



## Computed Tomography Colonography (CTC)

### Background

Colorectal cancer is the third most common cancer and one of the leading causes of cancer death in the United States. Medicare pays for several colorectal cancer screening procedures, including optical colonoscopy. Medicare does not currently cover CTC as a screening option although studies have proven that it is as equally effective and comparable in cost to optical colonoscopy.

Screening rates for colorectal cancer are just below 60% in most parts of the country putting it behind both breast and cervical cancer in terms of rate of compliance. A contributing factor in poor patient compliance may be the invasiveness of the standard optical colonoscopy. Colorectal cancer is almost always curable when caught early enough through colorectal cancer screening, and adding Medicare coverage of CTC could prevent unnecessary deaths.

Many Americans, particularly in the Hispanic and African American communities, are reluctant to undergo traditional colonoscopies due to various perceptions. In 2009 the *Journal of the American Geriatrics Society*, released a study demonstrating that the disparity between white and nonwhite Medicare enrollees receiving colonoscopy screening actually increased between 1995 and 2003. National Medicare coverage of CTC as a minimally-invasive screening test for colorectal cancer would potentially close or eliminate the gap in colorectal cancer screening between whites and minority populations by providing a vital screening option that is less invasive.

### Issue

In February 2012, the American College of Radiology Imaging Network (ACRIN) published a study addressing one of the main issues cited by Centers for Medicare and Medicaid Services (CMS) in 2009 when they deferred acceptance of CTC as a covered screening test. In the new study, researchers compared the sensitivity and specificity of CTC in subjects 65 years old and younger with results in those older than 65. The analysis did not reveal any statistically significant differences in the diagnostic accuracy of CTC for detecting large and intermediate-size adenomatous lesions in participants 65 years of age and older, compared with younger participants. These findings are consistent with 3 other recently published large trials evaluating CTC performance in older patient cohorts.

This evidence led the American Cancer Society to release a joint guideline with the American College of Radiology and the United States Multi-Society Task Force on colorectal cancer entitled, "*Screening and Surveillance for Early Detection of Colorectal Cancer and Adenomatous Polyps*". These new guidelines emphasized that the primary goal of colorectal screening is cancer prevention and that there was compelling evidence to support CTC.

There are 19 states that require insurance providers to cover the full range of tests identified by the American Cancer Society (ACS), which includes CTC. If Congress decides not to cover CTC, patients who have been screened using CTC prior to entering the Medicare program would be left with either a less sensitive or more invasive option. The 19 states plus DC that mandate full range of screening are: AK, AR, GA, IL, IN, KY, LA, MD, ME, MO, NC, NJ, NV, OR, PA, RI, TN, VA, and WI.

In addition to those states that cover CTC, the Department of Defense has large volume screening programs using CTC at Walter Reed National Naval Medical Center at Bethesda. Walter Reed has determined their program to be a success and is working with the Department of Veterans Administration to deploy CTC screening throughout the VA Health System. Medicare patients deserve the same access to this valuable colorectal cancer screening option.

### Recommendation

- Cosponsor HR 4165/S 2265 the Virtual Screening for Colorectal Cancer Act