



# Talking Points:

## Preventing Colorectal Cancer

### ✓ Why Invest in Preventing Colorectal Cancer?

- **The cancer will kill many Americans this year.** More than 56,000 Americans will die from colorectal cancer this year and about 145,000 Americans will be diagnosed with the disease.
- **Colorectal cancer is the second leading cause of cancer-related deaths.** Of all cancers, only lung cancer kills more Americans.
- **Colorectal cancer kills people in all racial and ethnic groups, but some are hit harder.** African-American men, for example, are about 15 percent more likely to get this cancer than their white counterparts.
- **Treatment costs are staggering.** In 2004, the annual cost of treating colon cancer was estimated at \$8.4 billion.
- **The cancer is highly preventable.** At least 50 percent of colorectal cancer deaths could be prevented with regular screenings and early detection. If found early and treated, the five-year relative survival rate for those with colorectal cancer is 90 percent.

### ✓ Screening and Early Detection Save Lives and Money

- **Screening saves lives.** The estimated effectiveness of three major colorectal cancer screening tests in preventing cancer death is:
  - Fecal occult blood test (FOBT)—38 percent effective
  - Flexible sigmoidoscopy—50 percent effective
  - Colonoscopy—70 percent effective
- **Early detection = lower treatment costs.** When detected early, treatment costs for colon cancer are about \$30,000 for a patient. Treatment costs for a patient with late stage colorectal cancer are estimated at \$120,000 and death is far more likely.

### ✓ Screening Rates Are Low

- **Many Americans do not get screened.** In 2004, 43 percent of adults age 50 and over were not getting their screenings completed at the recommended intervals.
- **Low income = low screening rates.** Screening rates are closely related to income level—as income decreases, screening rates decrease.
- **No insurance = low screening rates.** Screening rates are particularly low among those without insurance, without a usual source of health care and those whose doctors do not recommend screening.
- **Minority groups and rural Americans have lower screening rates.** Screening rates are lower for African-Americans than whites and for rural residents than nonrural residents. Hispanics are less likely to get screened for the disease than whites or African-Americans.



## Prevention Is Cost-Effective

- **Screening is cost-effective.** Research shows that screening has a cost effectiveness ratio of \$10,000 to \$25,000 per life-year saved. This means, for example, that if a state spent \$12.5 million on screening and treatment over five years, between 100 and 250 deaths per year for five years (or 500–1,250 total deaths) would be prevented. This ratio is similar to or better than that of other important health screenings, including mammography.
- **Screening costs can be recovered.** An estimated 65 percent of screening service costs can be recovered through savings from avoided inpatient, outpatient, laboratory, clinical and pharmacy services due to early detection and treatment.



## What State Legislators Can Do

- **Demonstrate leadership.** Use the media to encourage constituents to get recommended screenings. If you or a family member are a cancer survivor, share your story. Make CDC's "Screen for Life" materials available in your office and link to them from your legislative Web site (available at <http://www.cdc.gov/cancer/colorectal/sfl/>).
- **Launch public awareness campaigns.** Support funding for colorectal screening awareness programs. Pass a resolution to observe National Colorectal Awareness Month in March.
- **Promote screenings.** Encourage health care providers to use client reminders. Educate the public about the benefits of screening. Improve access to screening services. Establish screening programs for the uninsured and underinsured.
- **Extend insurance coverage.** Consider requiring health insurers to provide coverage for recommended colorectal cancer screening.
- **Target underserved populations.** Make sure awareness campaigns and screening programs are sensitive to cultural differences and that messages are tailored to reach specific groups. Support programs that offer follow-up assistance to encourage patients to get regular screenings and that build patient trust in health care providers.

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For more detail, see the Legislator Policy Brief, "Preventing Colorectal Cancer," by visiting: <http://www.healthystates.csg.org/Publications/>.

If you would like more information, references, or to explore this topic in greater depth, please:

- send your inquiry to <http://www.healthystates.csg.org/> (keyword: inquiry) or
- call the CSG Health Policy Group at (859) 244-8000.

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