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Lifesaving Potential of Colorectal Cancer Screening Unrealized for Many Medicare Beneficiaries
Experts Available to Explain Screening Options for March Colorectal Cancer Awareness Month

Bethesda, MD, March 2, 2011 – Medicare patients who should be screened for colorectal cancer as part of covered preventive benefits are not getting recommended tests, a cause for concern among the nation’s digestive health specialists. At a time when the trends in colorectal cancer deaths are declining, [CMS estimates that only 50 percent of Medicare beneficiaries](#) have received some sort of colorectal screening.

“The American College of Gastroenterology is concerned that widely available screening strategies proven to prevent colorectal cancer remain woefully under-utilized in the Medicare population,” commented ACG President Delbert L. Chumley, M.D., FACP.

Since the introduction of the Medicare colorectal cancer preventive screening benefit in 1998, great progress has been made in the United States in reducing colorectal cancer mortality. But use of covered screening benefits among Medicare patients has been low as measured by claims from 1998 to 2004. “Downward trends in colorectal cancer deaths highlight the remarkable benefits of colorectal cancer screening, but this lifesaving potential is unrealized for many Medicare patients, and these positive trends cannot be sustained if screening rates remain dismal,” said Dr. Chumley.

The [colorectal cancer death rate in this country could be cut in half if Americans simply followed recommended screening guidelines](#), according to the American Cancer Society. Last year alone, about 50,000 people died of colorectal cancer in the United States. It is an equal opportunity killer: half of those deaths were among women.

Colorectal cancer arises from pre-cancerous growths or polyps that grow in the colon. When detected early, polyps can be removed during a colonoscopy exam, preventing the development of colorectal cancer. This ability to prevent colorectal cancer through polyp removal is the cornerstone of ACG’s 2009 screening guideline which recommends colonoscopy as a “preferred” colorectal cancer prevention strategy. A tremendous body of evidence shows that clearing the colon of polyps, including small polyps, significantly reduces colorectal cancer mortality. When detected in its earliest and most treatable stage, the survival rates for colorectal cancer exceed 90 percent.

Barriers to Screening for Medicare Patients

Fear of the procedure and out-of-pocket costs are the most significant barriers to improving screening rates among insured patients, according to the [National Institutes of Health “State of the Science of Colorectal Cancer”](#) and [colorectal cancer patient advocacy groups](#). Medicare currently covers a patient’s pre-colonoscopy office visit to discuss the procedure with their doctor beforehand, but only when the patient is experiencing symptoms and is referred for colonoscopy to help assess the problem.

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“Under current rules, Medicare patients seeking preventive screening do not have the option to sit down with a gastroenterologist beforehand to discuss the preparation, sedation, procedure, and potential out-of-pocket costs, unlike Medicare patients who are symptomatic, even though both patients will undergo the exact same procedure. The irony is that the Medicare patient who was only in for a preventive screening may actually become the more complicated case,” explained Dr. Chumley.

High Out-of-Pocket Costs Could Surprise Medicare Beneficiaries if Polyps are Found

This initial pre-colonoscopy office visit would also help clarify important issues surrounding the beneficiary’s out-of-pocket costs. Congress passed as part of the Patient Protection and Accountability Act a provision eliminating out-of-pocket costs for Medicare beneficiaries undergoing colorectal cancer “screenings.” However, if a polyp is removed during this screening the procedure is no longer coded as a “screening” and the Medicare beneficiary will come out of sedation to learn that while they may have prevented colorectal cancer by getting a polyp removed, they are now responsible for 20 percent of the Medicare allowed charge.

“The American College of Gastroenterology believes Congress must fix this unintentional quirk in Medicare cost-sharing because the ability to remove a polyp before it turns into cancer is the reason for including this provision in the Patient Protection and Accountable Care Act in the first place – to create an incentive for screening in order to prevent cancer – and precisely the reason why the [U.S. Preventive Services Task Force gave colorectal cancer screening its highest rating](#) for recommended preventive services,” commented March E. Seabrook, M.D., FACP, Chair of ACG’s National Affairs Committee.

Dr. Seabrook applauds Congress and Medicare for covering colorectal cancer screenings with as little cost as possible to the patient. “The flip side, however, is that doctors don’t know which patients will or will not have a polyp before the screening, meaning we cannot inform the patient beforehand whether there will be any cost sharing or not. If the procedure is performed, and there are no polyps or other issues then the patient is clear and would not be responsible for any additional cost sharing. But if a polyp is removed, the procedure moves from a screening to a therapeutic procedure, and all of the sudden out-of-pocket costs apply,” he adds. “The law is well-intentioned, but there’s a gap in it.”

These provisions have been part of the Supporting ColoRectal Examination and Education Now or “SCREEN” Act in previous sessions of Congress. The College is hopeful that Congress will address these important barriers to screening when the SCREEN Act is re-introduced this year.

Physician Experts Available for Interviews

Please contact Jacqueline Gaulin at 301-263-9000 or jgaulin@acg.gi.org. ACG experts can address:

- Barriers to screening for Medicare beneficiaries use of colorectal screening tests
- Pros and Cons of various colorectal cancer screening methods
- Recent scientific developments in colorectal cancer prevention
- Screening recommendations for average to high-risk individuals, particularly African-Americans.

Colorectal Cancer Screening Recommendations from the American College of Gastroenterology

The ACG recommends men and women at average risk for colorectal cancer to begin screening at age 50. African-Americans should begin colorectal cancer screening at 45.

The 2009 ACG evidence-based colorectal cancer screening guidelines divide the options into *cancer prevention tests* and *cancer detection tests*. Cancer prevention tests are preferred over detection tests. To review the ACG guidelines visit <http://www.acg.gi.org/patients/patientinfo/coloncancer.asp>

About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology is an organization with an international membership of more than 12,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients. www.acg.gi.org Follow [ACG on Twitter](#)

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