

We Can Beat Colon Cancer And Cut Medical Costs

by David A. Johnson, M.D., FACG (NAPSA)—For less than a dollar a year per employee, U.S. businesses can provide their workers with a simple cancer screening test that could save tens of thousands of lives every year and cut medical costs, too, if widely used. It's time to make it happen.

The issue is colorectal cancer, which kills 52,000 Americans every year but is highly curable if detected at an early stage. About 90 percent of those who died from this cancer last year would be alive today if they'd had a screening colonoscopy, which can find precancerous growths and cancerous ones for removal even before symptoms begin. In addition to helping defeat early cancers, this screening enables some patients to avoid colon cancer altogether by getting rid of bad cells before they turn into cancer.

Standard medical advice suggests routine screening for colon cancer beginning at age 50. But too many Americans don't do so—often because their company health plan won't pay—until they have the symptoms that mean they're already sick. By then, it's often too late to be cured and the treatment costs will be enormous.

The strain of growing insurance premiums means businesses can't afford to cover every procedure a doctor might like to perform. But with colorectal screening, cost-benefit analysis should be flashing "buy." We know that every dollar spent by Medicare for this lifesaving test cuts about \$3 in long-term medical costs. That's a good return on investment in any business—especially when you're saving lives. And the added premium costs don't need to be that great—about 8 cents a month per employee in a plan that already pays for a Fecal Occult Blood Test, a less comprehensive cancer screening tool.

Fortunately, for those Americans old enough to have Medicare coverage, the federal government has helped pay for colonoscopies since 2001. Because treatment

costs are so much lower (\$30,000 per patient instead of \$120,000, according to a recent American College of Gastroenterology analysis) when this cancer is caught early, this Medicare-backed screening saves about \$2.5 billion annually in medical costs. Right now, Congress is considering The Colon Cancer Screen for Life Act, which would remove barriers to colon cancer screening for Medicare patients. We often complain about government's ineffectiveness, but in this instance Washington is ahead of the private sector.

To be sure, some companies have shown leadership against colon cancer. Health plans at IBM, Olympus and Eli Lilly, for example, already pay 100 percent of the cost of a colonoscopy. Coverage for colon cancer screenings wouldn't mean new ground for many companies, which already cover mammograms to detect breast cancer and Pap smears to identify cervical cancer at earlier, more treatable stages. Screening for colorectal cancer builds on that model.

The general reluctance to provide insurance for colon screening is even more puzzling at a time when American corporations are vigorously expanding programs to promote "wellness" among employees. Private businesses are building employee fitness centers, paying for health club memberships, supporting programs to fight obesity and smoking and offering financial incentives to employees to live healthy lifestyles. Paying for colon cancer screening is a logical companion to those efforts.

When screening procedures detect colon cancer early, nine out of 10 patients beat the disease. In the absence of screening, colon cancer is usually found too late and most patients die. Those are starkly different outcomes that we have the power to change. For another dollar a year in premiums for each employee, it's hard to imagine how we can continue to say "no."

Dr. David A. Johnson is the president of the American College of Gastroenterology (ACG) and co-author of ACG and multisociety national guidelines for CRC Screening.



Dr. David Johnson