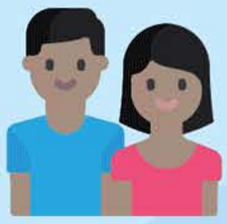
Which Colorectal Cancer Screening is Right for Me?

Regular colorectal cancer (CRC) screening saves lives by detecting pre-cancerous growths, or polyps, in the early stages when they are most treatable. ***Most Indigenous people should begin regular colorectal cancer screenings at age 45***. The three tests that most accurately identify CRC are the colonoscopy, flexible sigmoidoscopy, and the stool test, but ***the best screening test is the one that gets done!*** Below is a chart to help you and your doctor determine which option is best for you.



I am ready to take care of my health for me and my Kwahji:yä.*

I am okay with drinking a laxative before the test.

YES — I am okay with a shorter, less accurate test that only examines part of my colon, instead of my entire colon.

YES — I would like to be screened every...

3-5 YEARS → **FLEXIBLE SIGMOIDOSCOPY**

A doctor inspects your rectum and the lower part of your colon for cancer or polyps. To do this, a thin, flexible tube is inserted into your anus. Flexible sigmoidoscopies are done in a clinical setting.

10 YEARS → **COLONOSCOPY**

A doctor inspects your rectum and colon for cancer or polyps. To do this, a thin, flexible tube is inserted into your anus. Colonoscopies are done in a clinical setting.

NO — I am okay with going to a doctor's office or hospital to get the test.

YES — I have someone to drive me home after the test.

NO — **STOOL TEST**

Stool (poop) tests inspects your stool for blood or altered DNA. To do this, use a special kit to collect your stool sample and return it to your doctor or lab for inspection. Stool tests may be done anywhere.

NO — ***1-3 YEARS***

American Indian Cancer Foundation®

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***Kwahji:yä'** means relatives in the Onödowa'ga (Great Hill People or Seneca) language