PCC NEWSLETTER

PREVENTING COLORECTAL CANCER

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Understanding Your Screening Medical Bill

Jere Pittner, MS, MBA, CEO & Founder, Galen Advisors

Jere Pittner, MS, MBA

It is time for your first screening colonoscopy. As with any medical service, it's important to understand the costs associated with the procedure. A colonoscopy can generate up to four different charges based on the place of service, anesthetic used, and findings during the procedure:

- The first charge is for the physician performing the procedure. This is referred to as the "Professional Fee."
- The next charge is for the surgery center or hospital where the procedure is performed. This is known as the "Facility Charge."
- The third is for anesthesia services. The standard of care for colonoscopy today includes general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist (CRNA).

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Factors that May Lead to Colorectal Cancer

Nuray Gun, MD, MS, Arapahoe Gastroenterology, PC

We may never know why cancer develops, but we can observe data and analyze factors that seem to contribute to an individual's chance of getting the disease. The risk factors of being diagnosed with colorectal cancer (CRC) or any other form of the disease come in two varieties: those we can control and those we can't.

Nuray Gun, MD, MS

Age is the first factor we obviously have no control over. The risk of this type of cancer increases as we get older, with the recommended screening age starting at 50 years old. While it is less common for those in the younger age demographics to be diagnosed with the disease, those that are found to have the disease are usually diagnosed in later stages since screening is not routine.

Those with a history of inflammatory bowel diseases such as ulcerative colitis and Crohn's Disease have an increased risk of developing CRC. With these illnesses, the colon is inflamed over the course of a long period of time and it is recommended

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CONSUMER ADVOCATE SECTION

Preventive Screening Now Covered Under PPACA

By Randall H.H. Madry, PCC Executive Director

The Patient Protection and Affordable Care Act (PPACA) has become law, and under this reform initiative many are now covered for colorectal cancer preventive screenings without a copay or deductible. Unfortunately, not every health benefit plan is completely covered by the new law. Existing health benefit plans that are grandfathered in will not be covered by the initiative until 2014.

From a colorectal cancer screening and care perspective, one of the most important elements of PPACA is found in Section 2713. This section states, "A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for—(1) evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force."

Colorectal cancer is the second leading cause of cancer deaths; it is also one of the most treatable cancers if detected early. Colonoscopy is recognized on the United States Preventive Services Task Force (USPSTF) list of evidence-based services, and received an 'A' rating. With this rating in place, if a person is covered by a health benefit plan that is subject to Section 2713 of PPACA, and is of the appropriate age, they can sign up for a potentially life-saving colorectal cancer colonoscopy and will not be charged a copay or deductible.

However, if a health benefit plan is grandfathered in or has been granted a waiver by the Obama Administration, there still may be a copay or deductible associated with the procedure. Health insurance carriers are required to advise customers if the plan is grandfathered at the time of renewal. If a person has individual coverage, they can contact their broker or call their health benefit carrier, or, if they are covered under a group plan, they can contact their employer's health benefits representative.

Time ultimately will cure this problem. The waivers and grandfather provision only last until 2014, at which time all plans will have to comply with Section 2713. Until then, it is important for individuals to understand that whatever the out-of-pocket costs for a colorectal cancer screening colonoscopy may be, it can't be as significant as the opportunity for a colorectal cancer screening colonoscopy to detect and remove pre-cancerous polyps. You can't put a price on health and well-being, and compared to the cost of becoming a colorectal cancer patient, the out-of-pocket expense of a colonoscopy is relatively insignificant. •

Join PCC

What are the members of Preventing Colorectal Cancer doing?

- Bringing awareness to insurance companies about cost-savings associated with early diagnoses
- Contributing to grass-root advocacy efforts on behalf of patients and doctors by taking their concerns to Capitol Hill
- Representing patient safety and doctor concerns to the FDA and other regulatory agencies when questions need to be asked and answered
- Accurately representing the concerns of physicians and facility managers on issues such as sedation, reimbursements, and ambulatory surgical centers

The benefits of becoming an organizational member include receiving the newsletter via email and printed format, invitation to participate in PCC committees and advocacy activities, policy briefings, and prominent positioning of your logo in the newsletter and on the PCC website. For more information, please call the office at (866) 333-6815. •

Get Moving If You Want to Prevent and Beat Cancer!

Regan Weaver, PCC Communications Coordinator

Recently, PCC staff member Regan Weaver, along with several of her friends and relatives, formed Team Preventing Colorectal Cancer and participated in the Lance Armstrong Foundation (LAF) Philadelphia Challenge to raise funds and awareness for LiveStrong programs. LAF supports educational efforts to prevent cancer as well as offers survivor support programs. The challenge consisted of a 10k on the first day and they rode their bikes one hundred miles on day two in the 'LiveStrong Century.'

> *Exercise and a healthy diet not only reduce your risk of getting cancer but also help your chance of survival once diagnosed.*

"Through my work at PCC," Weaver notes, "I encounter heaps of reading material and study findings regarding colorectal cancer (CRC) that shock me. Barriers to receiving a gold standard screening, colonoscopy, or to receiving the best level of anesthesia so the patients are comfortable and experience no feelings of embarrassment should not exist."

She adds that CRC is the second most deadly form of cancer, but also among the most preventable. "It makes no sense!" she exclaims. "The more I read the more I realized that the saying, 'a cancer prevented is better than a cancer survived,' makes a lot of sense and everyone should be doing all that they can to reduce the incidence of all cancers."

Exercise and a healthy diet not only reduce your risk of getting cancer but also help your chance of survival once diagnosed. The report, "Move More—Physical activity the underrated wonder drug," from Macmillan Cancer Support in the U.K., reports that "150 minutes of moderate intensity activity per week," the amount recommended by the U.K.'s four chief medical officers, "is the minimum amount required to see the benefits."

Moderate intensity activity includes exercise such as cycling and very brisk walking, but also household tasks such as heavy cleaning and mowing the lawn.

Regan Weaver

The report presents four key findings:

- **Prostate cancer** patients' risk of dying from the disease can be reduced by up to 30% by doing the recommended 150 minutes of moderate intensity physical activity.
- **Bowel cancer** patients' risk of recurrence and dying from the disease can be reduced by up to 50% by doing significant amounts of physical activity; this means about six hours of moderate intensity physical activity per week.
- **Breast cancer** patients' risk of recurrence and of dying from the disease can be reduced by up to 40% by doing 150 minutes of moderate intensity activity per week.
- After treatment, all cancer patients can reduce their risk of side effects from cancer and its treatment, including fatigue, depression, osteoporosis, and heart disease, by doing the recommended levels of physical activity.' •

FACTORS

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that screening tests be conducted more frequently. Ulcerative Colitis and Crohn's Disease are different than Irritable Bowel Syndrome (IBS), which does not increase the risk of being diagnosed with CRC.

A family history of colorectal cancer is another factor that increases a person's risk of being diagnosed with the disease. If you have close relatives (parents, siblings or children) who have had this type of cancer, your risk factor increases. This rings especially true if the family member got the cancer at a young age. People with a family history of CRC should talk to their doctors about when and how often to have screening tests. 30 percent of all CRC patients have a family history. Those who have had polyps or colorectal cancer themselves have an increased risk of the disease recurring.

Certain genetic factors also increase the probability of a person being diagnosed with colorectal cancer. The well-known syndromes linked with colorectal cancers are familial adenomatous polyposis (FAP) and hereditary non-polyposis colorectal cancer (HNPCC). FAP is caused by a gene mutation that is inherited from a parent—about one percent of all colorectal cancers are due to this genetic mutation. HNPCC, also known as Lynch Syndrome, accounts for three to five percent of all cases of colorectal cancer. It can result from inherited mutations in a number of different genes that normally help repair DNA damage. The genes for both of these syndromes have been identified and individuals can be tested.

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Race or ethnic background also contributes to the likelihood of being diagnosed with CRC. Some racial groups such as African Americans and Jews of Eastern European descent (Ashkenazi Jews) have a higher colorectal cancer risk.

Despite the many things in life we can't control, there are some factors we can control that can have an impact on overall health and the risk of getting CRC. A diet high in red meats (beef, lamb, liver, etc.) and processed meats (hot dogs, bologna, lunch meat) as well as refined starches and sugars can increase the risk for CRC. Replacing these food items with poultry, fish, plant proteins, unsaturated fats, unrefined grains, legumes and fruits is likely to reduce the risk of colorectal cancer.

In addition to dietary adjustments, normal vitamin D and calcium levels have been shown to decrease the risk of CRC. Selenium supplements have not been proven to reduce the risk of CRC.

Lack of exercise and being overweight has also been associated with an increased risk for CRC. Diabetes, metabolic syndrome and obesity are associated with increased risk of polyps and CRC. Tobacco use has been associated with adenomas and CRC, and heavy alcohol use has also been linked to this type of cancer. Men should limit their alcohol consumption to no more than two drinks a day and women should have no more than one.

Preventative screening is a key factor in the prevention of colorectal cancer. Previous cost-analysis studies have found that colonoscopies are the primary prevention of CRC. Everyone should have a screening colonoscopy at the age of 50, unless they have a family history that would require one even younger. •

IN THE NEWS

Colonoscopy Co-Developer Dies

A true pioneer in abdominal surgery and a revolutionary in the field of colorectal cancer, Dr. William Wolff passed away on August 20 at the age of 94. Preventing Colorectal Cancer (PCC) expresses its deepest regrets and condolences regarding the death of Dr. Wolff.

Dr. William Wolff

Dr. Wolff was a front-runner in the development of tools and procedures that would help to detect this deadly disease. With the help of his colleague, Dr. Hiromi Shinya, at Beth Israel Medical Center in Manhattan during the 1960s, the two created the colonoscope. The colonoscope could not only reach the full five-foot length of the intestine, but also could be used to perform polypectomies and remove any polyps that were found, without the need for a second procedure. •

Cruciferous Vegetables Make the News

It's a well-known fact that nutrition and health are linked. Recent studies point to cruciferous vegetables such as broccoli, cauliflower, brussel sprouts, kale, cabbage, and bok choy as the ones with the most powerful anti-cancer effects. Various components in cruciferous vegetables have been linked to lower cancer risks and have shown the ability to stop the growth of cancer cells for tumors in the breast, uterine lining (endometrium), lung, colon, liver, and cervix, according to the American Institute for Cancer Research. Visit *www.webmd.com* for more information. •

Confirmation that Vitamin D Acts as a Protective Agent Against the Advance of Colon Cancer

A study conducted by VHIO (Vall d'Hebron Institute of Oncology, Spain) researchers confirms that a lack of vitamin D increases the aggressiveness of colon cancer. They pinpointed the pivotal role of vitamin D, specifically its receptor (VDR), in slowing down the action of a key protein in the carcinogenic transformation process of colon cancer cells. These results are being published in the journal *PLoS ONE.* In sum, chronic vitamin D deficiency represents a risk factor in the development of more aggressive colon tumors. Patients in the initial stages of colon cancer, the time when the VDR still has a substantial presence in the cells, could benefit from being treated with vitamin D3. Visit *www.sciencedaily.com* for more information. •

Dangers of Colon Cleansing

A recent study published by Georgetown University researchers in the *Journal of Family Practice* found that colon cleansing has no proven benefits and many adverse effects. With names such as 'Nature's Bounty Colon Cleanser Natural Detox Formula' and 'Health Plus' as well as advertisements and endorsements by movie stars, these colon cleansing products are actively promoted as a natural way to enhance one's well-being.

However, considering the variety of adverse effects of colon cleansing that range from mild (e.g., cramping, abdominal pain, fullness, bloating, nausea, vomiting, perianal irritation, and soreness) to severe (e.g., electrolyte imbalance and renal failure), the study found that colon cleansing's potential benefits do not outweigh the risks. Visit *www.jfponline.com* for more information. •

Researchers Identify Probable Colorectal Cancer Marker

Researchers at Children's Hospital Boston say they've found a marker called ABCB5 that exists in high proportions within colorectal cancers. As a result, eliminating cells that express ABCB5 is key to the success of colorectal cancer treatment. After studying both healthy and cancerous colorectal tissue, researchers concluded that ABCB5 exists in cancerous tissue at levels 23 times higher than it exists in healthy tissue.

To read the full article, visit *www.sciencedaily.com/releases.* •

UNDERSTANDING

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- Lastly, a fourth charge may be generated by pathology services. During the procedure the physician may need to perform a tissue biopsy. That tissue is sent to a pathology lab for processing and examination by a pathologist.

During your screening colonoscopy it is possible the physician will identify a clinical finding such as polyps, bleeding or unusual looking tissue. He or she will address the issue at the time of the procedure. If this happens, the procedure changes from a screening colonoscopy to a therapeutic colonoscopy. Your insurance will receive a claim for a therapeutic colonoscopy along with a modifier that indicates that the procedure began as a screening.

If you have wellness benefits you should clarify your coverage for a screening colonoscopy that becomes therapeutic. While new insurance policies are required to provide wellness benefits even if the procedure becomes therapeutic, older plans are not. Many patients have experienced the misfortune of discovering that their financial responsibility is much greater than anticipated due to this scenario.

Another financial consideration is that all provider costs are not equal. The amount an insurance company is willing to pay for a service varies from provider to provider. As an example, the cost to have your procedure performed in a hospital will be different than the cost of an ambulatory surgery center. Costs may also vary if the providers are out of network, meaning they do not have a contract with your insurance company for a discounted rate.

You should understand the expected reimbursement for each provider participating in your procedure as it can impact your liability through deductibles and co-insurance. Your physician should provide the names and contact information for the facility, anesthesia, and pathology provider as well as any alternative options.

A good understanding of the costs related to a screening colonoscopy prior to your appointment will ensure that the entire experience is painless. •

FOR MORE INFORMATION

To stay updated with the latest news, email *info@preventingcolorectalcancer.org* to join the mailing list or learn about the benefits of membership.

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