



American Society for
Gastrointestinal Endoscopy

COLORECTAL CANCER SCREENING

According to the American Cancer Society, in 2024, an estimated 153,000 cases of colorectal cancer will be diagnosed in the United States, and a total of 53,010 people will die from this cancer.



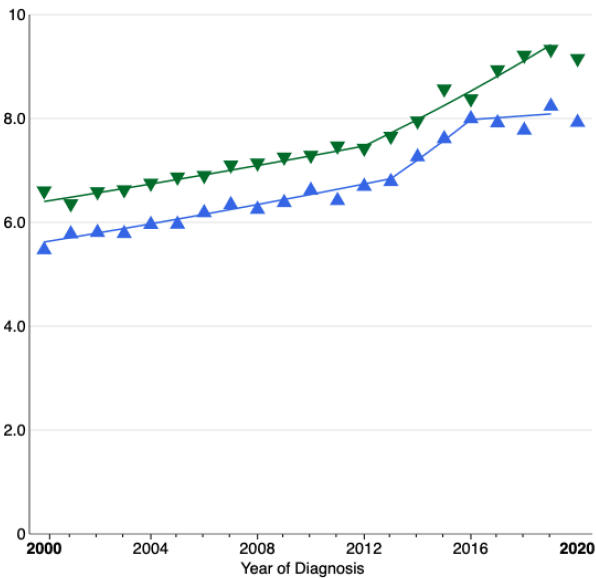
March is Colorectal Cancer Awareness Month

While there has been much progress to remove barriers to colorectal cancer screening thanks to Congress, there is work yet to be done to achieve the goal reaching colorectal cancer screening rates of at least 80% in communities across the nation.

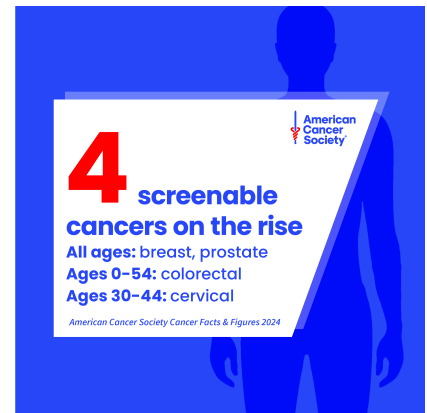
While colorectal cancer incidence and mortality rates have been declining because, in part, of screening uptake among adults ages 50 years and older that can prevent this cancer, rates have increased by 1-2 percent per year since the mid-1990s in those younger than 55 years of age.

ASGE, the US Preventive Services Task Force and the American Cancer Society recommend individuals at average risk for colorectal cancer begin screening at age 45 and continue through age 75, with more individualized decision-making for those ages 76-85 based on health status, life expectancy, patient preferences, and prior screening history.

Incidence of Colorectal Cancer Among Individuals Under Age 50 is Rising



The U.S. Multi-Society Task Force on Colorectal Cancer recommends that asymptomatic individuals undergoing screening colonoscopy seek follow-up colonoscopy exams to evaluate for new polyps at specific intervals based on the findings of the exam, ranging between one to 10 years. While Medicare considers these follow-up colonoscopies as screening exams, commercial insurers regulated by the Affordable Care Act treat the additional screening as a “diagnostic” service which triggers cost sharing.



Note:

Recent trends in SEER age-adjusted incidence rates, 2000-2020 by sex, all races / ethnicities, ages < 50, all stages

The 2020 incidence rate is displayed but not used in the fit of the trend line(s) because of the impact of COVID on SEER cancer incidence 2020 data.

What Congress Can Do to Help

- Ask the Department of Health and Human Services to update the federal FAQ guidance for commercial insurers regulated by the Affordable Care Act to treat surveillance colonoscopy as part of the screening continuum without cost-sharing.
- Cosponsor the *Colorectal Cancer Payment Fairness Act* (H.R. 3382) to accelerate the timeline for removal of cost sharing among Medicare beneficiaries when a preventive screening colonoscopy involves the removal of polyps.
- Educate the public about the importance of colorectal cancer screening.