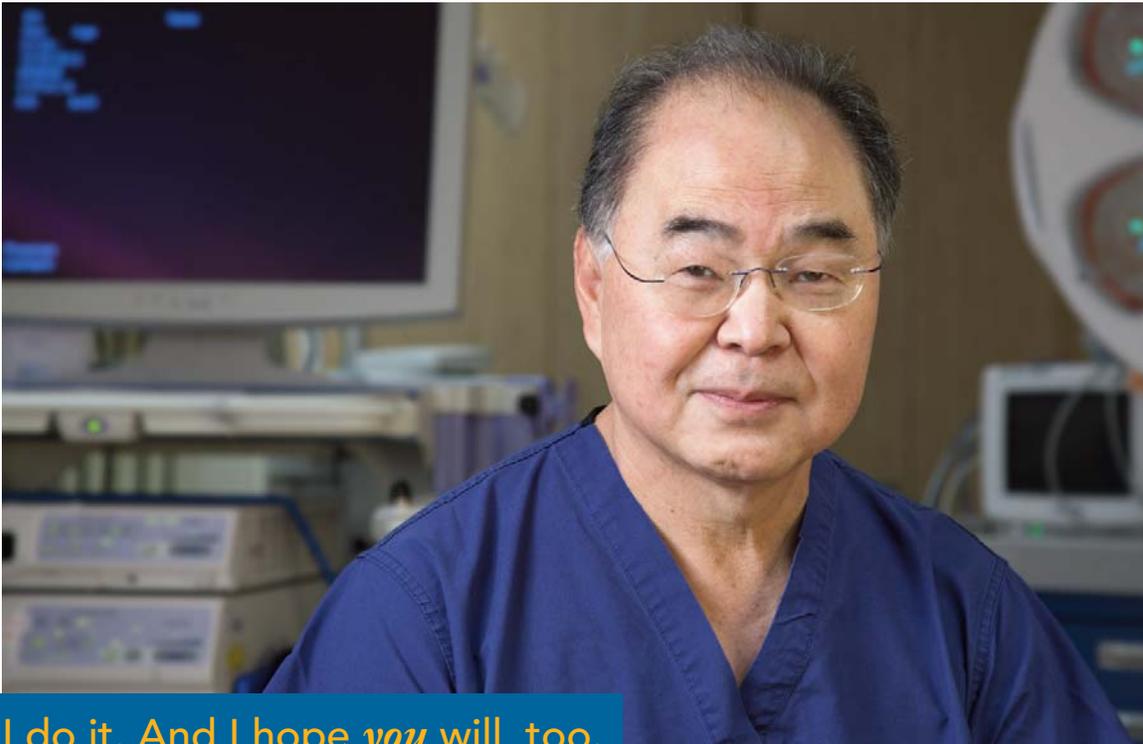


## COLORECTAL CANCER

### The cancer *you* can prevent.

Colorectal cancer is the second most deadly form of cancer, but it doesn't have to be. Screening can prevent the cancer or catch it early when it's highly treatable.

**Patients say they are most likely to get screened if they hear a strong recommendation from their doctor.**



**I do it. And I hope *you* will, too.**

- **Prioritize** colorectal cancer screening in your treatment of patients ages 50 to 75. Don't just mention it—strongly recommend that your patients get screened, and follow up to be sure they do.
- **Empower** patients who've been screened to talk about their experience with people they know and encourage them to get screened.

Truman Sasaki, M.D.



A Centers for Disease Control and Prevention-funded campaign

[www.TheCancerYouCanPrevent.org](http://www.TheCancerYouCanPrevent.org)

## Colorectal Cancer Screening

Too few men and women in Oregon, and especially in Clatsop County, are being screened. There are several reliable screening options and new insurance coverage available, making screening more accessible than ever.

### COLORECTAL CANCER IN OREGON

- **624 Oregonians died** from colorectal cancer in 2006. That's more than traffic accidents, suicide, flu, homicides and HIV.<sup>1</sup>
- Part of the problem is that only **66 percent of Oregonians** are being screened regularly for colorectal cancer. Compare this to **80.5 percent for breast cancer screening** and **81.7 percent for cervical cancer screening**.<sup>2</sup>

### GETTING PATIENTS SCREENED

Encouragement from a **trusted health care professional** or someone who's already been screened is the most effective way to motivate people to be screened.

- The U.S. Preventive Services Task Force recommends colorectal cancer screening for all men and women ages 50 to 75.
- African Americans should begin screening at age 45.<sup>3</sup>
- Those with family history should begin screening at age 40.<sup>4</sup>

### SCREENING OPTIONS

There are a number of reliable screening options available to meet your patients' budgets. Each screening method is effective if done correctly and at recommended intervals, and new research shows that offering patients a choice of screening options increases their likelihood of being screened.<sup>5</sup>

**gFOBT (In-Home Fecal Occult Blood Test)\*:** Patients collect the stool sample at home. High-sensitivity guaiac tests (Hemocult Sensa) are recommended over standard guaiac tests, which are lower in sensitivity. Guaiac tests require restriction of some foods and medications that can cause false-positive test results. This may affect test compliance. Test manufacturers recommend a series of 3 gFOBT tests.

**HOW OFTEN:** Every year or every 3 years along with a Sigmoidoscopy every 5 years

**iFOBT (In-Home Immunochemical Fecal Occult Blood Test)\*:** Patients collect the stool sample at home. iFOBTs detect the protein in human hemoglobin, so dietary restriction is not necessary. These tests have higher sensitivity and specificity compared to guaiac tests. Depending on the particular brand, 1–3 stool samples are recommended for testing.

**HOW OFTEN:** Every year or every 3 years along with a Sigmoidoscopy every 5 years

### Sigmoidoscopy

**HOW OFTEN:** Every 5 years along with an FOBT every 3 years

### Colonoscopy

**HOW OFTEN:** Every 10 years

\*Collecting sample during an in-office digital rectal exam (DRE) is strongly discouraged. DREs miss 95 percent of cases of advanced neoplasia, giving patients a false sense of reassurance. They can also produce a false positive result due to hemorrhoids or anal fissures. A stool sample collected at home is optimal for testing purposes.

1 Oregon State Cancer Registry, 2006.

2 Behavioral Risk Factor Surveillance System Survey Data, Centers for Disease Control and Prevention (CDC), 2008.

3 The American College of Gastroenterology, 2008.

4 The American Society of Colon and Rectal Surgeons, 2010.

5 Inadomi JM, et al "Method of recommendation for colorectal cancer screening strategies impacts adherence" DDW 2010; Abstract 124.

## DISCUSSION POINTS WITH PATIENTS

- Colorectal cancer is the second most deadly form of cancer, but it doesn't have to be.
- Screening can prevent the cancer or catch it early when it's highly treatable.
- There are several reliable screening tests—some cost as little as \$25 and all are covered by insurance. Let's talk about the one that is right for you.
- Make and keep your appointment to be screened.
- Then talk about your experience and encourage other people you know to be screened.

## Insurance Coverage Available to Your Patients

The following refers to U.S. Preventive Services Task Force-recommended colorectal cancer screenings.

**Uninsured:** Financial assistance is available to uninsured Clatsop County residents. Contact Nancy Magathan at Columbia Memorial Hospital at 503-325-4321 x5759.

**Oregon Health Plan:** Screenings are fully covered with a doctor's recommendation.

**Medicare:** In accordance with the Patient Protection and Affordable Care Act, as of September 23, 2010, all U.S. Preventive Services Task Force-recommended colorectal cancer screenings are fully covered at recommended intervals.

This coverage becomes effective after the patient's next enrollment period.

**Private Insurance:** As you know, private insurance plans can differ widely. Many now cover colorectal cancer screening with no cost sharing, co-pays or deductibles.

Below are suggested questions for your patients to ask their health insurance providers to find out the details of their coverage:

- What will be my out-of-pocket costs for each colorectal cancer screening option?
- Do these costs differ depending on where the screening is performed?
- How often can I have each type of screening covered by my insurance?
- Are there any other costs I should know about before selecting my screening option?

**Patient Protection & Affordable Care Act:** As of September 23, 2010, all new health plans are required to cover all U.S. Preventive Services Task Force A and B level screening tests with no cost sharing, co-pays or deductible. This includes colorectal cancer screening. Learn more: [www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm](http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm).

## The Campaign: *Equip. Empower. Encourage.*

The Oregon Health Authority has received a grant from the Centers for Disease Control and Prevention to conduct a media campaign with the goal of increasing colorectal cancer screening rates among Oregonians ages 50 to 75 from a current rate of 66 percent to a target rate of 80 percent by 2014. The campaign is being piloted in Clatsop County.

Based on research with Oregonians that indicated a referral from someone who has been screened is a powerful motivator, the campaign will seek to **empower** screened Oregonians to **encourage** the people they care about to get screened. The campaign will also seek to **equip** primary care providers, specialists and other influencers to **encourage** Oregonians to be screened.

### RESOURCES FOR YOUR PRACTICE

- **Acumentra**—Assists clinical teams in communicating with their patients about colorectal cancer risks and motivating them to complete potentially life-saving screening, [www.acumentra.org/provider/resources/crc.php](http://www.acumentra.org/provider/resources/crc.php)
- **Pennsylvania Academy of Family Physicians**—Taped webinars on colorectal cancer screening that provide CME credit for providers who can use the American Academy of Family Physicians (AAFP)-approved credits, [www.pafp.com/pafpcom.aspx?id=245](http://www.pafp.com/pafpcom.aspx?id=245)
- **U.S. Preventive Services Task Force**, Screening for Colorectal Cancer Recommendation Statement, [www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm](http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm)
- **Centers for Disease Control and Prevention**, Screen for Life Campaign, [www.cdc.gov/cancer/colorectal/sfl/](http://www.cdc.gov/cancer/colorectal/sfl/)
- **American Cancer Society**, [www.cancer.org/cancer/colonandrectumcancer/](http://www.cancer.org/cancer/colonandrectumcancer/)
- **National Cancer Institute's Risk Assessment Tool**—An interactive tool to help estimate a person's risk of developing colorectal cancer, [www.cancer.gov/colorectalcancerrisk/](http://www.cancer.gov/colorectalcancerrisk/)
- **Robert Wood Johnson Foundation** Health Policy Brief: "Grandfathered Health Plans," 2010—Provides information about the impact of the Patient Protection and Affordable Care Act on private insurance plans, [www.healthaffairs.org/healthpolicybriefs/brief\\_pdfs/healthpolicybrief\\_29.pdf](http://www.healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_29.pdf)

### TREATMENT RESOURCES FOR UNDERINSURED OR UNINSURED PATIENTS

- **The Figg Tree Foundation**—Provides grants to help with medical expenses ranging from doctors visits to chemotherapy treatment, [www.figgtree.com](http://www.figgtree.com) (click on Grant Info)
- **Patient Advocate Foundation**—The Colorectal CareLine provides one-time grants to patients who have been diagnosed with colorectal cancer and need help with transportation services associated with their care, [www.copays.org/resources/colon.php](http://www.copays.org/resources/colon.php)
- **BenefitsCheckUp**, a Service of the National Council on Aging—Helps seniors access available benefits for health care and other needs, [www.benefitscheckup.org](http://www.benefitscheckup.org)
- **HealthWell Foundation**—Helps pay for medications for patients who are underinsured, [www.healthwellfoundation.org](http://www.healthwellfoundation.org)
- **Oregon Primary Care Association**—Provides a list of federally qualified health centers across Oregon, [www.orpca.org](http://www.orpca.org) (click on Find a Health Center)