Let's talk colon!



A little poop talk.
A powerful step for your health.

45

Time to start the conversation.
Most adults at average risk start colorectal cancer screening at 45 - even when they feel well. [1, 3]

Screening looks for cancer before symptoms begin. Finding and removing precancerous polyps can help prevent colorectal cancer. [2]

Meet your screening options

Schedules below follow the 2026 American Cancer Society guideline for average-risk adults with normal results. Your plan may differ. [1]

Colonoscopy

USUALLY EVERY 10 YEARS

A camera examines the whole colon. Polyps can often be removed during the exam. Requires bowel prep; sedation is common, so plan for a ride. Rare risks include bleeding or a tear. [2, 3]

FIT: a small sample

EVERY YEAR

An at-home stool (poop) test that checks for hidden blood. No bowel clean-out or sedation. Return the kit as instructed, and repeat on schedule. [1, 2]

Stool DNA + blood

EVERY 3 YEARS

An at-home kit checks stool for DNA changes and hidden blood. No bowel clean-out or sedation. Follow collection and shipping instructions. [1, 2]

Stool RNA + blood

EVERY 3 YEARS

An at-home kit checks stool for RNA markers and hidden blood. No bowel clean-out or sedation. Ask about availability and coverage. [1, 2]

An abnormal non-colonoscopy test needs a timely colonoscopy. [1]

More options. One next step.

High-sensitivity gFOBT
Every year

At-home stool test for hidden blood. Food or medicine restrictions may apply; ask before changing medicines. [1, 2]

CT colonography
Every 5 years

X-ray images of the colon. Bowel prep is needed; sedation usually is not. Uses radiation; cannot remove polyps. [1, 3]

Flexible sigmoidoscopy
Every 5 years

A scope checks the lower colon only. Prep is needed; sedation is often unnecessary. Does not examine the whole colon. [1, 3]

What about a blood test?

A backup option if you decline or do not complete preferred stool tests or visual exams. Blood tests miss more precancerous growths and early cancers. A positive result needs colonoscopy. Ask about timing, eligibility and coverage. [4]

Your risk. Your symptoms. Your plan.

Talk sooner: Family history, prior colorectal cancer or polyps, inflammatory bowel disease, inherited syndromes, or past abdominal/pelvic radiation may require earlier or more frequent testing. Survivors need their care team's surveillance plan. [1, 3]

Do not wait for 45 if you have symptoms. Blood in stool, persistent bowel changes, ongoing belly pain or unexplained weight loss need medical evaluation at any age. A negative screening test does not explain symptoms. [3, 5]

Make it happen!

Ask: Which test fits my risk? What will it cost, including follow-up?
My next step: _____ Target date: _____

SOURCES & NOTES

1. ACS screening guideline
2. ACS screening tests
3. USPSTF recommendation
4. ACS 2026 update
5. CDC symptoms

Educational information, not individual medical advice. Ages 76-85: individualize screening; after 85: stop routine screening. Sources checked Nov. 11, 2026. [1, 3]