Testing for Colon Cancer: What Are the Screening Methods You Should Know?

Our easy-to-read fact sheets provide clinicians with reliable information to share with patients and their caregivers.

Colorectal cancer (CRC), a collective term for colon and rectal cancers, is the third leading cause of cancer-related deaths among men and the fourth leading cause among women in the United States.

However, there are ways to reduce risk for CRC — and even stop it from spreading. Screening methods are designed to detect and, in some cases, remove precancerous or cancerous growths in the body.

The American Cancer Society (ACS) and the US Preventive Services Task Force recommend that adults at average risk for CRC begin screening at 45 years of age and continue through 75 years of age.

Individuals are considered at “average risk” if they do not have any of the following:
- Personal history of CRC or certain kinds of polyps;
- Family history of CRC;
- Confirmed or suspected CRC syndrome, such as Lynch syndrome (hereditary nonpolyposis colon cancer);
- Inflammatory bowel disease (Crohn disease or ulcerative colitis); or,
- Personal history of receiving radiation to the abdomen or pelvic area for previous cancer treatment.

An individual who does have any of the items listed above may be at increased risk for CRC and may need to start screening before 45 years of age.

From 76 to 85 years of age, individuals should speak with their doctor and consider factors such as overall health, life expectancy, and screening history. Beyond 85 years of age, the ACS does not recommend further screening.

Testing for Colon Cancer With Visual Exams

There are 3 types of visual exams that look at the rectum and large intestine (colon) to screen for cancer. Colonoscopy is the gold standard for CRC screening, but, if necessary, your doctor may recommend other methods.
Colonoscopy

During a colonoscopy, a doctor inserts a tube, called a colonoscope, through the rectum and into the colon to search for abnormal growths, such as polyps, along the lining of the intestines. The doctor may also remove polyps during the procedure to prevent them from turning into cancer. The polyps may later be examined in a biopsy to confirm if cancer is present. A colonoscopy may be performed as a follow-up test to other screening methods.

Frequency: Every 10 years

CT Colonography (Virtual Colonoscopy)

Computed tomography (CT) colonography, also referred to as “virtual colonoscopy,” uses a series of X-rays to produce computer-generated images of the colon. A doctor will examine the images for signs of precancerous or cancerous polyps. Before the procedure, you will be asked to drink a liquid with a dye that serves as contrast medium to help make the colon visible during radiation. In some cases, IV contrast is used instead. During the procedure, a doctor will insert a tube into the rectum to inflate the colon with carbon dioxide for better imaging. Then, the doctor performs CT scans to visualize the colon. A follow-up colonoscopy is necessary if the colonography finds abnormal results.

Frequency: Every 5 years

Flexible Sigmoidoscopy

A doctor inserts a tube, called a sigmoidoscope, into the rectum and lower portion of the colon to look for abnormal growths of tissue, such as polyps. During the procedure, the doctor may also remove polyps or tissue to later examine for cancer. If precancerous polyps or cancer are detected, you will be asked to schedule a colonoscopy, since a sigmoidoscopy only examines a portion of the colon.

Frequency: Every 5 years

Testing for Colon Cancer With Stool Tests
Unlike colonoscopy, which can help prevent CRC via precancerous polyp removal, stool tests detect CRC after it has developed. There are 3 types of stool tests, of which 2 detect blood in the stool and the third detects blood in addition to DNA biomarkers for cancer in the stool. Stool tests are performed at home but may need to be done more frequently than visual exams. For all stool tests, abnormal results require a follow-up colonoscopy visit.

**Guaiac-Based Fecal Occult Blood Test (gFOBT)**

The gFOBT uses the chemical guaiac to detect blood in the stool. Before the test, your doctor may ask you to avoid consuming certain foods and drugs, which may affect test results. You will receive an at-home test kit, which contains tools and instructions on how to collect a small stool sample. Then, you mail the sample back to the doctor or laboratory, where guaiac is used to detect blood in the stool.

**Frequency:** Every year

**Fecal Immunochemical Test (FIT)**

The FIT uses antibodies to detect blood in the stool. You will receive an at-home test kit, which contains a collection tube or cards. You will collect a small stool sample and return it to a doctor’s office or laboratory via mail or in person. At the laboratory, a liquid is added to the stool sample and then processed in a machine containing antibodies, which detect blood in the stool.

**Frequency:** Once a year

**FIT-DNA Test**

The FIT-DNA test, or “stool DNA test,” uses both the FIT and a test that detects DNA biomarkers, or changes, in the stool from cancer or polyp cells. Using an at-home test kit, you will collect an entire stool sample and mail it back to a laboratory, where it will be analyzed for DNA alterations and blood in the stool.

**Frequency:** Every 3 years
Frequently Asked Patient Questions

Will I experience discomfort during colonoscopy?

Colonoscopy is performed using sedation, so you will likely sleep through the procedure. Most patients report discomfort with the process leading up to colonoscopy: bowel preparation. You will be instructed to take laxatives and follow a liquid diet, which will help empty the colon of all waste.

Why is bowel preparation important for colonoscopy?

Thoroughly cleansing stool from the colon helps the doctor clearly detect precancerous and cancerous tissue, which also decreases the need for repeat colonoscopies. A doctor may choose not to proceed with the procedure due to inadequate bowel preparation, which increases the risk for false-negative results and perforation.

Besides screening methods, what else can I do to help prevent CRC?

Healthy lifestyle choices can help lower your risk for CRC. Consult with your doctor about the information below:

**Diet**
Research shows that red meat, such as beef, lamb, or pork, and processed meats, such as sausage, hotdogs, or deli meat, are associated with an increased risk for CRC. In contrast, a diet high in fiber, such as fruits, vegetables, and whole grains, is associated with a reduced risk for CRC.

**Exercise**
Regular physical activity can be beneficial. Studies show that exercise can help decrease your risk for CRC.

**Weight management**
Overweight and obesity are linked to an increased risk for CRC among both men and women.