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# HEALTH Tips

## New Colorectal Cancer Screening Recommendations

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The Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ) have recently updated their colorectal cancer screening recommendations. The revised guidelines recommend the following screenings for individuals ages 50 to 75:

<b>Screening Method</b>	<b>Approved Interval for Coverage</b>
Colonoscopy	Every 10 years
Fecal occult blood tests (FOBT)	Every year
Combination of flexible sigmoidoscopy and FOBT	Every five years for the flexible sigmoidoscopy and every three years for the FOBT

### The new recommendations represent multiple changes:

- The USPSTF has added an upper age limit after which routine screening is not recommended. The USPSTF does not recommend *routine* screening for adults ages 75 to 85 years of age and recommends *against* screening adults older than 85 years of age.
- Barium enema has been eliminated as a recommended screening test because of its lower sensitivity and declining use in clinical practice.
- FOBT is now recommended as an adjunct to flexible sigmoidoscopy.

Colorectal cancer is the third most common cancer and the third leading cause of cancer death in the United States.<sup>1</sup> It is also a major cause of premature mortality. Only 64% of those diagnosed with colorectal cancer will survive at least 5 years beyond their date of diagnosis;<sup>1</sup> patients who die of colorectal cancer lose 13 years of life, on average.<sup>2</sup>

### The Economic Impact of Colorectal Cancer

- The annual expenditure for colorectal cancer was conservatively estimated at \$8.4 billion in 2004.<sup>3</sup>
- During 1998, colorectal cancer patients were hospitalized for 2.3 million days — a work loss equivalent to \$70.9 million in lost wages among the working-age population.<sup>4</sup>
- Lifetime treatment cost estimates are between \$24,000 for less invasive colorectal cancer and \$40,000 for advanced stages, in 2003 dollars.<sup>5</sup>

### What Employers Can Do

- Ensure that health benefits include provisions for preventive, diagnostic, and treatment services for colorectal cancer.
- Educate employees aged 50 to 75 about the importance of routine colorectal screening.
- Provide employees with free educational materials such as colorectal cancer risk assessments, cancer fact sheets, or schedules of recommended screenings.

*A Purchaser's Guide to Clinical Preventive Services* is currently being updated to include this and other new recommendations. The revised sections of the guide will be available online in the near future.

**References:**

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3. Brown ML, Riley GF, Schussler N, Etzioni RD. Estimating health care costs related to cancer treatment from SEER-Medicare data. *Medical Care*. 2002; 40(8 Suppl): IV-104-17.
4. The American Gastroenterological Association. *The burden of gastrointestinal diseases*. Bethesda, MD: American Gastroenterological Association; 2001. Available at: <http://www.gastro.org/user-assets/Documents/burden-report.pdf>. Accessed April 16, 2009.
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