Colon checks rising, but not enough

THE ASSOCIATED PRESS WASHINGTON — Sam Monismith was prepped and ready to begin his colonoscopy when health workers brought the uni-versity professor avkward news: His insurance was not going to cover the colon cancer check. They wanted a signed promise to going to cover the test un-covered nine polyps, pre-covered nine polyps, pre-covered nine polyps, pre-covered nine polyps, pre-covered nine polyps, pre-doctors remeved them on the spot, the bill switched form a cancer screening that insurance would not pay into a surgical proce-ure it di.

dure it did. "The irony of it is if J had-n't had any polyps, I would have had to pay," says Monismith, 54, who has had additional polyps re-moved in the four years since that first check. Tm just glad I got the test." Insurers insist Monismith is a rarity and that most in-surance does cover colon cancer screening once peo-ple hit age 50, when the risk starts to rise. Still, can-cer advocacy groups have begun a push to ensure the last holdouts cover all four government-recommended options — from the S20 an-nual stool sample to once-a-decade colonoscopies that can exceed \$1,000. Fifteen U.S. states are considering legislative mandates, by the American Cancer Society's count; 19 other states have long had such laws. The legislative tussle ac-tually highlights tougher is-sues: Insurance aside, people are reluctant to get checked for America's No. 2 cancer killer. Nearly 42 million Americans over 50 are not getting screened. Even though Medicare has long cover 65—and colono-

scopies are rising—only about half of its recipients get properly screened. "It is a patient education" issue, contends Mohit Ghose, spokesman for America's Health Insurance Plans, which opposes the mandates. And is the pricey colonoscopy that studies suggest more people prefer really the better test? "Here's where the prob-lem lies: I think people are willing to undergo colonoscopy," says Dr. Arden Morris, a colon can-cer surgeon at the Univer-sity of Michigan. They are less willing to do fecal test-ing — many "think it's re-ally gross" — or other options that do not give as full a view of the colon. "On the other hand, if gets a colonoscopy, we're going to break the bank." Morris warms. "Then who gets screening when we don't have money left? I think this is a really intrigu-ing question." Some 153,760 Americans will be diagnosed with col-orectal cancer this year, and more than 52,000 will die. The government says up to 60 percent of those deaths could be prevented if everyone over age 50 un-Un the dure screening. It is not just a matter of the stull small and more eas-ly treated. The disease susually starts with toad-stool-like growths called polyps that can take a decade to turn cancerous. Romey teat tests to detect informs. The government backs four screening options. More face tests to detect informs.

a long, flexible tube to visu-ally inspect the colon. (The others are sigmoidoscopy, an exam of the lower colon only, and eles-used bar-ium enema, repeated every five years.) The good news: Deaths are declining faster for col-orectal cancer than for any other cancer, a 5.7 percent drop between 2003 and 2004 that scientists credit to small upticks in screen-ing.

to small upticks in screen-ing. Where is the improve-ment? Mostly, it is in in-creasing colonoscopies, says Michigan's Morris. A study published in Decem-ber found an almost seven-fold increase in routine colonoscopies once Medicare started covering them in 2001. Even though for most

them in 2001. Even though for most people the cheaper fecal-blood tests are equally ef-fective, other studies have found problems getting people to repeat them year after year as required, Mor-ris says. "People hate doing" them.

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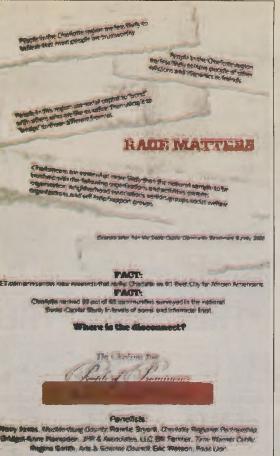
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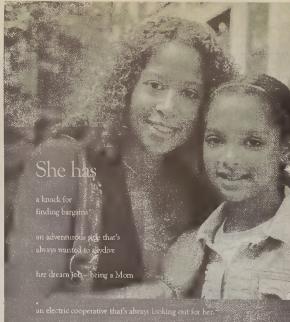
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