



# Taking Out Colon Cancer:

## Progress Towards Preventive Care

The American Cancer Society Cancer Action Network (ACS CAN) is dedicated to increasing access to colorectal cancer screening and treatment in the United States. Colorectal cancer, or CRC, is the third most commonly diagnosed cancer and the second most common cause of cancer deaths in the country. This year, approximately 140,000 new cases will be diagnosed and more than 50,000 deaths will be caused by colorectal cancer. The real tragedy is that CRC is one of the most preventable forms of cancer, and thousands of these deaths could be avoided with routine colorectal screening.

### *The Scope of the Problem*

Screening and early detection saves lives. When colorectal cancer is diagnosed at an early stage, the five-year survival rate is 90 percent. However, this rate drops to 13 percent when the cancer is not diagnosed until it has spread to distant organs. CRC can be prevented through the early identification and removal of precancerous polyps, detectable only through colorectal cancer screening; approximately half of colorectal cancer deaths could be prevented each year if every individual over the age of 50 were examined for colorectal cancer. It is critical that barriers to colorectal screening be eliminated.

Large disparities exist in access to colorectal cancer screening and treatment. Today the incidence rate of CRC is higher for African Americans than for white men and women, and the mortality rate is 40 percent higher. Studies show that African Americans and Hispanics are less likely to have health insurance, leading to significantly lower screening rates for colorectal and other cancers. Less than 20 percent of uninsured individuals will undergo CRC screening, a significantly smaller percentage than those who have health care coverage. ACS CAN is leading the fight to make access to health care and cancer prevention top priorities among our elected officials. These efforts could one day ensure that Americans get the colorectal screening and treatment necessary to save tens of thousands of lives each year.

### *Our Legislative Campaigns*

ACS CAN has made significant progress in gaining colorectal screening access for Americans at both the federal and the state level. Provisions in the Affordable Care Act provide coverage for all preventive services that have been given a rating of A or B by the U.S. Preventive Services Task Force (USPSTF). Because of the new law, these services, which include colonoscopy, sigmoidoscopy, and fecal occult blood tests, are currently available under all new health plans at no cost to patients.

Even with these advances, there is still much work to be done to ensure that all patients have the full spectrum of screening services available. In the coming year, it is critical that all insurance policies offer coverage for colorectal cancer screenings at no cost to the patient and that all low-income adults have access to colorectal cancer screening, regardless of their insurance status.

### *ACS CAN Focuses on 80 percent by 2018*

ACS CAN has joined dozens of groups in an effort to increase the nation's colorectal cancer screening rate to 80 percent by the year 2018. The National Colorectal Cancer Roundtable, which was co-founded by the American Cancer Society and the Centers for Disease Control and Prevention, is rallying organizations to embrace this shared goal.

Over sixty organizations, including professional societies, non-profits, health plans, government, health departments, survivors, cancer coalitions and medical practices have embraced the goals and that number is growing every day.

There are significant disparities that exist across our nation regarding of who gets screened. The people less likely to get tested are Hispanics, Asian Americans, rural populations, women, those 50 to 64, and those with lower education.

### ***Removing Barriers to Colorectal Cancer Screening Act***

The Removing Barriers to Colorectal Cancer Screening Act (H.R. 1070) was introduced in March 2013 by U.S. Representative Charlie Dent (R-PA) to eliminate cost sharing for Medicare beneficiaries receiving a colonoscopy, even if a polyp is removed. Under current Medicare coding rules, a colonoscopy is reclassified from a screening to a therapeutic procedure when a polyp is removed during the course of the colonoscopy. While the Affordable Care Act waives copays and deductibles for beneficiaries for covered preventive services that have a grade “A” or “B” from the U.S. Preventive Services Task Force, including colonoscopy, sigmoidoscopy, and fecal occult blood testing for adults aged 50-75, beneficiaries could be charged a copay due to the reclassification when a polyp is removed.

For those individuals living on a fixed income, the chance of this unexpected cost could prevent them from receiving potentially life-saving screening. Low-income individuals are especially price sensitive as compared to others. Therefore, reducing or eliminating cost-sharing strategies can prevent medically vulnerable populations from getting access to proven and effective prevention services. Passage of the Act would correct this oversight in Medicare and allow men and women on Medicare to receive their screenings without risk of copays. By removing this financial barrier, Congress would help increase screening rates and reduce the number of cases of colorectal cancer.

### ***The Colorectal Cancer Control Program***

The Centers for Disease Control and Prevention provides funding to 25 states and 4 tribes across the United States for five years as part of the Colorectal Cancer Control Program (CRCCP). The program’s two components are screening promotion and screening provision. Uninsured and underinsured adults aged 50-64 years old at or below 250 percent of the federal poverty line are eligible for the screening provision. Almost 35,000 screening exams have been performed since the program’s start, leading to the detection of more than 4,850 precancerous polyps and 90 cases of cancers.

ACS CAN advocates for increased funding of the CRCCP to expand the program to all 50 states. The benefits of implementing a national colorectal cancer screening program are undeniable. In 1990, Congress established the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to provide thousands of low-income and uninsured women with free or low-cost breast and cervical cancer screening and access to treatment when needed. The creation of a similar program for colorectal cancer screening would serve as a lifeline for uninsured individuals across the country. Furthermore, a study conducted by the Lewin Group for the National Colorectal Cancer Roundtable found in preliminary results that this program could save billions of dollars if we increased screening rates in the pre-Medicare population (50-64 years old). ACS CAN and its volunteers will work tirelessly to increase the funding of the CRCCP to expand the program to all 50 states and to ensure that at-risk Americans are provided the lifesaving benefits of a national colorectal cancer screening program.

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