The History of Colorectal Cancer Screening Colonoscopies

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Considering one in 20 Americans will develop colorectal cancer at some point in their lives, screenings are vitally important as a preventative measure. This year, an estimated 147,000 Americans will be diagnosed with colorectal cancer, and 56,500 will die from the disease. The larger tragedy is that colorectal cancer is one of the most treatable and curable cancers, if detected early. Unfortunately, a high percentage of late stage colorectal cancers are fatal. Colorectal cancer screening with colonoscopy, the gold standard, is an exceptionally effective tool in the fight against this dreadful disease.

Documented knowledge of colon cancer can be traced as far back as 6,000 years ago, when the ancient Chinese proposed different herbs to treat this...
History of Colorectal Cancer Screening

Continued from page 1

cancer. The ancient Greek and Indian civilizations also recorded preventative care and treatment plans, such as the use of olive oil, for colon health. In 1932, Dr. Cuthbert Dukes, an English physician and pathologist, devised a classification system for colorectal cancer. But it wasn’t until 1969 that therapeutic colonoscopies began to be used for diagnostic purposes.

Evolution of Screening Techniques

Beginning in the 1940s and through the 1970s, U.S. medical providers and cancer clinics offered rigid sigmoidoscopy to persons who wanted screening for rectal cancer. In the 1960s, the colonoscopy was developed thanks in part to advances in fiber-optics and engineering.

In the late 1960s, Dr. Hiromi Shinya, a Japanese-born general surgeon, and Dr. William Wolff conducted research at Beth Israel Medical Center that would revolutionize the diagnosis and treatment of colon cancer. Their work produced colonoscopic techniques using an esophagoscope, which allowed one endoscopist to perform a colonoscopy, rather than the two-person technique, which was previously the standard. In addition, the electrosurgical polypectomy snare was developed for polyp removal, which, at the time, accounted for a large portion of colon surgery procedures. In September of 1969, Wolff and Shinya published their work using diagnostic fiber colonoscopy. Shinya and Wolff revolutionized the diagnosis and treatment of colon cancer and are recognized as the co-developers of colonoscopy.

Initial colonoscopies were considered so dangerous that they were often done in the operating room or in the intensive care unit. Now, the vast majority of cases are in outpatient settings with extremely low morbidity and mortality rates. Improved instruments, monitoring, anesthesia professionals, and centers especially equipped for gastrointestinal (GI) procedures have all contributed to the increased safety.

In the 1970s, public awareness of endoscopic screening skyrocketed when President Ronald Regan had several polyps removed. This “endoscopic therapy” has been the basis for colonoscopy screening as we know it today.

Sedation Leads to Higher Polyp Detection Rate

Dr. Donald Robert Buechel is amazed by the advancements in colorectal cancer screenings in recent decades. As a board-certified anesthesiologist and professor of Anesthesia (Clinical) Emeritus at Stanford School of Medicine who still attends rounds at Stanford Hospital, Dr. Buechel has had the opportunity to witness the past 50 years of screening developments firsthand. In his opinion, perhaps the greatest achievement that has been made in this area of medicine is the increased safety of anesthesia procedures. These procedures, once relatively risky, are now the gold standard for safe, effective and comfortable colonoscopy screenings.

Most recently, the passage of the Patient Protection and Affordable Care Act in 2010 has provided another significant advancement in colonoscopy screening by making it a preventative service that must be covered by health plans. Now more than ever people over 50 can take advantage of this potentially life-saving screening process.

Since colorectal cancer was first identified in ancient times, medical technology has improved in enormous leaps and bounds to bring colorectal cancer screenings and treatments to where they are today. Decades of working with different options have led to the preventative screening colonoscopy with propofol sedation, the gold standard of care, which allows for a safe and comfortable procedure for patients, as well as for an effective test to help detect one of the most treatable cancer (while it is still in its early stages).
Legislative Roundup

Randall H.H. Madry, Executive Director
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From the Patient Protection and Affordable Care Act (ACA), federal research budget cuts, and grandfathered health plans, to individual state actions regarding health care coverage, many issues have the potential to affect Preventing Colorectal Cancer’s (PCC) mission: To educate the public and key stakeholders about the opportunities to reduce the incidence of colorectal cancer by promoting optimal screening and therapeutic care for patients and clinicians.

Federal News

The most significant change in government policy over the past several years with respect to colorectal cancer prevention is the passage and implementation of the ACA. The law requires many health plans to cover preventive services, including colorectal cancer (CRC) screenings, with no cost-sharing for patients. PCC has been active in promoting this increased access to screenings during the law’s implementation.

The 2014 open enrollment period for individuals to purchase a health insurance policy ended on March 31, and the U.S. Department of Health and Human Services has released a final report on the number of enrollees. A relevant figure found in the report regarding colorectal cancer is the number of older enrollees. Because preventive services requirements in the ACA generally cover Americans over age 50, which is the recommended age to begin regular screenings, it is useful to note how many people fall in this group. In total, 8 million Americans signed up for a plan through an Exchange (5 million additional Americans enrolled off an Exchange). Of the 8 million, 48 percent, or 3.84 million people, are between ages 45–64 (the report does not break down enrollment at age 50). Those over 65 are eligible for Medicare and therefore do not enroll through an Exchange.

State Trends

No additional federal legislation has been adopted by Congress this year regarding colorectal cancer screenings; however, a handful of states have passed legislation:

- **Alabama** passed a law (House Bill No. 111, approved 4/1/14) requiring coverage for payment of CRC exams for people over 50 based on American Cancer Society CRC screening guidelines.

- **Arkansas** enacted a law (Senate Bill No. 69) on 3/13/14 appropriating $5 million for CRC screening and research at the University of Arkansas for Medical Services.

- **Oregon** enacted a law (H.B. 4085) on 3/3/14 requiring health insurance policies to cover CRC screenings, including colonoscopies and any polyp removal, as well as laboratory tests. These services must be offered without cost-sharing for insured persons over the age of 50.

- **Vermont** amended a law (V.T. H.830 Sect. 4100 on 7/1/14) to include advanced practice registered nurses as professionals who are also able to determine if a patient is at high risk for colorectal cancer, and therefore can recommend screening examinations and laboratory tests.

Preventing Colorectal Cancer’s mission is to educate the public and key stakeholders about the opportunities to reduce the incidence of colorectal cancer through affordable, high quality screening and care options for patients.

We want you to join us and embrace the mindset that together we can make a difference in redefining the standard of care, campaigning for transparency in reimbursement methodologies and fighting to remove artificial barriers that depress the rate of colorectal cancer screening colonoscopies. For more information, email info@preventingcolorectalcancer.org.
Screening Proven Helpful After Age 75
How old is too old for a colonoscopy? A surprising number of people older than 75 haven’t ever been screened for colon cancer, and researchers say it’s not too late to gain the benefits.

Find out more about the latest research by visiting www.wtop.com.

Screening Has Prevented Half a Million CRCs
An estimated half a million cancers were prevented by colorectal cancer screening in the United States from 1976 to 2009, report researchers from the Cancer Outcomes, Public Policy, and Effectiveness Research (COPPER) Center at Yale Cancer Center.

To find out more, visit www.news.yale.edu.

CRC Incidence Rising Sharply Among Younger Adults
Researchers analyzed Surveillance, Epidemiology, and End Results (SEER) data for 383,241 patients diagnosed with CRC between 1975 and 2010. The results indicate the age-adjusted incidence of CRC fell steadily among patients 50 or older at diagnosis, but the rate rose among younger patients.

For more information about the study, please visit www.oncologypractice.com.

Join the Movement in Telling Congress to Support the Removing Barriers to Colorectal Cancer Screening Act
Colorectal cancer advocates on Capitol Hill are asking for support for HR 1070/S 2348, the Removing Barriers to Colorectal Screening Act of 2013, which would eliminate cost sharing for Medicare beneficiaries if a polyp is found and removed during what would have been a free preventive screening.

Adding your voice to those inside the halls of Congress will send a clear message to the lawmakers that this error in the law must be corrected in order to improve access to screenings and drive down the incidence of colon cancer.

Please use the following link to identify and contact your local congressman: http://www.contactingthecongress.org/.

Study Links Heavy Antibiotic Use to Risk for CRC
A recent study in the field of gastroenterology has revealed that a heavy use of antibiotics is linked with an increased chance of developing colorectal cancer. Visit www.gastroendonews.com to find out more.
Insights and Developments in the Fight Against CRC

Issue Brief #7
Continued from page 1

colorectal cancer screenings. For more information on how the ACA affects colonoscopies, see Issue Brief #5 at www.preventingcolorectalcancer.org.3

Preventive Services Coverage

Under the ACA, millions of previously uninsured Americans are receiving health insurance coverage, allowing them to access health care services that were financially unfeasible before the law’s passage. In addition to the expansion of coverage, the ACA requires all health plans—except “grandfathered” plans in place before March 23, 2010—to cover preventive services with no out-of-pocket cost to the patient. Medicare and Medicaid plans are also not included under this provision, and patients still have copays or deductibles for colorectal cancer screening colonoscopies. Colorectal cancer screening is one of the preventive services covered by this provision. Over time, the “grandfathered” plans will be phased out and new plans will have to comply with this enhanced benefit.

The ACA’s mandate of preventive service coverage is part of the law’s attempt to address the problem of lower than desired screening rates. An unacceptable one in three adults ages 50 to 75 are not up-to-date with the recommended colorectal cancer screening.4 By encouraging patients to undergo colorectal cancer screening colonoscopies, the ACA has the potential to greatly influence the incidence of colorectal cancer, and save both dollars and lives.

Who Should Get Screened?
The United States Preventive Services Task Force (USPSTF) recommends adults with average risk get screened at age 50 and continue until age 75.5 The USPSTF gives this recommendation an “A” grade, meaning there is a “high certainty that the net benefit is substantial.” Some experts recommend African Americans begin screening at age 45.6

Working with Providers

Changes to reimbursement policies under the ACA mean more Americans now have access to colorectal cancer screening colonoscopies with no out-of-pocket expense. A colonoscopy remains the best option for many patients, and can be used as a screening test or follow-up diagnostic tool. It uniquely offers the ability to remove polyps during the procedure, or take samples of tissue for examination. Other tests only tell a patient whether or not they have cancer, and require a separate secondary procedure to remove a polyp or take a biopsy sample. Only a colonoscopy can detect and prevent colorectal cancer throughout the length of the bowel.

Once a colonoscopy has been scheduled, the physician will provide the patient with preparatory instructions before the exam. This usually involves the use of laxatives to clean the colon before the examination. This preparation is a normal and important part of the process, and is critical to help ensure the most thorough, effective screening possible.

Working with Health Plans

For many people with a new health insurance policy, or for those who may be getting screened for the first time, speaking with their physician is only the first step in the screening process. Patients also should review their health plan coverage before the exam to understand what is covered and how their plan interacts with the new ACA requirements.

Most commercial health benefit plans cannot charge out-of-pocket costs for colonoscopies. While these provisions may seem straightforward, questions remain. For example, the preventive colorectal cancer screening is considered a covered benefit with no out-of-pocket expenses, but what if a polyp is found during the procedure? Would removal of a polyp during the routine screening also be covered? For most commercial health plans, the U.S. Department of Labor has said that a colorectal cancer colonoscopy

See Issue Brief #7, page 6

Issue Brief #8: Sneak Preview

Over the past several years, drug shortages have become an increasingly severe problem for those working in the health care industry, as well as for patients who depend on pharmaceuticals every day. Drug shortages are not new, but more and more hospitals and physicians are having difficulty finding adequate supplies of drugs to meet the needs of their patients. Some of the drugs that have seen supply problems are those used in colorectal cancer screening colonoscopies.

Part of an ongoing series from Preventing Colorectal Cancer, this issue brief sheds light on drug shortages and the steps to make the FDA more proactive and responsive to ongoing supply issues. To request a copy of the issue brief, please email info@preventingcolorectalcancer.org.

Issue Brief #7

Continued from page 5

must be covered with no out-of-pocket costs.7 Patients should have this discussion with their physician and their health benefit plan representative before the screening to avoid health care coverage misunderstandings.

Conclusion

The American Cancer Society estimates the U.S. will see nearly 140,000 new cases of colorectal cancer in 2014.8 The importance of getting screened cannot be overstated—it means the difference between life and death for many Americans. Fortunately, the increased access to affordable colorectal cancer screening colonoscopies is a positive move toward prevention. PCC encourages all patients to communicate with providers and health plans to ensure a clear understanding of their benefits and responsibilities when it comes to cancer screening.