Colorectal cancer happens when cells that are not normal grow in your colon or rectum. These cells can grow together and form tumors.

Colorectal cancer is the third most common cancer in the United States, not counting skin cancer. It is most common in people who are over 50.

Why is screening for colorectal cancer important?

Colorectal cancer usually does not cause any symptoms until it has spread. But when it has spread, it is much harder to treat.

Screening, or testing, can help find cancer or other changes early. When colorectal cancer is found early, it is much easier to treat and it can often be cured. Testing also reduces your risk of death from colorectal cancer.

During some screening tests, your doctor also can remove polyps if needed. Polyps are small growths in your colon or rectum that may turn into cancer.

How is screening done?

Screening tests for colorectal cancer include:

- **Stool tests**, such as the fecal occult blood test (FOBT), the fecal immunochemical test (FIT), and the stool DNA test (sDNA). These tests check your stool for signs of cancer.

- **Sigmoidoscopy**. Your doctor uses a lighted scope to view the lower part of your intestine. Your doctor may remove polyps or take tissue samples to test for cancer.

- **Colonoscopy**. Your doctor uses a lighted scope to view the inside of your entire colon. Your doctor may remove polyps or take tissue samples to test for cancer.

- **Computed tomographic colonography (CTC)**. This is also called virtual colonoscopy. It lets your doctor see pictures of the inside of your large intestine. It may be used for people who do not have an increased risk for colon cancer or people who cannot have a colonoscopy.

Sigmoidoscopy and colonoscopy are the only tests that also remove polyps that are found during the tests. If stool tests show signs of cancer, or polyps can be seen on a CTC, you will need to have a colonoscopy.

How often should you get screened?

For people who have an average risk for colorectal cancer, regular screening is advised, starting at age 50. Discuss your risk and your screening schedule with your doctor.

Not all health organizations agree on the same guidelines for when to get screened. Below is a general set of guidelines for people 50 and older who have an **average risk**.
### Colorectal screening guidelines

<table>
<thead>
<tr>
<th>Test</th>
<th>How often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stool test, such as the fecal occult blood test (FOBT), fecal immunochemical test (FIT), or stool DNA test (sDNA)</td>
<td>Every year for FOBT and FIT. Every 3 years for sDNA</td>
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<tr>
<td>or</td>
<td></td>
</tr>
<tr>
<td>Sigmoidoscopy</td>
<td>Every 5 years*</td>
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<tr>
<td>or</td>
<td></td>
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<tr>
<td>Colonoscopy</td>
<td>Every 10 years</td>
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<tr>
<td>or</td>
<td></td>
</tr>
<tr>
<td>Colonography (CTC, or virtual colonoscopy)</td>
<td>Every 5 years</td>
</tr>
<tr>
<td>*Some experts recommend combining a stool test with a sigmoidoscopy.</td>
<td></td>
</tr>
</tbody>
</table>

Your doctor may recommend earlier or more frequent testing if you have an increased risk, such as if you:

- Have a close relative with a history of polyps or cancer.
- Have inflammatory bowel disease.

### What are the risks of screening?

In rare cases, a colonoscopy or sigmoidoscopy may tear the colon or cause bleeding.

Other risks include:

- A **false positive**. This means that a test appears to show cancer, but there is no cancer there. If this happens, you could get more testing even though it is not needed.
- A **false negative**. This means that tests do not show any cancer even though there is cancer. This may cause you to delay or not get needed treatment.

**Do you have any questions or concerns after reading this information?** It's a good idea to write them down and take them to your next doctor visit.