

**Andrea 'Andi' Dwyer Testimony**  
**Colorado House Health and Insurance Committee**  
**March 10, 2020**

Madame Chair

I am Andrea Dwyer and am testifying today as the incoming Chair of the Colorado Cancer Coalition but sharing my experience as a public health practitioner from the University of Colorado Cancer Center and the Colorado School of Public Health, I am testifying to illustrate how the strategies proposed in this bill, will tackle the biggest issues related to risk for colorectal cancer and access to care.

This bill will allow screening to begin for the average risk population at age 45, to address the increased incidence of colorectal cancer in those under age 50. The average risk, medical guidelines for colorectal cancer recommends a variety of high quality tests, beyond just colonoscopy. This is an important point, as not all patients can or will have a colonoscopy as their initial screening test. This is particularly true based on my experience in implementing colorectal cancer prevention programs for the medically underserved throughout Colorado. However, if a positive first line test, such as a stool based screening test indicates a possible abnormal finding, colonoscopy is required to complete the preventive screening cycle. There are barriers to receiving a follow-up colonoscopy and out of pocket costs for patients are amongst the most noted. This bill specifically addresses these issues.

Statistics

Colorectal Cancer is very common and the second leading cancer killer in CO. Nearly 2000 people diagnosed and over 650 will die

Reason for Guideline shift:

The face of CRC is changing rapidly. The median age at diagnosis has dropped to an unprecedented shift in younger people, as half of patients are now 66 or younger. One of the biggest shifts is the increase is in those who are 45-50 years old and the reason for the guideline change.

Related to the barriers, we know that 50% of the time, patients who have a positive front line test-such as a stool based test for colorectal cancer, do not follow-up with a follow-up colonoscopy and out of pocket expenses are noted as one of the biggest barriers for this follow up colonoscopy.

Personal Connection:

Based on my work in cancer research and the science, I amongst an international study team who reviewed the data in 2018, with the support of American Cancer Society to identify 45 as the appropriate age to begin screening the average risk population.

To illustrate how common these issues are in Colorado, within my own family in rural eastern Colorado-my mother and godfather used stool based tests, good test that identified a need for a colonoscopy but in both cases, a follow up colonoscopy was delayed. My mom was diagnosed with early stage colorectal cancer and godfather also delayed and ultimately died from the disease. This bill will address the barriers my family faced and has the potential to save lives and suffering within many Colorado families.