



COLORECTAL CANCER SCREENING OPTIONS

Colorectal cancer is highly preventable and treatable. Yet more than 150,000 people are diagnosed with—and more than 52,000 people die from—colon cancer each year in the United States. The key to improving these statistics is to ensure that every person completes a routine colorectal cancer screening test, which can stop the disease before it begins or progresses. See below for a handy comparison of the available screening tests. For those with average risk, the current recommended age to start colon cancer screening is 45. Please discuss this with your primary care doctor if you have questions.

	PROCEDURES & X-RAY TESTS		HOME TESTS		
	COLONOSCOPY (Recommended)	VIRTUAL COLONOSCOPY	FIT (Recommended)	COLOGUARD	FOBT
DESCRIPTION	The patient is sedated so a doctor can examine the inside of the colon for precancerous polyps. Bowel prep is required.	This x-ray test uses a CT scan to inspect the colon lining for polyps. Patients must still prep their bowels the day before.	A stool-based fecal immunochemical test (FIT) can be performed at home and sent to a lab, which looks for trace amounts of blood.	Stool is collected at home and sent out for testing. The study looks for blood or DNA markers associated with colon cancer.	A stool-based test that can be performed at home and sent to a lab that looks for trace amounts of blood. Less accurate than FIT.
COST	Varies by insurance. Screening tests are typically covered and are less expensive than diagnostic tests.	Varies by insurance. This procedure is subject to an insurance deductible, as well as physician and facility fees. Sometimes not covered by insurance.	Low cost option	Varies by insurance. Some plans cover the test, but others do not.	Low cost option
FREQUENCY	Every 10 years, if normal	Every 5 years, if normal	Annually	Every 3 years, if normal	Annually
RISKS	Complications are rare but include bleeding, infection, and bowel wall injury.	A CT scan cannot detect small polyps. If any polyps are found, colonoscopy is required.	No physical risks. A positive test means that a diagnostic colonoscopy is required. Not meant for identifying precancerous polyps.	No physical risks. Like FIT, a positive test means that a colonoscopy is required. Not meant for identifying precancerous polyps.	No physical risks. Like FIT, a positive test means that a colonoscopy is required. Not meant for identifying precancerous polyps.
WHO IS A GOOD CANDIDATE FOR THIS?	Most people are good candidates. This test is the best way to find and remove polyps early.	This test is acceptable if colonoscopy is not an option.	Great option for people hesitant about colonoscopy, but it must be performed annually.	FIT is Eisenhower Health's preferred stool-based test.	Great option for people hesitant about colonoscopy, but it must be performed annually.