

MARCH 2013 • MEMBERS

Colorectal Cancer Screening

One of the most preventable cancers

Doctors can prevent colorectal cancer by screening with a cancer prevention test. These tests allow detection of polyps, which can be removed before they progress to cancer. Yet colorectal cancer is the third most common cancer in both men and women and the second-highest cause of cancer death.¹ So what's the problem? Why do so many people die of colorectal cancer?

A big reason is that 1 of every 3 people (a third of people) aged 50 to 75 years are not up-to-date with their screening.² And screening is even more important than reducing risk factors or increasing treatment.²

Are you up-to-date on your screening? Are your loved ones up-to-date on theirs?

Who should be screened?

Men and women should begin screening at age 50. Consider screening at age 45 if you are:

- African American
- A current or previous smoker
- Obese

Some people should begin screening when they are 40 years old or younger:

- Those who have a mother, father, brother, or sister who was diagnosed with colorectal cancer before the age of 60
- Those who have 2 first-degree relatives (mother, father, brother, sister) who were diagnosed with colorectal cancer at any age

Screening options

Recommended screening options include:

- Colonoscopy every 10 years
- Flexible sigmoidoscopy every 5-10 years
- CT colonography every 5 years
- Fecal immunochemical test (FIT) every year
- Hemocult® Sensa® every year
- Fecal DNA test every 3 years



Quest Diagnostics offers patient-friendly screening solutions

Quest Diagnostics laboratory offers the InSure® FIT™ test and the ColoVantage® test. The InSure FIT™ is a noninvasive fecal immunochemical test. You don't need to change your diet or medications before taking the test. And there is no need to handle stool specimens.

The ColoVantage test is for people who decline the recommended screening options. It's a blood test that detects methylated septin 9 DNA. This DNA is released into circulation by colorectal cells during their progression to malignancy. You don't need to change your diet or medications before taking the test. The blood sample can be drawn at any time of the day.

If you test positive on either of these tests, you should get a colonoscopy.

The American College of Gastroenterology (ACG) thinks colonoscopy is the best option.³ ACG calls it a *cancer prevention test*. This is because a colonoscopy can detect polyps. Polyps are abnormal growths that sometimes, but not always, develop into cancer. If the screening test detects polyps, the doctor can remove them during the colonoscopy. This keeps them from possibly developing into cancer.

Cancer detection tests are screening tests that can detect cancer. They cannot detect polyps, though. They have an advantage in that they are less invasive than the cancer prevention tests. But if they are positive, they have to be followed up with a colonoscopy. The FIT is ACG's preferred cancer detection test.³

Paying for colorectal cancer screening

Private insurance coverage

At a minimum, the Affordable Care Act says insurance companies have to pay for U.S. Preventive Services Task Force (USPSTF) recommended services.⁴ This means the insurance company pays the full cost as long as you use an in-network provider.

The USPSTF recommends these screening services for people aged 50 to 75 years⁵:

- Colonoscopy every 10 years or
- Sigmoidoscopy every 5 years + fecal occult blood test or FIT every 3 years or
- Annual fecal occult blood test or FIT

Other parts of the Affordable Care Act will further improve access to colorectal cancer screening:

- More people will have health insurance.
- There will be a sliding scale to minimize cost of insurance for those in financial need.

Medicare coverage

Medicare Part B covers colorectal cancer screening tests with some limitations. For details, refer to <http://www.medicare.gov/coverage/colorectal-cancer-screenings.html>.

So, people with insurance don't have to pay anything for screening, right?

Not necessarily. If the screening test used is outside the USPSTF recommendations, it may or may not be paid for by insurance. Also, some insurance plans are *grandfathered* health plans (ie, plan in existence before March 23, 2010). Under the Affordable Care Act, these plans might not have to cover USPSTF recommended services. Please check your benefits or contact your insurer to determine which screening tests are covered under your plan.

You might also have to pay all or part of the cost in the following situations:

- A screening test that results in polyp removal or a biopsy during the same office visit: Medicare and some insurance companies might consider this a diagnostic test instead of a screening test. They might charge a copayment.
- A screening test done sooner or more often than recommended
- Colonoscopy done as a follow-up for positive results on another screening test

References

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