

# SCREENING TESTS AT-A-GLANCE

Colorectal Cancer Screening Saves Lives

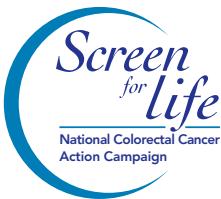
The U.S. Preventive Services Task Force recommends that adults aged 50-75 be screened for colorectal cancer. The decision to be screened after age 75 should be made on an individual basis. If you are aged 76-85, ask your doctor if you should be screened. There is no single best test for any person. Each has advantages and disadvantages. Talk to your doctor about which test or tests are right for you, and how often you should be screened. Getting screened could save your life!

NAME	PREPARATION	WHAT HAPPENS?	FREQUENCY
<b>Stool Tests</b>  One type of stool test uses the chemical guaiac to detect blood in the stool and is called the guaiac-based fecal occult blood test (gFOBT).  A second type of stool test, fecal immunochemical test (FIT), uses antibodies to detect blood in the stool.  A third test, called the FIT-DNA test (or stool DNA test), combines the FIT with a test to detect altered DNA in the stool.	Your doctor may recommend that you follow a special diet before taking the gFOBT.	For the gFOBT and FIT tests you receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test to the doctor or a lab, where stool samples are checked for blood.  For the FIT-DNA test you collect an entire bowel movement and send it to a lab to be checked for changes in the DNA that might suggest the presence of cancer or a precancerous lesion.	gFOBT: Once a year.  FIT: Once a year.  FIT-DNA: Once every one or three years.  (If anything unusual is found, your doctor will recommend a follow-up colonoscopy.)
<b>Flexible Sigmoidoscopy (Flex Sig)</b>  This is sometimes done in combination with FIT.	Your doctor will tell you what foods you can and cannot eat before the test. The evening before the test, you use a strong laxative and/or enema to clean out the colon.	During the test, the doctor puts a short, thin, flexible, lighted tube into the rectum. This tube allows the doctor to check for polyps or cancer inside the rectum and lower third of the colon.	This test should be done every five years, or every 10 years with a FIT every year.



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<b>Colonoscopy</b>  Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.	Before this test, your doctor will tell you what foods you can and cannot eat. You use a strong laxative to clean out the colon. Some doctors recommend that you also use an enema. Make sure you arrange for a ride home, as you will not be allowed to drive.	You will receive medication during this test, to make you more comfortable. This test is similar to flex sig, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.	This test should be done every 10 years. If polyps or cancers are found during the test, you will need more frequent colonoscopies in the future.
<b>CT Colonography (Virtual Colonoscopy)</b>	You prepare for this test as you would for a colonoscopy. Before the test, you follow a special diet and use a strong laxative to clean out the colon.	Virtual colonoscopy uses x-rays and computers to produce images of the entire colon. The images are displayed on a computer screen for the doctor to analyze.	This test should be done every five years.



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