

Spotlight on Health

Colorectal Cancer Screening

One of the Most Preventable Cancers

Doctors can help 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 screenings.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 at average risk should begin screening at age 50. Consider screening at age 45 if you are:

- African American
- A current or previous heavy smoker
- Obese

Some people should begin screening when they are 40 years old or younger. These include people who:

- Have a mother, father, brother, or sister who has had colorectal polyps or cancer
- Have inflammatory bowel disease (ie, Crohn disease or ulcerative colitis)
- Have a genetic condition or a family history of a genetic condition (ie, Lynch syndrome, familial adenomatous polyposis [FAP])

Screening Options

Recommended screening options include³:

- 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

The American College of Gastroenterology (ACG) thinks colonoscopy is the best option.³ The ACG calls it a *cancer prevention test*. This is because a colonoscopy



Quest Diagnostics Offers Patient-friendly Screening Solutions

Quest Diagnostics 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.

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 a 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 the 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 services recommended by the U.S. Preventive Services Task Force (USPSTF). This means most insurance companies pay the full cost as long as you use an in-network provider.

The USPSTF recommends these screening services for people aged 50 to 75 years⁴:

- 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

Medicare coverage

Medicare Part B covers colorectal cancer screening tests with some limitations. For details refer to 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

USPSTF Recommendations Might Be Changing

The USPSTF has put out a draft of updated recommendations. The draft recommendations are just a little different from current ones. No one knows if the draft will be approved or when it will come out. You can go to their Web site to get the most up-to-date recommendations: uspreventiveservicestaskforce.org/Page/Name/recommendations

References

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