

C3: Colorectal Cancer Coalition's Comments Regarding National Coverage Analysis for CT-Colonography

These comments are submitted on behalf of C3: Colorectal Cancer Coalition (C3), a non-profit, nonpartisan advocacy organization that is committed to the fight against colon and rectal cancer. We appreciate the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) National Coverage Analysis (NCA) on Computed Tomography Colonography (CTC).

C3 pushes for research to improve screening, diagnosis, and treatment of colorectal cancer; for policy decisions that make the most effective colorectal cancer prevention and treatment available to all; and for increased awareness that colorectal cancer is preventable, treatable, and beatable.

The American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology issued revised guidelines for colorectal cancer screening in March 2008¹. Their rigorous, evidence-based evaluation of the various screening methods resulted in the addition of CTC to the screening guidelines.

We believe that all Americans should have full access to credible colorectal cancer screening. Thus, C3 fully supports the coverage of CTC by Medicare.

Colorectal cancer is the third most commonly diagnosed cancer and the second most common cause of cancer death in the United States. This disease claims the lives of nearly 50,000 men and women annually. When it is diagnosed at an early stage, the 5 year survival rate is nearly 90 percent. However, when cancer is not diagnosed until it has spread to distant organs, the 5 year survival rate is only 5 percent. In addition, when precancerous polyps are discovered and removed, colorectal cancer can not only be detected early, it can be prevented.

Since 90 percent of colorectal cancer diagnosis occurs after the age of 50 and the risk of developing colorectal cancer increases with each decade of life, routine screening for colorectal cancer is critical for Medicare's consumers.

Despite the passage of the **Balanced Budget Act (BBA) of 1997**, which authorized coverage for colorectal cancer screenings for Medicare recipients, colorectal cancer screenings are still very much under-used. The Centers for Disease Control and

¹ Levin B, Lieberman DA, McFarland B, et al. Screening and surveillance for the early detection of colorectal cancer and adenomatous polyps, 2008: a joint guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. *CA Cancer J Clin* 2008;58:130–160. [[Abstract/Free Full Text](#)]

Prevention (CDC) estimates that as many 60 percent of deaths could be prevented if everyone age 50 and older were screened regularly². One of the barriers to screening is patient concern about an invasive procedure such as colonoscopy and flexible sigmoidoscopy.

CT colonography (CTC) uses x-rays to produce two- and three-dimensional images of the colon. The exam takes around ten minutes, does not require a sedative, and is less expensive than optical colonoscopy. CTC is not invasive, and its sensitivity and specificity are acceptably high. From a patient's perspective, these characteristics make CTC an attractive option. Thus, we feel that reimbursement of screening CTC by Medicare may increase screening rates by Medicare consumers.

Recommendations:

1. Medicare should provide coverage for CTC that is consistent with all colorectal cancer screening tests recommended by the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. Their recommendation includes tests such as fecal occult blood tests (FOBTs), barium enemas, flexible sigmoidoscopy and colonoscopy, which are already covered under Medicare.
2. Medicare should base payment for *screening* CTC on that for *diagnostic* CTC, which is already billable under several local coverage determinations under Medicare. A diagnostic CTC can be ordered in some Medicare areas when symptoms or signs of the disease are determined to be present by a physician. Screening CTC is appropriate when individuals have no signs or symptoms of colorectal cancer.
3. CTC should be exempt from cuts to imaging services reimbursement under Medicare imposed by the **Deficit Reduction Act (DRA) of 2006**.

C3 thanks you for the opportunity to comment on this national coverage analysis and appreciates your willingness to hear from patients and advocates who would be impacted by any future national coverage determination.

² The Centers for Disease Control and Prevention (CDC). Underuse of Screening. Website: http://www.cdc.gov/cancer/colorectal/statistics/screening_rates.htm