

Spotlight on Health

Colorectal Cancer Screening

One of the Most Preventable Cancers

We 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?

The problem is that a full 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

How to Increase Colorectal Cancer Screening in Your Practice

- Set up a system that tells you which patients should be screened and when. Quest Diagnostics now offers this feature through the Care360® electronic health record for doctors who offer the InSure® FIT™ test.
- Send a notice to these patients, recommending they be screened at this time; notices can be in the form of a letter, postcard, email, or phone call.
- Provide information about screening in a brochure or newsletter or on your website.
- Discuss screening options with your patients and help them choose the right one for them.
- Help your patients get access to screening:
 - Provide maps showing places that do colonoscopy; include the contact information for these places.
 - Keep stool-based test collection kits on hand to give to your patients.
 - Set a date and time for the patient to return the collection kit to your office or the lab; follow up with patients as needed. The Care360 electronic health record can help you keep track of which patients have returned their InSure FIT collection kit.
- Help your patients learn about payment options that can work for them.
- Follow up quickly on all positive screening results.

Screening Options

The fact that guidelines support multiple screening options might help address some of the reasons people don't get screened. People who don't want to handle stool might be more inclined to get colonoscopies. Those who are afraid of a colonoscopy might be okay with a stool-based test. The American College of Gastroenterology (ACG) recommends these screening options³:



Quest Diagnostics Offers...

Patient-friendly Screening Solutions

Quest Diagnostics offers the InSure®FIT™ and ColoVantage® tests. InSure is a noninvasive fecal immunochemical test. People don't need to change their diet or medications before taking the test. And there is no need to handle stool specimens, which might increase patient compliance.

The ColoVantage test is for people who decline the recommended screening options. It's a blood test that detects methylated septin 9 DNA, which is released into circulation as colorectal cells progress to malignancy. People don't need to change their diet or medications before taking the test.

Positive results on either of these tests should be followed by a colonoscopy.

- Colonoscopy every 10 years (preferred cancer *prevention* test; offer first)
- Flexible sigmoidoscopy every 5-10 years
- CT colonography every 5 years
- Fecal immunochemical test (FIT) every year (preferred cancer *detection* test)
- Hemocult® Sensa® every year
- Fecal DNA test every 3 years

People Who Should Be Considered for Screening

Men and women at average risk for colorectal cancer should be screened starting at age 50. Consider screening African Americans, current or previous heavy smokers, and obese people starting at age 45. Consider starting screening at ≤ 40 years for those who:

- Have a first-degree relative who has had colorectal polyps or cancer
- Have Crohn disease or ulcerative colitis

Refer to the ACG guidelines³ for the age at which to start screening people with Lynch syndrome or familial adenomatous polyposis (FAP) or a family history of either of them.

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 most insurance companies pay the full cost as long as the patient uses 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 + high-sensitivity fecal occult blood test or FIT every 3 years *or*
- Annual high-sensitivity 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

USPSTF Draft Recommendations

The USPSTF recommendations are being updated. The draft provided for public comment recommends⁵:

- Colonoscopy every 10 years *or*
- Sigmoidoscopy every 10 years + FIT every year *or*
- Annual FIT or high-sensitivity, guaiac-based, fecal occult blood test

The comment period ended November 2, 2015. For the most up-to-date recommendations from the USPSTF, go to uspreventiveservicestaskforce.org/Page/Name/recommendations

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. Patients should check their benefits or contact their insurer to determine which screening tests are covered under their 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

References

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3. Rex DK, Johnson DA, Anderson JC, et al. American College of Gastroenterology guidelines for colorectal cancer screening 2008. *Am J Gastroenterol*. 2009;104:739–750.
4. U.S. Preventive Services Task Force. Screening for colorectal cancer: U.S. Preventive Services Task Force recommendation statement. AHRQ publication 08-05124-EF-3, October 2008. uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm. Accessed March 11, 2016.
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