



YOUR GUIDE IN THE FIGHT

Colorectal Cancer Screening

A **FIGHT COLORECTAL CANCER**® Resource

Choose a Test. SAVE YOUR LIFE.







Here are some screening options that patients most commonly ask about, use, and recommend.

Screening begins at 45 years old. If you have family history or have bleeding symptoms, you may need to be screened earlier.

Talk about the pros and cons of each test method with your doctor, and make the choice that works best for you and your lifestyle.

All of the below tests are FDA approved. For a full list of options visit FightCRC.org/Screening.

STOOL TESTS

	Colonoscopy	Fecal Immuno-Chemical Test (FIT)	FIT-DNA/mt-sDNA (like Cologuard®)	CT Colonography
What is it? 	The patient is sedated, so a doctor can examine the inside of their colon for precancerous polyps. Bowel prep is required.	Stool is collected at home and sent to a lab, which looks for small amounts of blood.	Stool is collected at home and sent to a lab, which looks for small amounts of blood or DNA markers associated with colorectal cancer.	A noninvasive, advanced CT scan that produces two- and three-dimensional images of the colon and rectum.
How much does it cost?	Varies by insurance. Screening tests must be covered.	Low-cost option 	Varies by insurance. Most plans cover this test, but some may not.	Varies by insurance. Screening tests must be covered.
When should it be repeated?	Every 10 years, if normal 	Every year, if normal 	Every 3 years, if normal 	Every 5 years, if normal 
Where is it performed?	Outpatient surgical center or hospital	The patient's home	The patient's home	Hospital, clinic, or outpatient imaging center
Things to consider	Complications are rare but include bleeding, infection, and bowel-wall injury.	Can't detect or remove polyps. A positive test means that a follow-up colonoscopy is required.	Can detect polyps, but can't remove them. Like FIT, a positive test means that a follow-up colonoscopy is required.	If any abnormalities are found, such as polyps, a follow-up colonoscopy is required.
Who is a good candidate?	Most people are good candidates. This test is the best way to find and remove polyps early.	Great option for people hesitant about a colonoscopy, but a FIT test must be performed every year.	Great option for people hesitant about a colonoscopy, but FIT-DNA/mt-sDNA must be performed every 3 years.	People who aren't eligible for or cannot tolerate a traditional colonoscopy.

All Screening Options

About one-third of adults over age 45 have not been screened for colorectal cancer as recommended. Scan for a full list of screening options.



SCAN HERE for screening options

Learn more at FightCRC.org/Screening



When to Get Screened

and Why

Be proactive. **Screening could save your life.**

Screening starts at 45, but you don't have to wait till you are 45 to talk to your doctor about screening for colorectal cancer.

If you have a family history of colorectal cancer, advanced colorectal polyps, or you've been diagnosed with inflammatory bowel disease, you may need to be screened earlier.

DO I NEED A Special Doctor?

Typically, you need to start the discussion with your primary care provider. **There are several options for screening, and your doctor can help you find the right one for you.**

If you are referred to a specialist for a colonoscopy, you will be seen by a gastroenterologist (GI). Be sure to find a doctor and call your insurance provider to make sure they are in network.

If you need help finding a gastroenterologist, you can find one on our Provider Finder at [ProviderFinder.FightCRC.org](https://www.providerfinder.fightcancer.org).



SCAN HERE
to learn more

Search at
[ProviderFinder.FightCRC.org](https://www.providerfinder.fightcancer.org)

We all have colons and rectums. Don't feel uncomfortable talking about your bowel movements or getting screened. It could save your life. Colorectal cancer is preventable and treatable if caught early.

Screening starts at 45, but colorectal cancer can impact families at any age. So, if you are seeing blood in your stool, it's time to talk about having a diagnostic exam with your healthcare provider.



"My husband Kevin's greatest regret is that he didn't get a colonoscopy when he should have. His first colonoscopy was at age 59, at which he was diagnosed with stage IVa colon cancer.

Kevin passed away in March 2021 knowing that a preventive colonoscopy would have resulted in a much different outcome."

▶ **TRACI BRYAN**
Caregiver to Kevin Bryan
Diagnosed at 59

7 Signs and Symptoms of Colorectal Cancer

Polyps (abnormal growths in the colon or rectum that can turn into cancer if not removed) and colorectal cancer don't always show symptoms, especially at first. You could have polyps or colorectal cancer and not know it. This is why getting screened regularly is so important.

Some of the most common symptoms include:



**BLOOD IN OR ON
YOUR STOOL (POOP)**



**A CHANGE IN
BOWEL HABITS**



**NARROWER THAN
USUAL STOOLS**



**FREQUENT
GAS PAINS**
*(bloating, a feeling
of fullness, or cramps)*



**UNEXPLAINED
WEIGHT LOSS**



**FEELING
VERY TIRED**
(weakness and fatigue)



NO SYMPTOMS
(very common)



SCAN HERE
for more information

What if **Colorectal Cancer** or **Polyps** Run in My Family?

If you or someone in your family has been diagnosed with colon polyps and/or colorectal cancer, or has been diagnosed with a genetic syndrome that increases their risk for colon or rectal cancer (such as Lynch syndrome), you may be at increased risk. This means you may need to be screened earlier than age 45, and you may need to be screened more often than others.

Ask your family members for their history and records from their genetics appointments, and discuss these with your doctor to determine your personal risk and next steps. **Family history is crucial for early detection, so be sure to have honest and open discussions with your family members about all health-related matters.**

It's important to remember that what we know about genetics and colorectal cancer is constantly changing. Continually ask your family for the latest health updates, and pass this information along to your doctor.

COLONOSCOPY *Prep*

Prep. It's one of the most dreaded steps of a colonoscopy. But, it's also one of the most important.

If you choose to get a colonoscopy, you will need to take a colonoscopy prep solution to completely clear out your digestive tract and bowels, so your gastroenterologist can get a good look at your entire colon and rectum.

If you don't prep carefully and thoroughly, you run the risk of polyps or cancer being missed, or you may need to repeat the prep and the colonoscopy. So be sure to prep properly the first time!

Which Colonoscopy Prep Should I Use?

There are several prep brands to choose from, and prep comes in a couple of different forms. There are liquid preps and preps in pill form. Some preps are available by prescription, and others can be done with over-the-counter products. Some preps are high-volume (a lot to drink), but there are also low-volume (less to drink) options.

When choosing a prep, consider cost, what your body can handle, and your gastroenterologist's preference and recommendation.

Ultimately, it's up to you and your doctor to agree on a prep. But, advocate for yourself and express your preferences. You have options.

Colonoscopy Prep Shopping List

»»»
Consider these items before you prep for a colonoscopy



COFFEE
(but only drink it black)



SPORTS DRINKS
(but not red or purple)



TEA



MOIST WIPES & SOFT TOILET PAPER



APPLE JUICE OR WHITE GRAPE JUICE



POPSICLES
(but not red or purple)



GELATIN
(but not red or purple)



BROTH



BOOKS, MOVIES, OR MAGAZINES

5 Tips for Prep Night

1. Clear your schedule.

Be at home (or somewhere comfortable) with access to a toilet. Cancel all plans on your calendar. This is no time for multitasking.

2. Prep for your prep.

If you're doing a liquid prep, drink it cold and with a straw, which can improve the taste. Put a phone charger, books, and magazines in the bathroom. Splurge on wipes, creams, and super-soft toilet paper. Blot, don't wipe.

3. Stay close to the bathroom.

Trust us.

4. Hydrate.

Drink clear liquids often — water, coconut water, electrolyte drinks, warm broth. While 32 oz. of liquid may seem overwhelming, if you split it up into 8 oz., and drink every 15 minutes, all of this liquid is extremely doable. The reason all of this liquid is so important is it will help you stay hydrated as your body is clearing out.

5. Follow the plan.

Follow your doctor's prep instructions exactly.

I Got Screened, Now What?

First off, give yourself a pat on the back! Way to go!

Make sure you get a report from your doctor — and that you understand it. If you had polyps removed, ask what type they are and if they are precancerous.

Ask your doctor whether your polyp findings (if any were found) increase risk of cancer for your family members and whether they need to be screened earlier. If anything abnormal popped up, or if you are facing a colorectal cancer diagnosis, visit FightCRC.org to learn more.

Tell your family, friends, and neighbors that you got screened. Share your results with your family, and tell everyone else to get screened. Colorectal cancer can be preventable with screening.

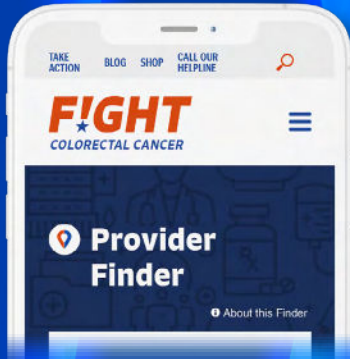
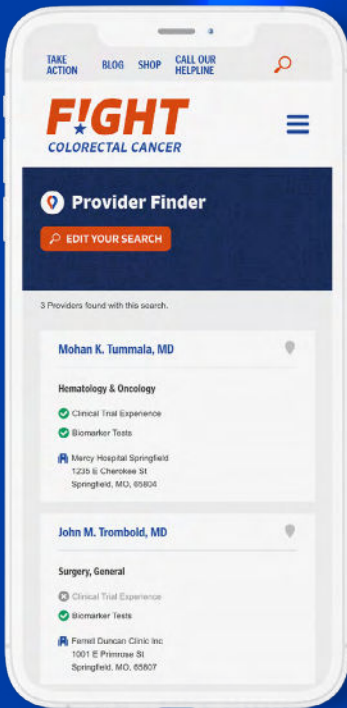
You are now one of our greatest advocates because you got screened for colorectal cancer!

Care Packs

Care Packs are assembled to provide education and comfort, and to support patients along their colorectal cancer journey.

FightCRC.org/Care-Pack





LOOKING FOR *a* Screening Provider?

Fight CRC's Provider Finder is an online tool that helps patients find gastroenterologists, oncologists, and surgeons.

The Provider Finder shows providers who are actively seeing and treating colorectal cancer patients around the country based on factors such as:

- * geographic accessibility.
- * clinical trial experience.
- * the volume of colorectal cancer patients they treat.
- * whether they have a strong referral network to support interdisciplinary care pathways.


SCAN HERE
to learn more
 Search at
ProviderFinder.FightCRC.org




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