Colorectal Screening and What to Know

Colorectal cancer is the term for cancer of the colon (large intestine) or rectum.

The goal of colorectal cancer screening is to prevent deaths from colorectal cancer. Screening tests can help identify cancers at an early and potentially curable stage. Screening can also prevent cancer by identifying and treating precancerous abnormal growths that can be removed before they become malignant.

Adults should undergo colorectal cancer screening beginning at age 45 or earlier, depending upon their risk of developing colorectal cancer. Several tests are available, each of which has advantages and disadvantages. The optimal screening test depends upon your preferences and your risk of developing colorectal cancer.

Most colorectal cancers develop from precancerous polyps. Polyps are growths that form in the lining of the colon. They can be detected with an endoscopic procedure (colonoscopy) or CT colonography and, to a lesser extent, by other tests such as the stool test for colorectal cancer (Fit test or Cologuard).

A colonoscopy allows a clinician to see the lining of the entire colon, including the rectum.

- Procedure – Colonoscopy requires that you prepare by cleaning out your entire colon so the doctor can see the inside well. This clean out usually involves drinking a laxative liquid preparation that causes temporary diarrhea. During colonoscopy, you may be given a mild sedative drug or some doctors use a stronger anesthetic agent that puts you to sleep. A thin, flexible, lighted tube is inserted through the anus and used to directly inspect the lining of the rectum and the entire colon. Biopsies (samples of tissue) may be taken during the procedure. Polyps and some cancers can be removed during this procedure.

Two types of tests, fecal colorectal testing (also called guaiac testing) and fecal immunochemical testing (FIT), evaluate the stool for blood, which may be present if there is bleeding from a colorectal cancer (or other source).

- With guaiac testing, you collect two samples of stool from three consecutive bowel movements, which you apply to home collection cards. You mail the cards back according to the instructions. You should avoid drugs that irritate the stomach, such as aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs), before collecting the stool.

- With fecal immunochemical testing, you use a long-handled tool to collect the specimen according to the manufacturer's instructions. You apply the brush to a kit and then mail the kit back according to instructions. You do not have to change your diet or stop any medications with this test. Immunochemical testing is more convenient and somewhat better able to find cancer than guaiac testing, but the test kit is a bit more expensive.

If a stool test is positive, your entire colon should be examined with colonoscopy.

A FIT-DNA test is another option and is done every three years. This test looks for specific DNA markers that may signify the presence of colorectal cancer, and it also looks for blood in the stool. For this test, you get a special kit in order to collect a whole bowel movement. Then you follow the instructions about how and where to ship it. An abnormal test result should be followed up by colonoscopy.

- Colonoscopy every 10 years
- Stool testing every year (using guaiac or fecal immunochemical occult blood tests)
- Computed tomographic colonography (CTC) every five years
- Flexible sigmoidoscopy every five years, with or without a fecal immunochemical (FIT) stool test
- Stool testing using FIT and DNA testing every one to three years

You and your provider should work together to decide which approach makes the most sense for you based on test availability as well as your preferences and values. For most people, screening should continue until at least age 75, assuming a life expectancy of 10 years or more.