

## Colon Cancer Screening Methods:

### Your choice is guided by several factors

**1. Are you at average risk or high-risk?** If you are at higher risk than average of developing colon cancer, the **only** test you should consider is **colonoscopy**. The likelihood that you already have a precancerous polyp (growth inside the colon, also known as an adenoma) is higher for you than the person at average risk, and you want that polyp to be discovered early and removed during colonoscopy, long before it becomes cancerous. To keep you safe from developing colon cancer, you will have colonoscopies more often than persons of average risk.

### You are at HIGHER RISK of developing colon cancer if you have:

- a personal history of previous colon or rectal cancer
- a personal history of precancerous colon polyps
- a family history of colon or rectal cancer or precancerous polyps in a sibling or parent
- a personal history of certain diseases, like inflammatory bowel disease

**2. If you are at AVERAGE RISK, and you have no symptoms, you are still highly encouraged to have colonoscopy.** If the test doesn't find anything worrisome, and you remain at average risk for colon cancer, you likely can go for ten years without another colonoscopy.

**However, if you are at AVERAGE RISK, and you choose NOT to undergo colonoscopy, there are other colon cancer screening options that involve stool samples that can be gathered at home.** Please note that these tests are good at detecting colon cancer, but they are NOT as good as colonoscopy at detecting pre-cancerous polyps. **A positive test result means there could be cancer or a polyp, so the very next step (without delay) after getting a positive stool test result is colonoscopy!** There are some occasional false-positive results with these stool tests, too, meaning the follow-up colonoscopy doesn't find any polyps or cancer.

### The two stool tests are called FIT and Cologuard.

**FIT** is covered by insurance plans and involves a fairly simple collection technique. FIT checks for the presence of blood in the stool. FIT should be done yearly, as long as the results remain negative and you continue to be at average risk for developing colorectal cancer.

**Cologuard** is covered by MOST insurance plans (please check yours) and involves a more complicated technique, because it checks for DNA markers associated with colon cancer, as well as for blood. Cologuard should be done every 3 years, as long as the results remain negative and you continue to be at average risk for developing colon cancer.

See the other side of this document for a listing of these and other screening tests for colon cancer that you may have heard of. Their pros and cons are listed as well as our recommendations.

Colon Cancer Screening Modalities for AVERAGE RISK PATIENTS without any symptoms	PROS	CONS
<b>Colonoscopy</b> <b>RECOMMENDED</b>	Thoroughly evaluates the colon and rectum, sampling and even removing worrisome growths. Covered by insurance, usually 100% If normal (negative), usually repeated in 10 years	Requires bowel prep and someone has to drive you home because you receive a sedative during the procedure. Slight chance of perforation, yet this is unusual with an experienced colonoscopist.
<b>FIT</b> <b>RECOMMENDED</b>	Easy, inexpensive, and can be done in the privacy of your home. Covered by insurance, usually 100%.	Might miss detecting some colon polyps and colon cancers, so it is done annually to improve the chances of detecting these lesions.
<b>Cologuard</b> <b>RECOMMENDED</b> but see CONS	Easy, can be done in the privacy of your home.	Need to be sure your insurance covers it. Might miss detecting some colon polyps and colon cancers. Compared to FIT, Cologuard has a higher number of false positive results. If negative (normal), FIT-DNA needs to be done every 3 years
Fecal occult blood cards using guaiac <b>NOT RECOMMENDED</b>	Easy, inexpensive, and can be done in the privacy of your home. Covered by insurance, usually 100%	Requires sampling from 3 different bowel movements. Requires dietary restriction and avoidance of certain medications. Can miss some colon polyps and colon cancers. FIT is a better alternative.
Rectal exam by a doctor who samples the stool obtained for blood : <b>NOT RECOMMENDED</b>	NONE	Misses 92% of colon cancers. This method is not recognized as a valid screening test.
CT Colonography: <b>NOT RECOMMENDED</b>	Usually covered by insurance 100%	Radiation exposure, bowel prep, discomfort. Misses small colon polyps and small cancers. Abnormal findings necessitate follow up colonoscopy
Barium Enema: <b>NOT RECOMMENDED</b>	Usually covered by insurance 100%	Same as for CT colonography
Flexible Sigmoidoscopy: <b>NOT RECOMMENDED</b>	Usually covered by insurance 100%	Only looks at lower part of colon. Bowel prep, discomfort.
Blood Test: <b>NOTRECOMMENDED</b>	Simple	Not yet covered by insurance and not enough evidence yet to recommend.



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