is done at a specialty clinic.</p> <p>(Colonoscopy is usually recommended as a follow-up test if any of the other screening tests are abnormal.)</p>	<p>Once every 10 years starting at age 50.</p>	<ul style="list-style-type: none"> You will visit a specialty clinic and if you work, you will have to miss a day Before the test, your doctor will recommend that you restrict your diet and use strong laxatives and/or enemas You will be given medication (sedation) to help you relax Someone will have to drive you home after the test You may feel discomfort during or after the exam There is a slight risk of perforation of the colon, reaction to medication, and bleeding This test provides a direct view of the rectum and the entire colon Some doctors believe that this is the most accurate test for finding polyps and cancers If polyps or lesions are found, they can often be removed during the procedure



COLORECTAL CANCER SCREENING FACTS

What is Colorectal Cancer?

Colorectal cancer is cancer that develops in the colon or rectum. It is the second leading cancer killer in the U.S., but it doesn't have to be. If everyone aged 50 and older had regular colorectal cancer screening tests, more than one third of deaths from this cancer could be avoided.



Colorectal Cancer Facts and Figures

- Both men and women are at risk
- 93% of cases occur in people aged 50 and older
- The risk of developing colorectal cancer increases with age

How Screening Saves Lives

Colorectal cancer almost always develops from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests can find polyps, so they can be removed before they turn into cancer. Screening tests can also find colorectal cancer early, when treatment works best.



When Should I Begin Screening?

You should begin screening for colorectal cancer when you turn 50, then continue at regular intervals. However, you may need to be tested earlier or more often than other people if:

- You or a close relative have had colorectal polyps or colorectal cancer, or
- You have inflammatory bowel disease.

Talk with your doctor about when you should begin screening and how often you should be screened.

Does Colorectal Cancer Have Symptoms?

Polyps and colorectal cancer often do not cause symptoms, especially at first. But sometimes there are symptoms, such as:

- Blood in or on your stool;
- Unexplained and frequent pain, aches, or cramps in your stomach;
- A change in bowel habits, such as having stools that are narrower than usual; and
- Unexplained weight loss.

If you have any of these symptoms, talk to your doctor. These symptoms may also be caused by something other than cancer, but the only way to know what is causing them is to see your doctor.

Screening Tests for Colorectal Cancer

Below is a list of several tests that are available to screen for colorectal cancer. Some are used alone, while others are used in combination with each other. Research evidence shows that all of these tests save lives. Talk with your doctor about which screening test is best for you.

Fecal Occult Blood Test (FOBT, Hemoccult, Stool Guaiac)

This test checks for occult (hidden) blood in the stool. You receive a test kit from your doctor. You may be asked to follow a special diet before and during the test.

At home, you place a small amount of your stool from three bowel movements in a row on test cards. You return the cards to your doctor's office or lab, where the stool samples are checked for hidden blood.

Combination of Flexible Sigmoidoscopy and Fecal Occult Blood Test (FOBT, Hemoccult, Stool Guaiac)

Flexible Sigmoidoscopy allows the doctor to examine the lining of your rectum and lower part of your colon using a thin, flexible, lighted tube called a sigmoidoscope. The tube is inserted into your rectum and lower part of the colon. During the exam, the doctor can find and remove polyps within reach of the sigmoidoscope. This test is done at a doctor's office or a specialty clinic. Combining both tests may increase the chance of finding polyps and cancers.

Colonoscopy

This is similar to flexible sigmoidoscopy, except this test allows the doctor to examine the lining of your rectum and the entire colon using a thin, flexible, lighted tube called a colonoscope. The tube is inserted into your rectum and colon. During the exam, the doctor can find and remove most polyps and some cancers in the entire colon and rectum. This test is done at a specialty clinic.

The Bottom Line

If you are 50 or older, get screened regularly for colorectal cancer. Talk to your doctor about the best screening method for you.

For more information, visit www.cdc.gov/cancer/ScreenforLife or call the National Cancer Institute's Cancer Information Service: 1-800-4-CANCER. For TTY, call 1-800-332-8615.

(See reverse side for information on screening tests)