

Increasing Colorectal Cancer (CRC) Screening Webinar

Follow-up Questions: Increasing CRC Screening Webinar

February 27, 2014

Question #1:

What colorectal cancer (CRC) screening test should a man or woman who is 50 years old and at average risk for CRC (no family or personal history) use for screening? How often should they be screened for CRC?

Answer:

At 50 years of age, a man or woman at average risk for CRC may choose any **ONE** of the following recommended screening tests. How often people are screened depends on what screening test they choose. Assuming all screening results are **NORMAL**, meaning no abnormality was found in the stool, colon or rectum, a client may follow these recommendations:

A client may choose **any ONE** of the following recommended CRC screening tests:

- **FOBT** (fecal occult blood test) at-home stool test every year
 - The client receives one FOBT kit
 - Follow the manufacturer's directions for the kit. Multiple stool samples (3) must be collected for FOBT and returned to the office or mailed to the lab for analysis
 - If patients decides to use an **at-home FOBT or** a FIT kit, they must complete an FOBT or FIT **every year** if they continue to be screened using this method.

OR

- **FIT** (fecal immunochemical test) at-home stool test every year
 - The client receives one FIT kit
 - 1 or 2 stool sample collection FIT kits are available for screening
 - Follow the manufacturer's directions for the FIT kit. Collect 1 or 2 stool samples as indicated on the package, and return the FIT kit office to the lab for analysis
- FIT **OR** FOBT – At home tests for CRC screening
 - Only high sensitivity stool tests should be used. See Question #3 for more information
 - Any positive test must be followed up by colonoscopy
 - In office stool collection/DRE is not an acceptable CRC screening practice
 - One sample FIT kits **must** not be completed in the office – **only** an at-home test

OR

- Sigmoidoscopy every 5 years **with** an FOBT in between tests (at the third year of the cycle)
 - If they choose to complete a sigmoidoscopy for CRC screening, they must be rescreened every five years
 - An FOBT should be completed during the 3rd year of the 5 year cycle for the sigmoidoscopy
 - No additional testing should occur during the 5 year cycle with the exception of the FOBT at the 3rd year
 - All abnormal sigmoidoscopies must be have a diagnostic colonoscopy
 - If the client develops symptoms or there is a change in family history, the risk for CRC increases and they need to talk to provider about screening earlier.

OR

- Colonoscopy every 10 years
 - **No FOBT or FIT in between colonoscopies unless there are symptoms**
 - If they choose a colonoscopy, they must be screened every 10 years
 - If the client develops symptoms or there is a change in family history, the risk for CRC increases and they need to talk to provider about screening earlier.



Question #2:

If a client at average risk for CRC starts screening with one test, can they choose a different test when it is time for their next CRC screening?

Answer:

Yes!!!

A man or woman who is at average risk for CRC and has NORMAL results may choose a different CRC screening test when their next CRC screening is due.

This scenario follows ONE client's choice for CRC screening over a period of time.

The client decides to begin CRC screening at the **age of 50:**

- The client wants to complete CRC screening at home – choices are FOBT or the FIT kit.
- The client chooses to screen using an FOBT kit
- Completes an FOBT kits each year for a three years (**50-51-52 years**)
- Results are normal each year for the FOBT
- Yearly reminder card from the provider are sent to the client for CRC screening because they are screening using an FOBT

Age 53

- Does not want to continue screening by FOBT
- Wants to complete a colonoscopy at age 53
- Normal colonoscopy – mark the chart for next CRC screening in 10 years at age 63
- **No FOBT or FIT should be completed in between screening by colonoscopy!!!**

Age 63

- Reminder card for CRC screening
- Wants an at-home FIT kit this time- normal FIT results at age 63, 64 and 65
- Reminder card goes every year for CRC screening

Age 66

- Wants a colonoscopy at age 66
- Normal colonoscopy – rescreen in 10 years
- Next screening due at 76
- Evaluate the patient's health to determine appropriate screening
- CRC screening is recommended from ages 50-75
- No CRC screening is recommended after the age of 85

An average risk client (no personal or family history of CRC or adenomas) may always choose any recommended screening when it is time for them to be screened for CRC. Clients should be screened at recommended intervals (depending on the test) and not earlier than the recommended intervals unless they are symptomatic or their family history has changed.

Question #3

What are the names of the specific FOBT tests currently recommended for CRC screening?

Answer:

Please reference:

[United States Preventive Services Task Force Recommendations for CRC Screening](#)

Recommended CRC screening tests:

- Only **high-sensitivity** FOBT are recommended for CRC screening
- These tests should include “**Sensa or Sensa II or Sensa Elite**” in the name
- Check the information in your current kit and go to the manufacturer’s website for complete information. This information should be available online.

Tests that are **Not** recommended for CRC screening

Please note – There is NO reference to high sensitivity or SENSEA on these FOBT kits:

- Hemoccult
- Hemoccult II tests
- These are not high-sensitivity FOBT tests
- Check the information in your current kit and go to the manufacturer’s website for complete information. This information should be available online

Question #4

Some community screening are using EZ Detect Kits.

How is the quality compared to the high-sensitivity Sensa or Sensa II CRC screening tests?

Answer:

Great question! The EZ Detect Kit is NOT recommended for CRC screening.

Noted on the [EZ Detect Kits Website](#), the sensitivity limits of EZ DETECT™ for fecal occult blood is 2.0 mg hemoglobin/100 ml water (**equivalent to Hemoccult™**).

Hemoccult and Hemoccult II are not recommended CRC screening tests. Only high-sensitivity Sensa or Sensa II should be used for CRC screening.

Check product/kit for the manufacturer’s information about sensitivity or go to the product’s website to ensure only high-sensitivity CRC kits are used for screening.

A “false negative” on a CRC test may prevent the early detection of CRC.

[United States Preventive Services Task Force Recommendations for CRC Screening](#)



Question #5

If a client has a positive FOBT and is scheduled for a colonoscopy, is the test considered diagnostic and not covered under the new preventive screenings through the Affordable Care Act?

Answer:

It depends on the individual insurance policy. Policies from the same insurance company vary with each employer policy. There may be a difference in coverage if the colonoscopy is for the following reasons: screening, diagnostic or surveillance.

If a CRC screening by FOBT is positive, the next test is considered a **diagnostic colonoscopy**. Although this is a continuation of the initial CRC screening, the **diagnostic colonoscopy may or may not** be fully covered by the clients insurance (including Medicare). The client may be responsible for a portion of the bill including, but not limited to: the procedure, pathology, and biopsies. This scenario is possible with any insurer depending on their policy coverage. High-deductible insurance plans, Medicare and other insurers may require “shared payment” for any colonoscopy where a polyp is found, commonly referred to as a **diagnostic colonoscopy**. Individual insurance policies vary so it is always good to have the client talk to their insurer about “coverage” prior to a procedure.

Any client who had a previous colonoscopy which detected polyps or cancer during the colonoscopy will require what is called a **surveillance colonoscopy** at their next screening. These clients may also be responsible for a portion of the bill, including but not limited to: the procedure, pathology, and biopsies as was noted with the **diagnostic colonoscopy**. Individual insurance policies will vary so it is necessary to ask the client to talk to their insurer about “CRC screening coverage” prior to a procedure.

As noted in the links below, there is activity nationally to improve financial coverage for any type of recommended CRC screening. Covering a “screening” colonoscopy, but not the follow-up with a diagnostic or surveillance colonoscopy is not an acceptable practice. We look forward to change.

[Colonoscopy Screening after the Affordable Care Act: \(50\)](#)

[Medicare: What's Covered for CRC Screening](#)

Question: #6

Is the slide in the presentation accurate about the high number of insured people who have never been screened? [CRC Tests Save Lives: CDC Vital Signs](#)

Answer:

Yes, this is an accurate slide from the CDC (referenced in the link above) and represents information from the 2012 Behavior Risk Factor Surveillance Survey.

Of the 28 percent of adults who have never been tested for CRC:

- 76 percent are insured
- 24 percent are uninsured

There are many barriers to CRC screening and having insurance does not guarantee people will be screened for CRC. Patient navigation to reduce barriers to CRC screening is essential!



Question #7

What is the approximate cost of the recommended CRC screening tests?

Answer:

These are only approximate costs for CRC screening.

The cost of CRC screening may substantially and fluctuate depending on insurance, where you live, provider fees, facility fees, pathology, labwork, pre-tests, ability to purchase supplies in bulk and ability to work with other agencies for “best pricing”. Pricing for procedures may vary ~ 200-500%.

The cost of an FOBT is approximately~ \$5

- This includes a bulk buy of FOBT kits and lab analysis for the kits
- Analysis could be done in the provider office using the reagents sent in the kit
- All manufacturer directions must be followed precisely for FOBT specimen development. Appropriate quality assurance measures must be met including staff education and competency validation.
- Pre-addressed stamped envelopes encourages the return of FOBT kits

The cost of a FIT kit is approximately ~\$28

- This includes the cost of a kit (~\$7) and lab analysis of around
- Fit kits require analysis in a lab
- Pre-addressed stamped envelopes encourages the return of FIT kits

The cost of a sigmoidoscopy is approximately ~\$800-\$1000 (Includes provider and facility fee)

- Cost will vary by area and provider
- Cost will vary depending on facility charges (~\$700)
- Cost will go up if there is a biopsy of a polyp depending on:
 - how many polyps,
 - size of polyp,
 - type of polyp,
 - pathology fee

The cost of a colonoscopy is approximately ~ \$2000 - \$3000 (may be more or less)

- Cost will vary by area of the country
- Cost will vary by provider ~\$550
- Cost will vary by facility ~ \$950
- Cost will vary depending on facility charges: out-patient hospital vs ambulatory care setting
- Cost may vary increase by ~\$600 or more if an anesthesiologist is required for medication for sedation such a propofol
- Cost will go up if there is a biopsy of a polyp depending on:
 - how many polyps,
 - size of polyp,
 - type of polyp,
 - pathology fee