



Patient education: Colon and rectal cancer screening (The Basics)

Written by the doctors and editors at UpToDate

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What is colon and rectal cancer screening?

This is a way to check the colon and rectum for signs of cancer or growths (called "polyps") that might become cancer. It is done in people who have no symptoms and no reason to think they have cancer. The goal is to find and remove polyps before they become cancer, or to find cancer early before it grows, spreads, or causes problems.

The colon and rectum are the last part of the digestive tract ([figure 1](#)). When doctors talk about colon and rectal cancer screening, they sometimes say "colorectal." This is just a shorter way of saying "colon and rectal." It's also possible to say just "colon cancer screening."

Studies show having colon cancer screening lowers the chance of dying from colon cancer.

What are the different screening tests for colon cancer?

There are several different types. They include:

- **Colonoscopy** – This is a procedure that lets the doctor see directly inside the entire colon. Before you have a colonoscopy, you must clean out your colon. You do this at home by drinking a special liquid that causes watery diarrhea for several hours. On the day of the test, you get medicine to help you relax, if you want. Then, a doctor puts a thin tube into your anus and advances it into your colon ([figure 2](#)). The tube has a tiny camera attached to it, so the doctor can see inside your colon. The tube also has tiny tools on the end, so the doctor can remove pieces of tissue or polyps if needed. Then, the polyps or pieces of tissue are sent to a lab to be checked for cancer.
- Advantages of this test – Colonoscopy finds most small polyps and almost all large polyps and cancers. If found, polyps can be removed right away. This test gives the most accurate

results. If any other screening tests are done first and come back positive (abnormal), you will need a colonoscopy for follow-up. If you have a colonoscopy as your first test, and it is normal, you will probably not need a second follow-up test soon after.

- Drawbacks of this test – Colonoscopy has some risks. It can cause bleeding or tear the inside of the colon, but this only happens in 2 to 3 out of 1000 people. Also, cleaning out the bowel beforehand can be unpleasant. Plus, people usually cannot work or drive for the rest of the day after the test, because of the relaxation medicine they get during the test.

If your doctor cannot see all of your colon during the colonoscopy, they might do a "capsule" colonoscopy. For this test, you swallow a special capsule that contains tiny wireless video cameras.

- **Stool test for blood** – "Stool" is another word for bowel movements. Stool tests most commonly check for blood in samples of stool. Cancers and polyps can bleed, and if they bleed around the time you do the stool test, blood will show up on the test. The test can find even small amounts of blood you can't see in your stool. Other less serious conditions can also cause small amounts of blood in stool, which will show up in this test, too. You collect small samples from your bowel movements, and put them in a special container your doctor or nurse gives you. Then, you follow the instructions to mail the container out for testing.
 - Advantages of this test – This test does not involve cleaning out the colon or having any procedures.
 - Drawbacks of this test – Stool tests are less likely to find polyps than other screening tests. They also often give abnormal results even in people who do not have cancer. If a stool test shows something abnormal, you will need a colonoscopy. Stool tests need to be done once every year.
- **Stool DNA test** – This checks for genetic markers of cancer, as well as for signs of blood. You get a special kit to collect a whole bowel movement. Then, you follow the instructions about how and where to ship it.
 - Advantages of this test – This test does not involve cleaning out the colon or having any procedures. When cancer is not present, it is less likely to be falsely abnormal than a stool test for blood. That means it leads to fewer unnecessary colonoscopies.
 - Drawbacks of this test – It might be unpleasant to collect and ship a whole bowel movement. If a DNA test shows something abnormal, you will need a colonoscopy.

- **Sigmoidoscopy** – This is similar to a colonoscopy. The difference is this test looks at only the last part of the colon, while a colonoscopy looks at the whole colon. Before you have a sigmoidoscopy, you must clean out the lower part of your colon using an enema. This bowel cleaning is not as thorough or unpleasant as the one for colonoscopy. For this test, you do not need to take relaxation medicines, so you can drive and work afterward if you want.
- Advantages of this test – Sigmoidoscopy can find polyps and cancers in the rectum and the last part of the colon. If polyps are found, they can be removed right away.
- Drawbacks of this test – In about 1 out of 1000 people, sigmoidoscopy tears the inside of the colon. The test also cannot find polyps or cancers that are in the part of the colon the test does not view ([figure 3](#)). If doctors find polyps or cancer during a sigmoidoscopy, they usually follow up with a colonoscopy.
- **CT colonography ("CTC")**, also called virtual colonoscopy – This looks for cancer and polyps using a special X-ray called a "CT scan." For most CTC tests, the preparation is the same as for colonoscopy.
- Advantages of this test – CTC can find polyps and cancers in the whole colon without needing relaxation medicines.
- Drawbacks of this test – If doctors find polyps or cancer with CTC, you will need a colonoscopy. CTC sometimes finds areas that look abnormal but turn out to be healthy. This means CTC can lead to unneeded tests and procedures. Plus, CTC exposes you to radiation. In most cases, the preparation needed to clean the bowel is the same as for colonoscopy. The test is expensive, and some insurance companies might not cover it for screening.

There is no blood test most experts think is accurate enough to use for screening.

Which test should I have?

Work with your doctor or nurse to decide. The available tests might depend on where you live.

Some doctors might choose to combine screening tests, for example, sigmoidoscopy plus stool testing for blood. Being screened, no matter how, is more important than which test you choose.

Who should be screened for colon cancer?

In the US, doctors recommend most people begin colon cancer screening at age 45. Other countries have different guidelines. For example, in Canada, many experts recommend starting screening at age 50 for most people.

People who have an increased risk of getting colon cancer sometimes begin at a younger age. That might include people with a strong family history of colon cancer, and people with diseases of the colon called "Crohn disease" and "ulcerative colitis."

Most people can stop screening around age 75.

How often should I be screened?

It depends on your risk of colon cancer and which test you have. People who have a high risk of colon cancer often need to be tested more often and should have a colonoscopy.

Most people are not at high risk. In the US, experts recommend choosing 1 of these schedules:

- Colonoscopy every 10 years
 - Stool testing for blood once a year
 - Sigmoidoscopy every 5 to 10 years
 - Stool DNA testing every 1 to 3 years
 - CTC every 5 years
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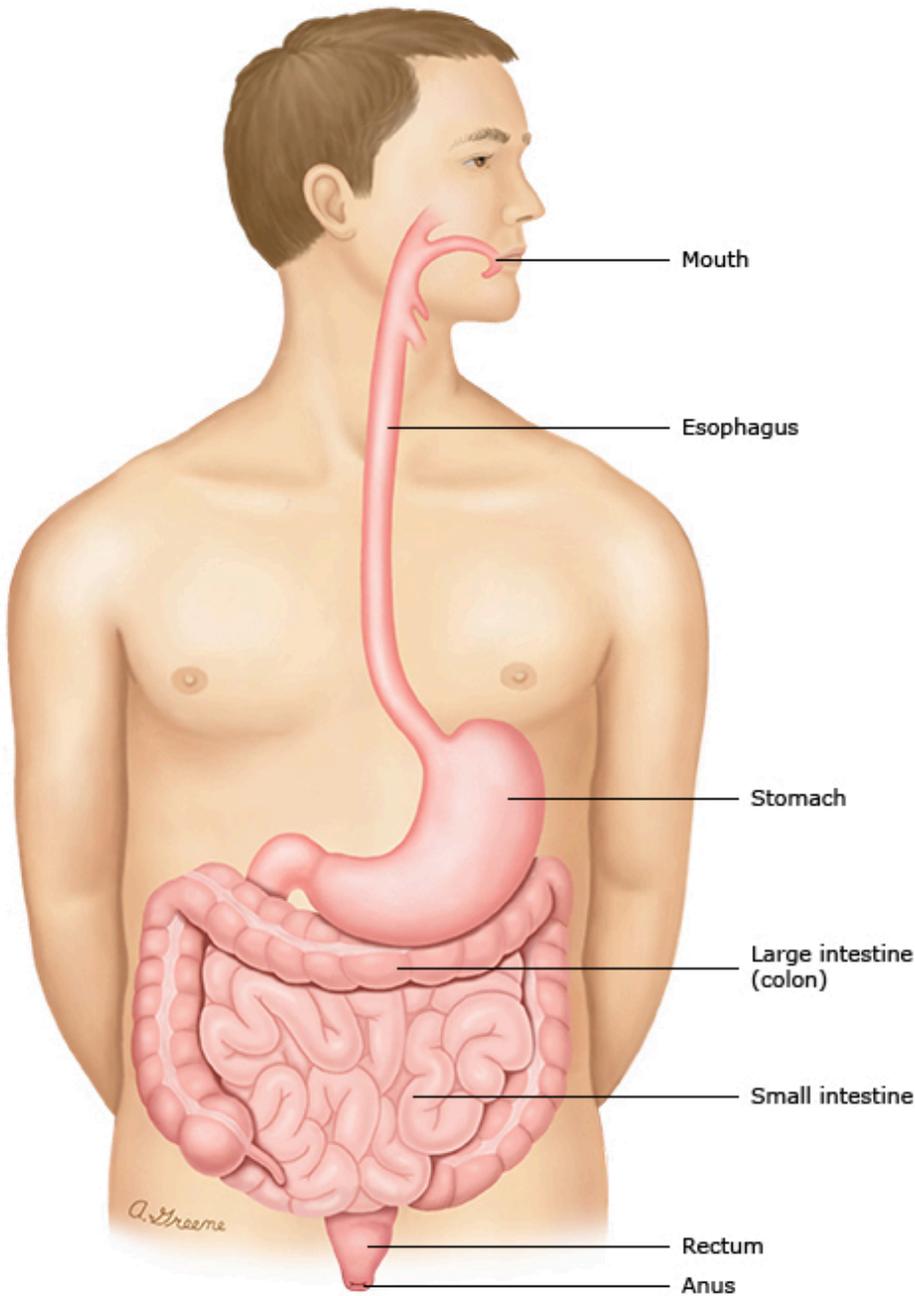
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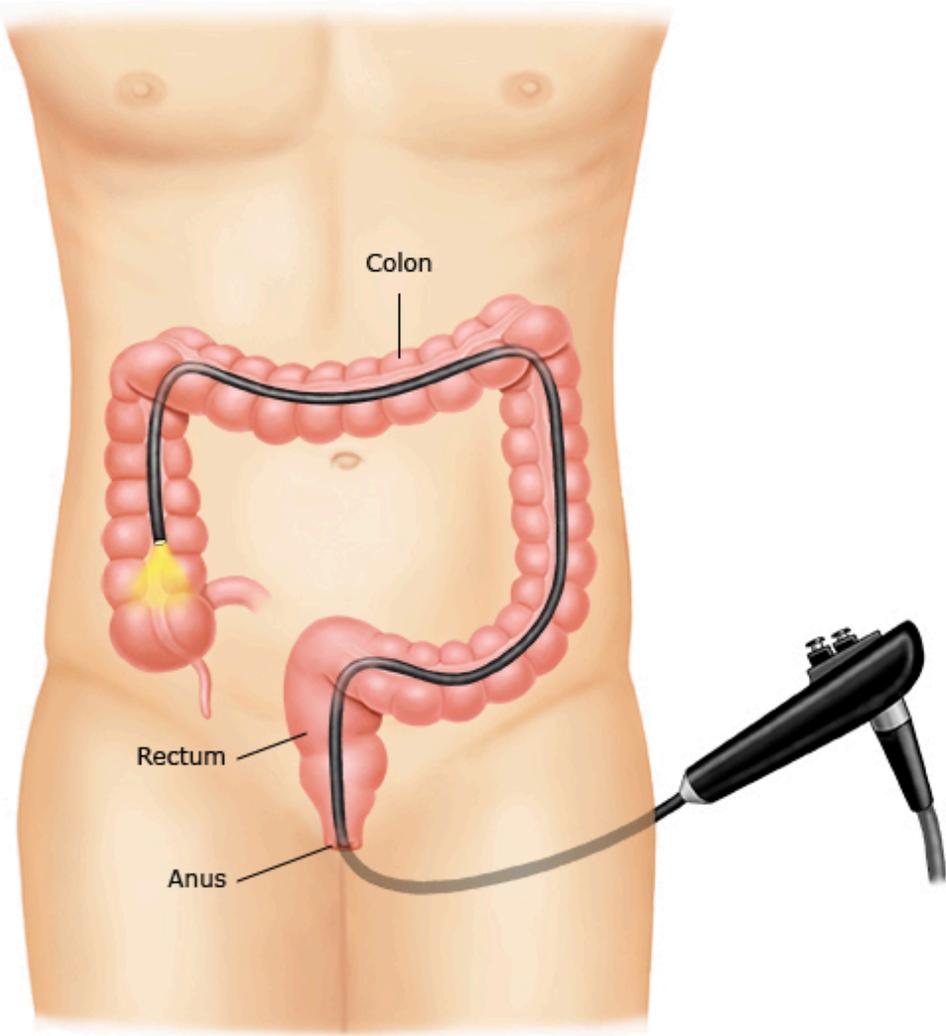
GRAPHICS

Figure 1: Digestive system



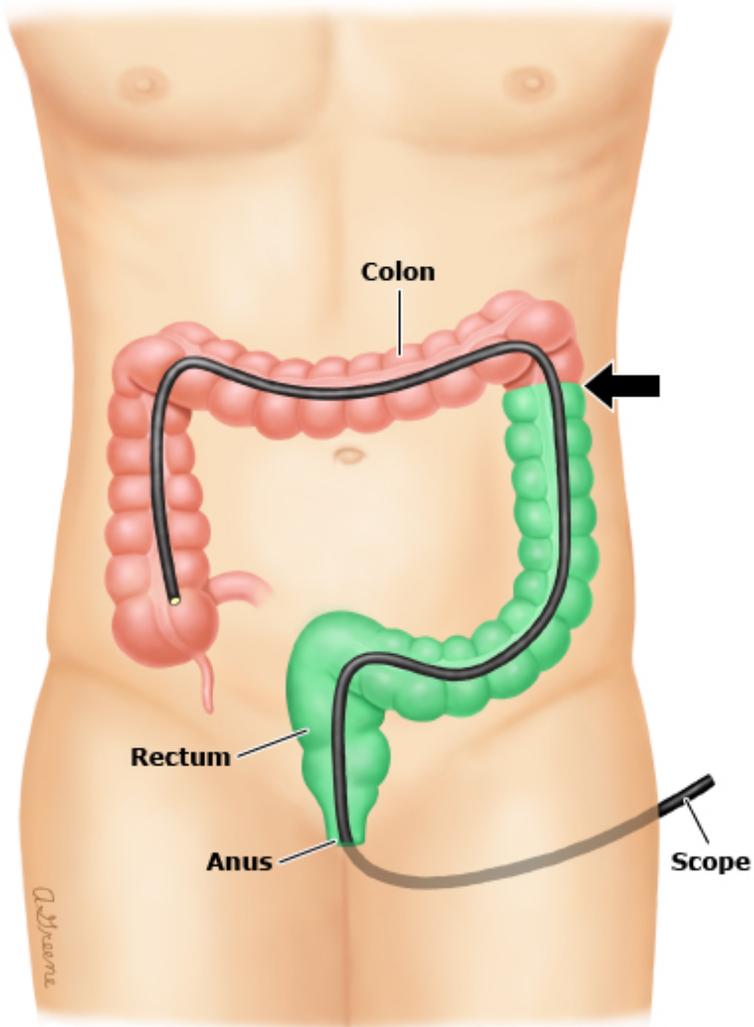
This drawing shows the organs in the body that process food. Together, these organs are called the "digestive system" or "digestive tract." As food travels through this system, the body absorbs nutrients and water. The liver, pancreas, and gallbladder are also part of the digestive system (not shown in this drawing).

Figure 2: Colonoscopy



During a colonoscopy, you lie on your side or back and the doctor puts a thin tube with a camera into your anus (from behind). Then, the doctor advances the tube into the rectum and colon. The camera sends pictures from inside your colon to a screen.

Figure 3: Colonoscopy versus sigmoidoscopy



During a colonoscopy or a sigmoidoscopy, you lie on your side. The doctor puts a thin tube with a camera into your anus (from behind). The tube is called a "scope." The doctor then moves the scope up into the rectum and colon. The camera sends pictures from inside your colon to a screen for the doctor to see.

A **colonoscopy** allows the doctor to see the whole colon (shown in pink and green). A **sigmoidoscopy** allows the doctor to see only part of the colon (shown in only green, up to the arrow).

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