Colorectal Cancer and the Importance of Screening

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Colorectal cancer (cancer of the colon and rectum) is the third most common cancer in men and women and the second leading cause of cancer death in men and women combined in the United States.[1] There has been a decline in colorectal cancer incidence and deaths in most adults over the last several decades due to improvements in early detection and treatment, increased uptake of screening, and changes in risk factors. Unfortunately, colorectal cancer screening rates remain low compared to other cancer screenings. In 2019, it is estimated that over 145,000 people in the U.S. will be diagnosed with colorectal cancer, and an estimated 51,000 will die from the disease.[1]

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) updated their colorectal cancer guidelines in 2018 and now recommend one of the following stool or structural screening exams **starting at age 45** (rather than 50) for average risk individuals:[3]

- Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year*
- Highly sensitive fecal immunochemical test (FIT) every year*
- Multi-targeted stool DNA (MT-sDNA) test every 3 years*
- Colonoscopy every 10 years
- Flexible sigmoidoscopy every 5 years
- CT colonography (virtual colonoscopy) every 5 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 hereditary factors contribute to an individual's risk of colorectal cancer. These factors include:

- Obesity
- Physical inactivity
- Long-term smoking
- High consumption of red or processed meat
- Low calcium intake
- Moderate to heavy alcohol use
- Low intake of fruits, vegetables, and whole-grain fiber
- A personal or family history of colorectal cancer and/or polyps, a personal history of chronic inflammatory bowel disease, and some genetic conditions (e.g. Lynch syndrome)
- Type 2 diabetes

American Cancer Society. Cancer Facts & Figures 2019. Atlanta: American Cancer Society; 2019

Trends in Screening Incidence

- Only 63 percent of adults 50 years and older and 54 percent of adults 45 years and older are up-to-date with ACS' screening recommendations.[2] This means that **over 1 in 3 adults age 50 and older** and **nearly half of all adults age 45 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 without a high school diploma; and those of Hispanic, Asian, 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]
- It was 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 avoided 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 high-need populations aged 50 –75 years using evidence-based interventions in partnership with 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 34 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 pay a 20 percent coinsurance for colonoscopies if a polyp is removed during the screening procedure. This places a significant financial burden on Medicare beneficiaries. Barriers to preventive care lead to poorer health outcomes and increased health care costs. The *Removing Barriers to Colorectal Cancer Screening Act* would fix the Medicare loophole by covering a polyp removal during a screening colonoscopy.
- **80 Percent in Every Community** – 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 eligible adults regularly screened for colorectal cancer through partnerships, collective action, and the pooling of resources. Through collaborative efforts among lawmakers; health care providers; health systems; and community and business leaders, this challenging yet achievable goal can be reached.

ACS CAN's Position

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

- Protecting and/or increasing federal and state funding for colorectal cancer screening education and outreach programs.
- S.668 and H.R.1570, *Removing Barriers to Colorectal Cancer Screening Act*, to fix the Medicare loophole.
- 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.
- Evidence-based educational efforts to improve uptake of preventive services, particularly in disparate populations.
- Join the 80 percent in every community movement! Learn more at: http://nccrt.org/80-in-every-community/

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[1] American Cancer Society. Cancer Facts and Figures 2019. Atlanta: American Cancer Society; 2019.
[2] American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2019-2020. Atlanta: American Cancer Society; 2019.
[3] American Cancer Society. *American Cancer Society Guidelines for Colorectal Cancer Screening*. Updated May 30, 2018. Accessed April 2019. https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html.
[4] SEER Cancer Statistics Factsheets: Colon and Rectum Cancer. National Cancer Institute. Bethesda, MD. Accessed February 2018 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.
[6] Centers for Disease Control and Prevention. *Colorectal Cancer Control Program: About the program*. Updated October 4, 2018. Accessed April 2019. https://www.cdc.gov/cancer/crccp/about.htm.
[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.
[8] Trivedi AN, Rakowsi W, Ayanian JA. Effect of cost sharing on screening mammography in Medicare health plans. *N Eng J Med.* 2008; 358: 375-83.
[9] The Henry J. Kaiser Family Foundation. Distribution of Medicare beneficiaries by federal poverty level. Published March 2016. Accessed January 2019. http://kff.org/medicare/state-indicator/medicare-beneficiaries-by-fpl/?currentTimeframe=0.