













# PICK A TEST, GET IT DONE

## COLORECTAL CANCER SCREENING OPTIONS

Colorectal cancer is highly preventable and treatable. Yet 153,000 people are diagnosed with—and more than 52,000 people die from colorectal 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 starts. The following graphic compares the available screening tests. UCLA Health physicians recommend patients have a colonoscopy or complete a FIT Kit.

### PROCEDURES & RADIOLOGY TESTS

### HOME TESTS

	<b>COLONOSCOPY</b> <b>**RECOMMENDED</b>	<b>FLEXIBLE SIGMOIDOSCOPY</b>	<b>VIRTUAL COLONOSCOPY</b>	<b>FIT</b> <b>**RECOMMENDED</b>	<b>COLOGUARD</b>
<b>WHAT IS IT?</b> 	The patient is sedated so a doctor can examine the inside of their colon and rectum for precancerous polyps and cancers. Bowel prep is required.	A physician examines the bottom portion of the patient's colon/rectum for polyps and cancers. Sedation is not always needed. Bowel prep is required.	This X-ray test uses a CT scan to inspect the colon/rectum's lining for polyps and cancers. 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/rectal cancer.
<b>HOW MUCH DOES IT COST?</b> 	Varies by insurance. Screening tests must be covered, and are less expensive than diagnostic tests.	Varies by insurance. Screening tests must be 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.	Low cost option 	Varies by insurance. Some plans cover the test, but others do not.
<b>WHEN SHOULD IT BE REPEATED?</b>	Every 10 years, if normal 	Every 5 years, if normal 	Every 5 years, if normal 	Annually 	Every 3 years, if normal 
<b>WHERE IS IT PERFORMED?</b>	Outpatient surgical center or 	Outpatient surgical center or hospital	Outpatient surgical center or hospital	The patient's home 	The patient's home
<b>ARE THERE ANY RISKS OR NEGATIVES?</b> 	Complications are rare but include bleeding, infection and bowel wall injury.	Only the bottom portion of the colon is examined.	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.	No physical risks. Like FIT, a positive test means that a colonoscopy is required.
<b>WHO IS A GOOD CANDIDATE FOR THIS TEST?</b>	Most people are good candidates. This test is the best way to find and remove polyps early.	Someone who cannot be sedated but wants to find polyps. 	This test is OK if colonoscopy is not an option.	Great option for people hesitant about colonoscopy, but it must be performed annually.	FIT is UCLA Health's preferred stool-based test; however, Cologuard is available.



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