California Colorectal Cancer Coalition
www.CaColonCancer.org

Colorectal Cancer Screening

Fact Sheet

Deaths from colorectal cancer are completely unnecessary. With proper screening, this disease can be prevented or, if found early, it can be treated and cured. Californians are suffering and dying from this disease because they are not getting screened.

According to the U.S. Preventive Services Task Force, access to appropriate use of colorectal cancer screening tests such as colonoscopy, sigmoidoscopy and fecal occult blood test (FOBT)/fecal immunochemical test (FIT) could reduce death rates of colon cancer up to 66 percent.[1]

Colorectal Cancer Screening is Highly Cost-Effective

Colorectal cancer screening is the most cost-effective cancer screening program – more cost-effective than breast or prostate cancer screening. It is also far more cost-effective than colorectal cancer treatment.

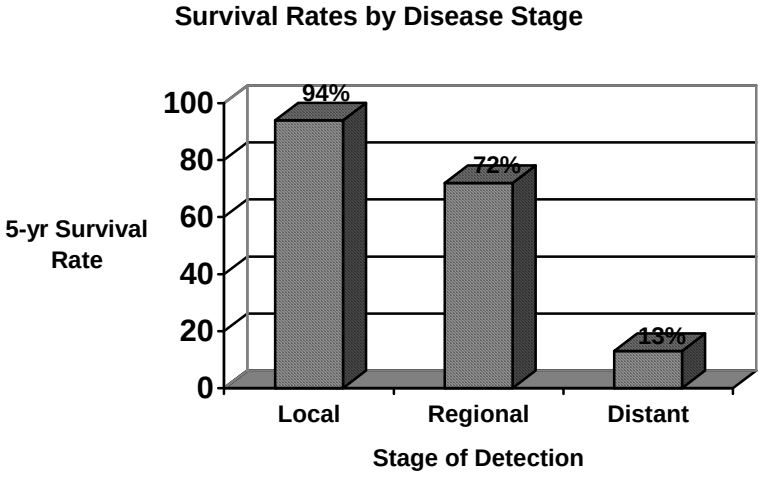
According to the *Journal of Preventive Medicine*, the top four most valuable and cost-effective preventive measures are:

1) aspirin therapy
2) childhood immunization
3) tobacco-use screening and intervention
4) **colorectal cancer screening for those over age 50**

The Problem – Access to Screening

The underserved, uninsured and underinsured are least likely to get proper screening and treatment for colorectal cancer. This often includes minorities and those at lower socioeconomic levels. This means they are more likely to be diagnosed at a late stage, when chances of survival drop to just 13 percent[2].

Only 43 percent of colorectal cancer is caught at an early stage, according to the American Cancer Society's *California Cancer Facts & Figures 2013*.



[1] Ann Intern Med. 2008; 149: 659-669, Zauber A, Lansdorp-Vogelarr I, Knudsen A, et al, Evaluating Test Strategies for Colorectal Cancer Screening.
[2] California 2013 Cancer Facts and Figures, p. 7, 21

Fortunately, implementation of the federal Affordable Care Act in California will mean more individuals will be eligible for Medi-Cal or will be able to get coverage through Covered California, the state's health exchange. Broadening the availability of health care coverage will ensure that more Californians will have routine access to lifesaving colorectal cancer screening services.

Screening Disparities – Age and Ethnic Factors[3]

Early and regular screening is the key to survival, and should begin at age 50 for those with no family history of the disease.

Screening rates are low overall. Only 56 percent of eligible Americans are up-to-date with their screening[4], but there are significant disparities in screening rates.

- Age disparities in screening rates:
  - 42.6 percent age 50-59
  - 56.6 percent, age 60-69
  - 57.2 percent, age 70-79

- Ethnic disparities in screening rates:
  - 41.7 percent Asian Americans
  - 45.9 percent Latinos
  - 50.0 percent Whites
  - 51.6 percent African Americans

Screening Disparities – Insurance Factors

By 2009, the number of nonelderly Californians who were uninsured for all or part of the year reached 7.1 million, or more than one-fifth (21.3%) of all nonelderly Californians – a significant increase from the 6.4 million uninsured in 2007.[5]

Not surprisingly, those without insurance or access to regular medical care are the least likely to be screened for colorectal cancer.

- Insurance[3]
  - 31.6 percent, No Insurance
  - 47.9 percent, Private Only
  - 48.3 percent, Medicare Only
  - 67.9 percent, Military

- Usual source of care[3]
  - 30.5 percent, No
  - 51.0 percent, Yes

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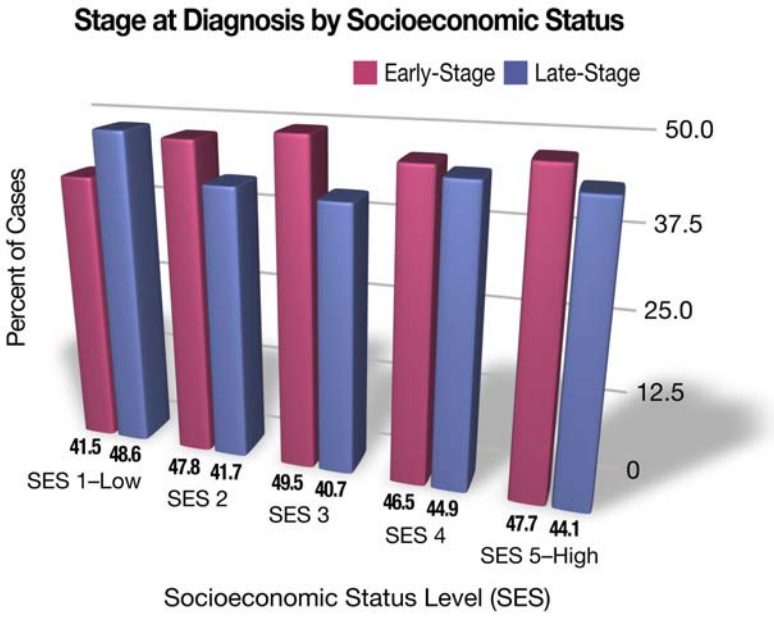
[3] *Shapiro JA, et al. Cancer Epidemiol Biomarkers Prev. 2008; data and analysis provided by Michael Potter, M.D. Professor of Clinical Family and Community Medicine
University of California, San Francisco.

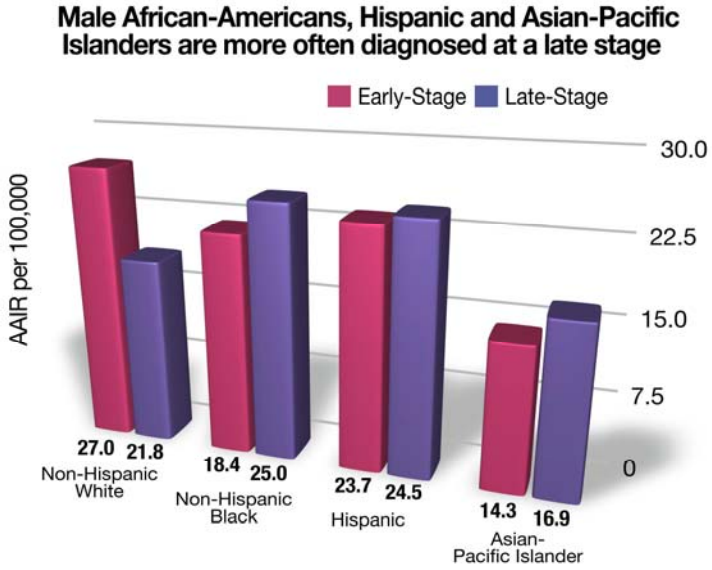
[4] Trends in Colorectal Cancer Screening Utilization Among Ethnic Groups in California: Are We Closing the Gap? Maxwell, Annette E and Crespi, Catherine M, Cancer Epidemiol Biomarkers Prev 2009; 18 (3)

[5] SA Lavarreda, L Cabezas, K Jacobs, DH Roby, N Pourat, GF Kominski. *The State of Health Insurance in California: Findings from the 2009 California Health Interview Survey.* Los Angeles, CA: UCLA Center for Health Policy Research, 2012.

Late-Stage Diagnoses – Economic and Ethnic Factors[6]

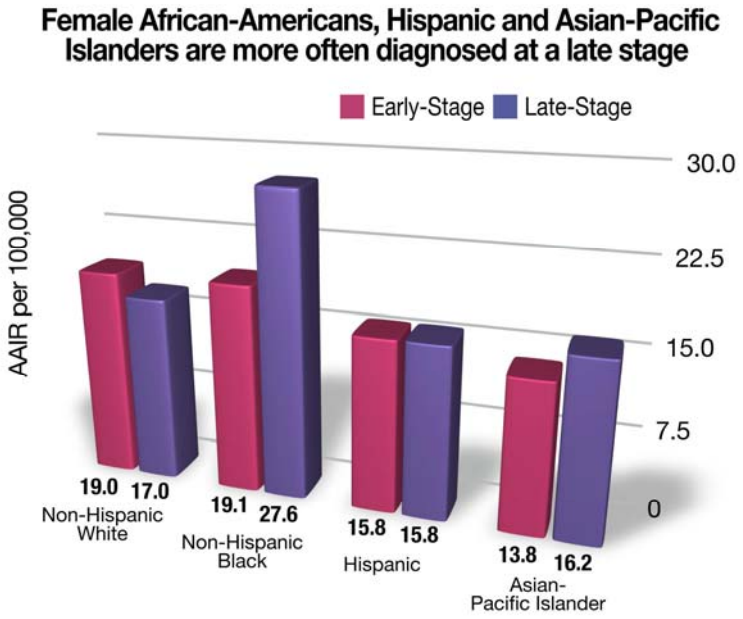
Stage at diagnosis of colorectal cancer is related to socioeconomic status and screening, both of which are usually related to access to healthcare, regular source of healthcare, immigration status and culture. For those in the lowest socioeconomic group, more of those are diagnosed at a later stage when the prognosis is poor.





[6] Data and analysis provided by Monica Brown, Ph.D., epidemiologist with the California Cancer Registry. Data is for Sacramento area, which is reflective of the overall population of California. Proportion of Colorectal Cancer Cases by SES Level and Stage of Diagnosis, All Races Combined, Sacramento Region, 2001-2005. Stage at Diagnosis of Colorectal Cancer Cases by Sex and Race, 2001-2005-Sacramento Region.

Late-Stage Diagnoses – Economic and Ethnic Factors (continued)



Screening Methods

Early and regular screening is the key to survival, and should begin at age 50 for people with no family history of the disease.

The best test is the one you can get done.

Some of the screening tests available include:

- High-sensitivity Fecal Occult Blood Testing (FOBT) yearly
- High-sensitivity Fecal Immunochemical Test (FIT) yearly
- Colonoscopy every 10 years
- Flexible Sigmoidoscopy (FS) every 5 years with a high-sensitivity Fecal Immunochemical Test (FIT) or a high-sensitivity Fecal Occult Blood Test (FOBT) every 3 years

C4 encourages individuals to discuss the screening test that is best for them with their doctor.