One of the most preventable cancers

We 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?

The problem is that a full 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?

Screening saves lives

On average, 90% of people diagnosed with early-stage colorectal cancer will be alive 5 years later.1 But, only 12% will still be alive if their colorectal cancer is diagnosed at a later stage.1 There are no symptoms in the early stage. So, the only way to find out about early-stage cancer is to be screened.

Even more important, we know that some screening tests can actually prevent colorectal cancer. These are the tests that can detect polyps. Polyps are abnormal growths that sometimes, but not always, develop into cancer. If the screening test detects polyps, they can be removed. This keeps them from possibly developing into cancer. This is what makes colorectal cancer one of the most preventable cancers.

People 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

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.
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
- Hemoccult® Sensa® every year
- Fecal DNA test every 3 years
The first 3 options help prevent cancer by detecting polyps. Once polyps are detected, steps can be taken to remove them. The last 3 cannot detect polyps.

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. This means the insurance company pays the full cost as long as an in-network provider is used.
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

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, plans 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.
People may 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

USPSTF screening recommendations
The USPSTF recommends these screening services for people aged 50 to 75 years:
- Colonoscopy every 10 years or
- Sigmoidoscopy every 5 years + high-sensitivity fecal occult blood test or FIT every 3 years or
- Annual high-sensitivity fecal occult blood test or FIT

References