

## Information on Colorectal Cancer

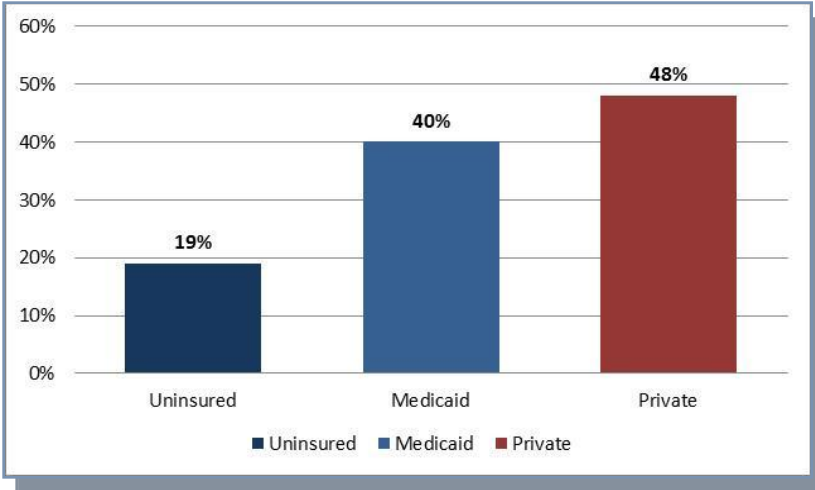
*Colorectal cancer (CRC) affects the colon, which is the large intestine. Colorectal cancer is the second leading cause of cancer deaths in the U.S. among cancers that affect both men and women (American Cancer Society, 2012).*

### Facts

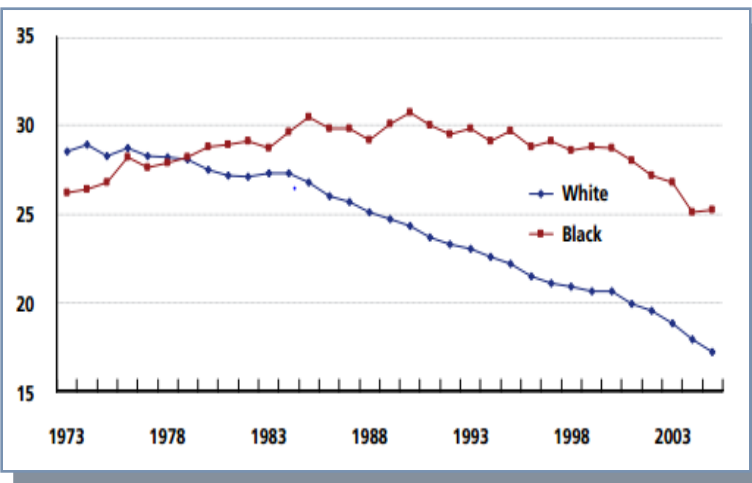
- Men are more likely than women to develop colorectal cancer; the median age at diagnosis is 69 and at death is 74 years of age (Surveillance Epidemiology and End Results (SEER), 2012).
- According to SEER data from 2005-2009, black men and women have the incidence of morbidity and mortality from colorectal cancer as compared to other races/ethnicities.
- The survival of colorectal cancer patients in comparison to the general population (relative survival) for a five year period is 65.4% for white men, 64.6% for white women, 55.9% for black men and 57.6% for black women (SEER, 2012).
- American Cancer Society data (2009) suggests that patients with stage I colorectal cancer who are uninsured or have Medicaid fare worse than privately insured patients with stage II colorectal cancer. Please see the reverse for resources on the stages of colorectal cancer.
- Adults without private insurance are a little less likely to receive a recommended colorectal cancer screening as seen in the figure below (ACS Action Network, 2009).
- Colorectal cancer mortality rates have decreased significantly in the last few decades for whites and mortality has been slowly declining among blacks (ACS Action Network, 2009).
- Medicare covers some screening tests and services such as fecal occult blood test (FOBT), flexible sigmoidoscopy, colonoscopy screening, and a barium enema. Medicaid may offer coverage but coverage varies state by state. It is best to contact the local state Medicaid office for information on covered services (<http://www.medicaid.gov/>) (Centers for Medicare & Medicaid Services).

## Figures

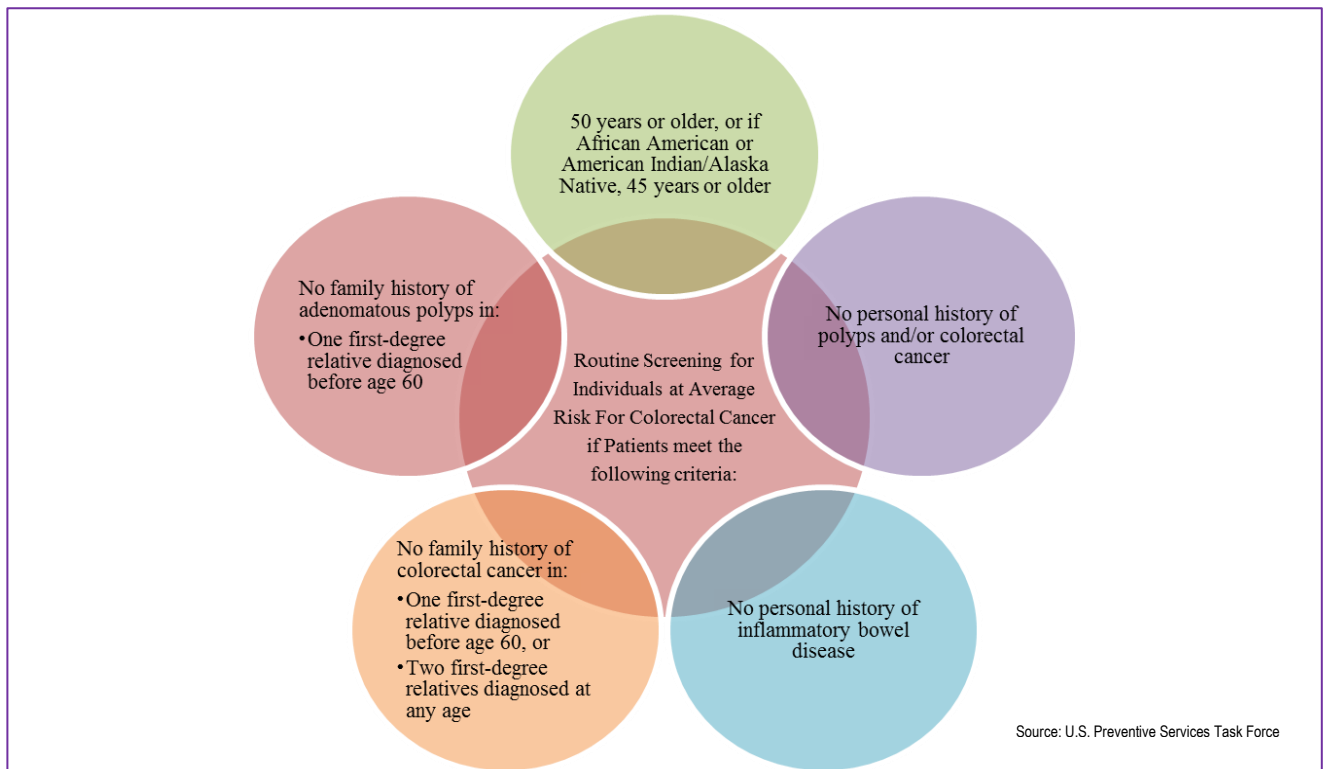
Percent of Adults aged 50 - 64 by Insurance Type who received the Recommended Colorectal Cancer Screening in the Past 10 years, 2005



Colorectal Cancer Death Rates Per 100,000 population, 1973—2003



Screening Tests and Medical Coverage for Colorectal Cancer	
Colorectal Cancer Screening Tests / Procedures	Medicare Coverage
<b>Fecal occult blood test (FOBT)</b>	FOBT is covered annually for beneficiaries 50 and older.
<b>Screening flexible sigmoidoscopy</b>	One is covered every 4 years for beneficiaries 50 and older.
<b>Screening colonoscopy</b>	For beneficiaries 50 and older not considered to be at high risk for developing colorectal cancer, "Medicare covers one screening colonoscopy every 10 years, but not within 47 months of a previous screening flexible sigmoidoscopy. For beneficiaries considered to be at high risk for developing colorectal cancer, Medicare covers one screening colonoscopy every 2 years, regardless of age" (CMS, 2010).
<b>Screening barium enema</b>	This is an alternative to a screening flexible sigmoidoscopy for all beneficiaries under the same coverage requirements as for the screening flexible sigmoidoscopy (CMS, 2010).



Sources: **Agency for Healthcare Research and Quality** <http://guideline.gov/content.aspx?f=rss&id=37276>; **American Cancer Society** <http://www.cancer.org/Cancer/ColonandRectumCancer/DetailedGuide/colorectal-cancer-key-statistics>; **Centers for Disease Control and Prevention** <http://www.cdc.gov/cancer/colorectal/statistics/trends.htm> ; <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6102a9.htm> ; **Centers for Medicare & Medicaid Services** <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0710.pdf> ; **National Cancer Institute**: <http://rtips.cancer.gov/rtips/topicPrograms.do?topicId=102265&choice=default>; **U.S. Preventive Services Task Force** <http://www.uspreventiveservicestaskforce.org/uspstf/uspcolo.htm>; **Surveillance Epidemiology and End Results** <http://seer.cancer.gov/statfacts/html/colorect.html>