Colorectal Cancer and the Importance of Screening

Colorectal cancer (cancer of the colon and rectum) is the third most common cancer in men and women, the second leading cause of death in men, and the third leading cause of death in women in the United States.[1] Since the 1980s, there has been a decline in colorectal cancer incidence and deaths due to improvements in early detection and treatment, increased uptake of screening, and changes in risk factors. Unfortunately, colorectal cancer screening rates remain low. In 2017, it is estimated that about 134,430 people in the U.S. will be diagnosed with colorectal cancer, and an estimated 50,260 will die from the disease.

Screening for Colorectal Cancer

Nearly all colorectal cancers are preventable. Colorectal cancer begins as an abnormal precancerous growth, known as a polyp. If the polyp is detected during the screening process, the entire polyp is removed, stopping it from becoming cancerous. Regular screening is the most effective way of detecting precancerous growths and early colorectal cancer. Cancers that are found at an early stage can be treated more easily, and lead to greater survival.[2]

The American Cancer Society (ACS) recommends one of the following screening procedures for average risk men and women age 50 and over: [3]

- Colonoscopy every 10 years
- Flexible sigmoidoscopy every 5 years
- Double-contrast barium enema every 5 years
- CT colonography (virtual colonoscopy) every 5 years
- Fecal occult blood test (FOBT) every year*
- Fecal immunochemical test (FIT) every year*
- Stool DNA test every 3 years*

* If any of these tests show a positive (suspicious) finding, a colonoscopy should be performed in order to complete the screening process.

Risk Factors: Lifestyle and genetic factors contribute to an individual's risk of colorectal cancer. These factors include:

- Obesity
- Physical inactivity
- Moderate to heavy alcohol use
- Consuming a diet high in red or processed meat and very low in fruits and vegetables
- Long-term smoking
- Low calcium intake
- A personal or family history of colorectal cancer and/or polyps, chronic inflammatory bowel disease (IBD), and some genetic conditions (e.g. Lynch syndrome)
- Type 2 diabetes
- Age - about 90% of cases are diagnosed in people 50 and older

American Cancer Society. Cancer Facts & Figures 2017. Atlanta: American Cancer Society; 2017

Trends in Screening Incidence

- About **58.6 percent** of adults over the age of 50 are up-to-date with the screening recommendations.[2] This means that **more than 1 in 3 adults age 50 and older are not getting tested as recommended.**
  - Barriers often cited to colorectal cancer screening uptake are affordability, lack of a family history or symptoms, feelings of embarrassment or fear, and no recommendation from a health professional.
- Disparities in screening rates for colorectal cancer exist among uninsured adults, those with less than 12 years of education, and those of Hispanic and American Indian/Alaska Native descent.[2]

Benefits of Screening – Getting screened early can save lives

- Ninety percent of all individuals diagnosed with colorectal cancer at a local (early) stage are still alive 5 years later.[4] Unfortunately, **only 39 percent of all colorectal cancers are diagnosed at a local stage, partly due to the underutilization of screening.**[1]
- A recent study estimated that **58 percent of all colorectal cancer deaths in 2020 will be due to "non-screening"** – this means that thousands of colorectal cancer deaths could be prevented if people are screened according to ACS recommendations.[5]

Improving Access to Screening

- **Colorectal Cancer Control Program (CRCCP)** – The Centers for Disease Control and Prevention's (CDC) CRCCP focuses on improving screening rates among targeted, low-income populations aged 50 –75 years, through evidence-based interventions using partner health systems. [6] Unfortunately, only 23 state health departments, six universities, and one tribal organization receive CDC funding due to limited funds. The CRCCP is an essential program in the fight against cancer, as it raises awareness among men and women on the importance of getting screened; provides evidence-based, population-level interventions to achieve greater colorectal cancer screening rates; and provides a limited number of screening services to at-risk populations.
- **Removing Barriers to Colorectal Cancer Screening** – Research shows that out-of-pocket costs to patients creates financial barriers that discourage the use of recommended preventive services.[7,8] Seniors on Medicare can be particularly vulnerable to cost sharing - approximately 35 percent of Medicare beneficiaries are under 200 percent of the federal poverty level (FPL)[9] and on limited incomes. Currently most private insurers are required to provide screening colonoscopies for individuals aged 50 to 75 without cost sharing. However, regulations require Medicare beneficiaries to pay a 20 percent coinsurance for colonoscopies if a polyp is removed during screening. This places a financial burden on Medicare beneficiaries. The *Removing Barriers to Colorectal Cancer Screening Act* would fix the Medicare loophole by covering a polyp removal during a screening colonoscopy.
- **80 percent by 2018** – ACS, ACS CAN, and thousands of other organizations across the nation are committed to eliminating colorectal cancer as a major public health problem. The goal of the campaign is to get 80 percent of adults aged 50 and older regularly screened for colorectal cancer by 2018. **More than 200,000 lives could be saved** if this goal is met.[10] Through collaborative efforts among lawmakers; health care providers; health systems; and community and business leaders, this challenging yet achievable goal can be reached.[11]

ACS CAN's Position

ACS CAN supports several initiatives aimed at increasing colorectal cancer screening rates:

- **Protect and/or increase federal and state funding** for colorectal cancer screening education and outreach programs.
- Support S.479 and H.R.1017, *Removing Barriers to Colorectal Cancer Screening Act*, to **fix the Medicare loophole**.
- Support policies that **require insurers to cover follow-up colonoscopies after a positive stool test** and guarantee that patients do not face out-of-pocket costs for polyp removal, anesthesia, pre-screening consultations, or laboratory services, related to the screening colonoscopy.
- Support **evidence-based educational efforts** to improve uptake of preventive services, particularly in disparate populations.
- **Join the 80 percent by 2018 movement!** Learn more at: http://nccrt.org/about/80-percent-by-2018/

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[1] American Cancer Society. Cancer Facts and Figures 2017. Atlanta: American Cancer Society; 2017.
[2] American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2015-2016. 2016 Update. Atlanta: American Cancer Society; 2016.
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[4] SEER Cancer Statistics Factsheets: Colon and Rectum Cancer. National Cancer Institute. Bethesda, MD. Accessed December 2016 from http://seer.cancer.gov/statfacts/html/colorect.html
[5] Meester RGS, Doubeni CA, Lansdorp-Vogelaar I, et al. Colorectal Cancer Deaths Attributable to Nonuse of Screening in the United States. Annals of epidemiology. 2015;25(3):208-213.e1. doi:10.1016/j.annepidem.2014.11.011.
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[7] Wharam JF, Graves AJ, Landon BE, Zhang F, Soumerai SB, Ross-Degnan D. Two-year trends in colorectal cancer screening after switch to a high-deductible health plan. *Med Care.* 2011; 49: 865-71.
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[10] Meester RG, Doubeni CA, Zauber AG, et al. Public health impact of achieving 80% colorectal cancer screening rates in the United States by 2018. *Cancer.* 2015; 121(13):2281-85. doi: 10.1002/cncr.29336.
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