

## Update on Screening for Colorectal Cancer

Mona Sarfaty, MD  
Research Assistant Professor  
Department of Health Policy  
Jefferson Medical College

In July 2006, the National Commission on Prevention Priorities reported that it had ranked colorectal cancer (CRC) screening as one of the top four prevention priorities<sup>1-3</sup>, based on the burden of clinical disease that could be prevented and cost-effectiveness. The report of the Commission highlighted the importance of prevention, and challenged those interested to head efforts to improve quality in the delivery of preventive services.

In March 2007, legislation was introduced in Congress that would establish a national CRC screening program. It would be supported by the Centers for Disease Control and Prevention (CDC) through grants to states and other entities that could reach the target populations. If established, this new federal effort would increase access to screening for the low-income uninsured and under-insured. Five demonstration programs funded by the CDC and three statewide programs that have provided free screening to low income uninsured individuals are providing trial runs for this program.

Recognition of the importance of CRC screening has inspired initiation of several successful efforts to improve screening rates over the last decade. In 2002, only seven states had screening rates  $\geq 60\%$ ; by 2004, only two years later, 15 states were at that level, seven had surpassed 65%.<sup>4</sup> During the same time period, 11 states experienced increases in endoscopy screening rates of 7% or greater; two had increases of 12%.<sup>5,6</sup> Nationwide, overall screening rates increased by 3%.<sup>4</sup> Medicare screening rates also demonstrated significant increases as measured in 2000 and 2003.<sup>7</sup> And, between 2003 and 2005, rates in Medicare managed care plan increased from 49.5% to 53.9%; rates in commercial managed care plans increased from 47.4% to 52.3%.<sup>8</sup>

Significant efforts have been mounted by private and public groups to improve screening rates. The National Colorectal Cancer Roundtable supports progress of these groups with its strategic planning and networking activities. The Roundtable was founded as a collaborative endeavor between the CDC and the American Cancer Society (ACS) in 1997.

Influential groups like the Cancer Research and Prevention Foundation ([www.preventcancer.org](http://www.preventcancer.org)), the Entertainment Industry Foundation ([www.eif.org](http://www.eif.org)), well known cancer centers, physician associations, and voluntary health organizations have played major roles. The Roundtable and its nearly 50 member organizations focus on policy, professional education, and public awareness. Activities in each area contribute to the improving screening rates.

The Roundtable members with a policy focus have worked on policies that promote screening, including coverage by third-party payers and employer purchasing of health benefits that include CRC screening. They worked with National Committee for Quality Assurance (NCQA) to include a measure on CRC screening in the Health Employer Data and Information Set (HEDIS). As of 2006, managed care plans now report CRC screening rates.

The Roundtable members focusing on professional education and practice sought to stimulate interventions among providers that increase screening. They urged associations of health professionals to include continuing education on CRC in accreditation, certification, and recertification procedures. The work group embraced the well-documented conclusion that provider recommendation is pivotal in persuading individuals to undergo screening.<sup>9</sup> The Roundtable published a toolbox and guide to assist primary care physicians to improve screening rates.

The third group of Roundtable members focus on public awareness. They promote CRC screening in general rather than by a particular test. They recommended public education campaigns coupled with carefully designed interventions to target subgroups at greater risk. They endorsed the delivery of messages by role models, celebrities, and television personalities who could get public attention and influence behavior. In 2002, they achieved a designation of Colorectal Cancer Awareness Month for the month of March and developed the campaign slogan, “preventable, treatable, beatable.” Polyp Man™ was created and appeared in televised public service announcements. In 2006, the Warner Brothers’ Foghorn Leghorn cartoon character spoke to the television audience (“I say, I say, don’t be a chicken, get screened”). Many groups have taken a leadership role in these and other public awareness initiatives, including the Cancer Research and Prevention Foundation, the Colorectal Cancer

Alliance, the STOP Colorectal Cancer Foundation, Hadassah, the EIF, the Jay Monahan Center, and the Eric Davis Foundation.

1. Maciosek MV, Coffield AB, Edwards NM, Flottemesch TJ, Goodman MJ, Solberg LI. Priorities among effective clinical preventive services: results of a systematic review and analysis. *Am J Prev Med.* 2006;31(1):52-61.
2. Maciosek MV, Edwards NM, Coffield AB, et al. Priorities among effective clinical preventive services: methods. *Am J Prev Med.* 2006;31(1):90-96.
3. Maciosek MV, Solberg LI, Coffield AB, Edwards NM, Goodman MJ. Colorectal cancer screening: health impact and cost effectiveness. *Am J Prev Med.* 2006;31(1):80-89.
4. Seef LC, King J, Pollack LA, Williams KN. Increased use of Colorectal Cancer Tests – United States, 2002 and 2004. *Morbidity and Mortality Weekly.* March 2006. Available at: [www.cdc.gov/mmwr/preview/mmwrhtml/mm5511a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5511a4.htm). Accessed July 18, 2006.
5. National Center for Chronic Disease Prevention & Health Promotion. Prevalence Data. Colorectal Cancer Screening 2004. Behavioral Risk Factor Surveillance System. Centers for Disease Control and Prevention. Available at: <http://Apps.nccd.cdc.gov/brfss/>. Accessed July 18, 2006.
6. Seeff LC, Nadel MR, Klabunde CN, et al. Patterns and predictors of colorectal cancer test use in the adult U.S. population. *Cancer.* 2004;100(10):2093-2103.
7. Shih YT, Zhao L, Elting LS. Does Medicare coverage of colonoscopy reduce racial/ethnic disparities in cancer screening among the elderly? *Health Affairs.* 2006;25(4):1153-1163.
8. National Committee for Quality Assurance. Colorectal Cancer Screening. The State of Health Care Quality 2006. Washington, DC. Available at: [http://www.ncqa.org/communications/sohc2006/sohc\\_2006.pdf](http://www.ncqa.org/communications/sohc2006/sohc_2006.pdf). Accessed October 5, 2006.
9. Grady KE, Lemkau JP, McVay JM, Reisine ST. The importance of physician encouragement in breast cancer screening of older women. *Prev Med.* 1992;21(6):776-780.