

Screening

A Guide on the Importance of Screenings, Options & Next Steps

Why Get Screened?

Everyone, at some point, needs colorectal cancer screening. It could save your life! Colorectal cancer is one of the few cancers you can prevent, and it's easier to beat if you catch it early.

You may assume you're healthy, and you don't need to be screened. But here are the facts:

- 1 in 24 men will be diagnosed; it's the #1 cause of cancer death in men under age 50.
- 1 in 26 women will be diagnosed; it's the #2 cause of cancer death in women under age 50.
- It is estimated that 68% of deaths from colorectal cancer could be prevented with screening.

Learn Your Risk

When and how you get screened will depend on a few things like age, family history, personal health history, and if you're seeing any symptoms. Race and lifestyle can influence your risk for colorectal cancer.

AVERAGE RISK

The general U.S. population. Guidelines recommend screening begins at age 45.

INCREASED RISK

Compared to U.S. population, modifiable risk factors such as inactivity, poor diet, smoking, drinking alcohol, and obesity can increase risk.

HIGH-RISK

Applies if you have a first-degree, biological relative (sibling, parent, or child) with a history of colorectal cancer or large/advanced polyps, a personal history of inflammatory bowel disease, and/or a personal history of large/advanced polyps.

HEREDITARY-RISK

If you've been diagnosed with breast, ovarian, uterine, pancreatic, or colorectal cancer. You should consider discussing risk with your doctor and consider genetic counseling.

3 Questions for Your Doctor

- 1** Based on my personal risk, what are my screening options?
- 2** How quickly will I get results, and who will help me understand them?
- 3** If colonoscopy is recommended: What are my prep options?
TIP: There are several prep products!

"A simple, non-invasive stool test was the beginning of my journey. My doctor recommended it during a visit. I had no symptoms, so I had no reason to fear, or so I thought. You can imagine my shock when I received a call saying I had a positive result. A few months later, I had my first colonoscopy. One week later I was in surgery. I was diagnosed with stage III colon cancer. You never think it's going to be you."

Yla Flores
SURVIVOR

Ready to tell your story and offer your advice? fightcrc.org/story

Scan to discover your personal risk and when you need to get screened, take our 13-question, 2-minute Screening Quiz.
fightcrc.org/quiz



Scan to search for a gastroenterologist near you.
providerfinder.fightcrc.org



ADDITIONAL RESOURCES

ChatCRC is Fight CRC's proprietary 24/7 chatbot that provides colorectal cancer resources and support. Start chatting now at chatbot.fightcrc.org or text 318-242-8272.

Our Guide in the Fight Series offers more brochures like this one for colorectal cancer information. To explore the series visit, fightcrc.org/guide.

A Resource for Patients by Patients

Symptoms

At its earliest stages, colorectal cancer may not cause any symptoms. That's why on-time screening based on your personal risk is critical. However, if you're experiencing any of these common symptoms, tell your doctor ASAP.

BLOODY POOP	CHANGES IN BOWEL HABITS
STOMACH PAINS	SKINNY POOPS
CAN'T FART OR POOP	LOSING WEIGHT WITHOUT TRYING
SUPER TIRED & SHORT OF BREATH	

An increase of symptoms and/or severity of symptoms should lead to increased urgency of seeing a doctor. To learn more about each symptom or visit fightcrc.org/symptoms.

WHAT'S A POLYP?

A polyp is a small outgrowth of cells or tissue that occurs in the lining of the colon or rectum. Colorectal cancers almost always begin as polyps. Screening involves removing polyps before they turn into cancer or finding them at the earliest stages of cancer.

ABNORMAL/POSITIVE RESULTS

If your non-invasive test comes back positive, you MUST schedule a follow-up colonoscopy so you can discover why. Schedule this follow-up colonoscopy within 90 days of your positive/abnormal result.

CAUTION: ADS FOR SCREENING TESTS

There are several tests popping up in online ads, claiming to be multi-cancer screening tests you can do from home. Many of these tests are NOT adequate for colorectal cancer screening. There are, however, several FDA-approved tests that are non-invasive. Talk to your doctor about which test is best for you.

Screening Options

Many patients have a choice when it comes to how they get screened for colorectal cancer. Screening begins at age 45 for average-risk adults. Talk about the pros and cons of each test with your doctor and choose what works best for you and your lifestyle. Below are the most common screening test options. To see a full list and more pros and cons, visit fightcrc.org/screening.

COLONOSCOPY

A colonoscopy allows a doctor to visually examine your entire colon and rectum. Most often, gastroenterologists (GIs) perform the procedures. A primary care physician can send a referral to a GI if you don't already have one.

A colonoscopy is performed using a colonoscope, a flexible tube with a light and camera on the end, that is hooked up to a video monitor in the procedure room. This allows the doctor to get a good look, as well as take any tissue samples or remove polyps while the procedure is happening. This is the best test for accurately finding colorectal cancer and removing polyps.

WHO PAYS?

If you're age 45 years or older, you won't pay any out-of-pocket costs for a screening colonoscopy. If you have commercial insurance, the cost of polyp removal will also be covered. If you have Medicare, you may be charged if a polyp is removed; however, this is currently being phased out thanks to decades of advocacy.

If you get a colonoscopy because you're high-risk, and/or experiencing symptoms, ask about costs prior to checking in since it's a "diagnostic colonoscopy" versus a "screening colonoscopy". Ask about payment assistance programs or payment schedules if cost is a barrier.

If you get a colonoscopy as a follow-up to a positive non-invasive test, in most cases, it should be covered 100% by your insurance.

SHOPPING LIST

Colonoscopy requires prep. Here's a few items that can help during prep night:

- ☐ Soft toilet paper
- ☐ Straws
- ☐ Books or magazines
- ☐ Movie downloads
- ☐ Coffee or tea
- ☐ Sports drinks – avoid red, blue, or purple coloring
- ☐ Apple or white grape juice
- ☐ Broth

	COLONOSCOPY	STOOL TESTS			BLOOD TEST
		FIT	mt-sDNA	mt-sRNA	cfDNA
THE BASICS	A doctor uses colonoscope to examine inside of colon for precancerous polyps while patient is sedated.	Stool sample collected and mailed to a lab to be examined for signs of blood. The mt-sDNA and mt-sRNA tests also look for genetic material associated with colorectal cancer.			Blood draw taken and examined for colorectal cancer markers.
FDA APPROVALS	Colonoscopy is an FDA approved screening test.	Ask your doctor for a reliable option.	Cologuard® & Cologuard Plus®	ColoSense™	Shield™ & SimpleScreen™
BOWEL PREP	Required	None			
COST	Varies by insurance. Per law, screening tests must be covered.	Low-cost option	Varies by insurance. Most plans cover this test, but some may not.	Varies by insurance.	Varies by insurance, covered by Medicare part B for eligible patients.
FREQUENCY IF THE TEST IS NORMAL	Every 10 years	Every year	Every 3 years	Every 3 years	Every 3 years
WHERE IT HAPPENS	Outpatient surgical center or hospital	Your home or the doctor's office			Doctor's office
THINGS TO CONSIDER	The only test that can detect, remove, and prevent cancer. However, it's invasive, requires prep, and means time off work. It can involve rare complications. Test is in guidelines.	Test looks for hidden blood in stool, which may indicate polyps or cancer. Must be done every year. Test is in guidelines.	Test can detect polyps and cancer, but cannot remove them. Test is in guidelines.	Test can detect polyps and cancer, but cannot remove them. Test is in guidelines.	Test identifies later-stage cancers more than early-stage cancers. Test is in guidelines, recommended for those not willing to use another screening method.
URGENT	Seeing symptoms? Colonoscopy is your only option. This will be considered "diagnostic" and will not be billed as a covered "screening colonoscopy."				

This educational resource was made possible thanks to the following support:



This brochure is educational and not medical advice. Talk with your care team about your specific situation. All medically reviewed content was written by Fight Colorectal Cancer, and reviewed by Derek Ebner, MD. FCRC-0005A-0325 · ©2025 FIGHTCRC · 703.548.1225 · fightcrc.org