

SPECIAL REPORT ON COLORECTAL CANCER

Why Screen for Colorectal Cancer?



Colorectal cancer remains the second leading cause of death from cancer in the United States. Out of the 8,710 cases of cancer expected in Nebraska in 2008, 910 will be from colorectal cancer. And of the 3,330 cancer deaths expected, 340 will be from colorectal cancer.¹ If all Nebraskans received appropriate screening, we could decrease the number of these deaths by 100 to 200 or more.

Nebraska has one of the highest incidence rates of colorectal cancer in the United States: 69.1/100,000 population for men and 48.6/100,000 for women. This compares to the national average incidence of 62.9 and 45.8 for men and women respectively. Similarly our death rates rank above the national average: 24.4 and 17.5 versus 23.5 and 16.4 for men and women respectively.

One likely reason for these dismal figures is Nebraska's historically low rate of screening for colorectal cancer. In 2006, Nebraska ranked 49 out of 51 states (including the District of Columbia) based on the percentage of people ever having had a sigmoidoscopy or colonoscopy.² (Figure 1) Appropriate screening can detect cancers at an early stage making them more amenable to cure. If Nebraska increased screening, we could potentially lower our death rate for colorectal cancer. Screening can also detect and remove polyps which can prevent cancers. If Nebraska screened more patients, we could potentially prevent many colorectal cancers, thus lowering the incidence.

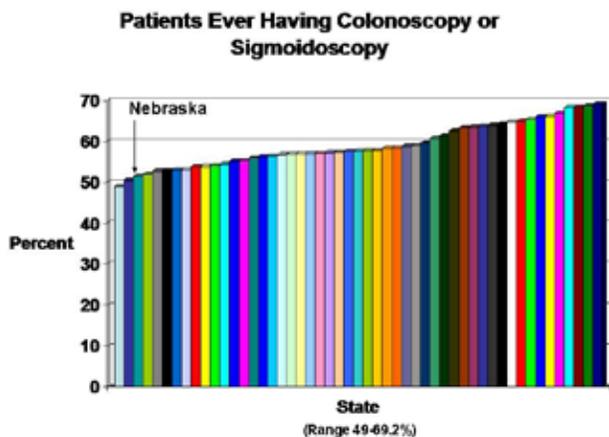


Figure 1
Nebraska ranks third from the bottom when it comes to patients ever having endoscopy of the colon.

There are many reasons that more people don't get screened for colorectal cancer but those most commonly cited are lack of patient knowledge or awareness, failure of physician recommendation and cost. In a recent analysis, both primary care physicians and patients identified lack of patient awareness and lack of physician recommendation as key barriers to obtaining CRC screening. In addition, primary care physicians cited patient embarrassment and anxiety along with the cost of screening and lack of insurance as primary barriers but few adult patients identified these as major barriers. They were more likely to cite lack

of physician recommendation as the primary barrier. Only 10% of patients not current with testing and who had a doctor visit in the past year reported receiving a screening recommendation.³

There are a number of initiatives currently in progress in Nebraska to address these issues. We will look first at cost of testing and lack of insurance. Nebraska is very fortunate to have one of 5 national demonstration projects for the CDC for colorectal cancer screening modeled after the National Breast and Cervical Cancer Early Detection Project. The Nebraska Colon Cancer Program (NCP) has the only state-wide project with the others being located in King County, Washington state (Seattle area), St. Louis, Missouri, Baltimore, Maryland, and New York City. NCP is administered in Nebraska through the Every Women Matters program but both men and women are eligible. Patients who meet income and age requirements are candidates to be enrolled in this program. For more details on this program, please refer to the advertisement on the inside back cover of this publication.

For those with insurance, the 2007 Nebraska legislature passed legislation requiring that all insurance plans in Nebraska include coverage for colorectal cancer screening based on American Cancer Society guidelines. This landmark legislation ensures that anyone purchasing eligible health insurance in Nebraska will be covered for colorectal screening and makes Nebraska one of 26 states with similar legislation. However, cost issues may still arise for exempt policies and due to deductibles and co-pays. Therefore, physicians should be aware of the costs related to a specific recommended screening test. All methods currently recommended by the American Cancer Society have demonstrated at least a 50% detection rate for cancer in a single test episode. This includes fecal occult blood tests (FOBT) that have documented efficacy at this level but not all marketed FOBT cards do. So if FOBT is chosen, one should be careful to check on the documentation for that particular brand. More details with regard to these concerns will be discussed in the Winter Issue.

There are a number of current programs aimed at improving awareness and knowledge on the part of patients. Probably the most ambitious and far-reaching program is being sponsored by the Department of Health and Human Services and several medical organizations and is being conducted in conjunction with the Husker Sports Network. During the entire 2008-2009 sports season of University of Nebraska-Lincoln, there will be messaging on the importance of colorectal cancer screening during all football, basketball, baseball, volleyball and women's basketball broadcasts. Be aware that patients may be asking questions about this "Stay in the Game" campaign.

The primary reason that physicians do not make screening recommendations to their patients appears to be the lack of systems designed to help implement those recommendations. As more practices employ electronic medical records and as more quality agencies name colon cancer screening as a quality measure, this problem will be addressed.

So why screen for colorectal cancer? To save lives and reduce morbidity related to colorectal cancer. Some estimates are that treatment of early stage colon cancer costs about \$30,000 but the cost of treating late stage disease is \$120,000 or more in direct costs which do not take into account lost productivity. Screening for colorectal cancer may actually save money to the health care system.

Watch for the "New Colorectal Cancer Screening Guidelines" article by Dr. Thorson appearing in the next issue.

REFERENCES

1. Cancer Facts and Figures 2008. American Cancer Society, Inc.
2. National Cancer Institute. <http://statecancerprofiles.cancer.gov/micromaps/>
3. Klabunde CN, Vernon SW, Nadel MR, Breen N, Seeff LC, Brown ML. Barriers to colorectal cancer screening: a comparison of reports from primary care physicians and average-risk adults. *Medical Care*. 2005; 43(9):939-944.



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