

# 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 university professor awkward news: His insurance was not going to cover the colon cancer check. They wanted a signed promise to pay, or the test was off.

Monismith hesitated only briefly — and the test uncovered nine polyps, precancerous growths in his colon. Even better, because doctors removed them on the spot, the bill switched from a cancer screening that insurance would not pay into a surgical procedure it did.

"The irony of it is if I hadn't had any polyps, I would have had to pay," says Monismith, 54, who has had additional polyps removed in the four years since that first check. "I'm just glad I got the test."

Insurers insist Monismith is a rarity and that most insurance does cover colon cancer screening once people hit age 50, when the risk starts to rise. Still, cancer advocacy groups have begun a push to ensure the last holdouts cover all four government-recommended options — from the \$20 annual 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 actually highlights tougher issues: 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 covered the checks for those over 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 problem lies: I think people are willing to undergo colonoscopy," says Dr. Arden Morris, a colon cancer surgeon at the University of Michigan. They are less willing to do fecal testing — many "think it's really gross" — or other options that do not give as full a view of the colon.

"On the other hand, if everybody who's eligible gets a colonoscopy, we're going to break the bank," Morris warns. "Then who gets screening when we don't have money left? I think this is a really intriguing question."

Some 153,760 Americans will be diagnosed with colorectal 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 underwent routine screening.

It is not just a matter of catching the cancer when it is still small and more easily treated. The disease usually starts with toadstool-like growths called polyps that can take a decade to turn cancerous. Remove them in time, and the cancer never even forms.

The government backs four screening options. Most used are annual at-home fecal tests to detect hidden blood in the stool and once-a-decade colonoscopies, where doctors use

a long, flexible tube to visually inspect the colon. (The others are sigmoidoscopy, an exam of the lower colon only, and a less-used barium enema, repeated every five years.)

The good news: Deaths are declining faster for colorectal cancer than for any other cancer, a 5.7 percent drop between 2003 and 2004 that scientists credit to small upticks in screening.


Where is the improvement? Mostly, it is in increasing colonoscopies, says Michigan's Morris. A study published in December found an almost sevenfold increase in routine colonoscopies Medicare started covering them in 2001.

Even though for most people the cheaper fecal blood tests are equally effective, other studies have found problems getting people to repeat them year after year as required, Morris says. "People hate doing" them.

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