



Radiological Society of Connecticut, Inc.
A CHAPTER OF THE AMERICAN COLLEGE OF RADIOLOGY

Statement of the
Radiological Society of Connecticut
before the
Insurance and Real Estate committee
February 21, 2012
S.B. 98

The Radiological Society of Connecticut is a professional association of over 300 medical doctors in the state who practice the specialty of radiology. We appreciate the opportunity to offer comments on Senate Bill 98, An Act Concerning Deductibles and Guidelines for Colonoscopies. We wish to speak in favor of the bill, and present some additional points and suggestions for your consideration.

First a few facts are in order:

- Colorectal cancer is the third most common cancer and the second leading cause of cancer death in the United States.
- Colon cancer is preventable, because precancerous abnormalities are detectable and can be treated easily, but many eligible people are not choosing to get screened, despite mandatory coverage by health plans. Until recently, standard colonoscopy had been the only way to visualize these tumors at an early stage. Despite its effectiveness, only 55 percent of Connecticut residents over the age of 50 have been screened for colon cancer. By comparison, screening rates for non-invasive mammograms run at about 74 percent.
- There is another test that is proven to be reliable and is non-invasive: CT Colonography, also known as "virtual colonoscopy." This employs cutting-edge low dose x-ray technology to produce three-dimensional images of the colon. It is much less invasive than a traditional colonoscopy and does not require sedation. It is much less expensive than standard colonoscopy, as it does not involve time in hospital or surgical center, anesthesia, or recovery time. Many studies have now shown that this new technology allows another, less invasive, equally effective way to see the inside of the colon without putting a tube through the colon under anesthesia. A recent research paper in Lancet showed that when patients were offered the CT exam as one option, the number of patients screened increased by 55%. This would convert Connecticut's screening rate from just over 50% to over 75%, thus saving lives and accomplishing what the legislature sought to do by passing the original law.

Please note: We are not saying that CT colonography is better than standard colonoscopy, although some recent research suggests that it might be. Nor are we saying that the mandate

should favor one over the other. That decision should be left up to the patient and the treating physician. It should not be determined by what insurance companies want to cover. We believe that if the screening mandate is changed to include CT Colonography, more patients will choose to be tested, and more lives will then be saved by early detection.

According to current statute, for this to happen, CT Colonography will need to be endorsed by the entity responsible for developing colon cancer screening standards. Insurers will not cover the test and promote it until that happens. Unfortunately, the incumbent entity has not supported the new test.

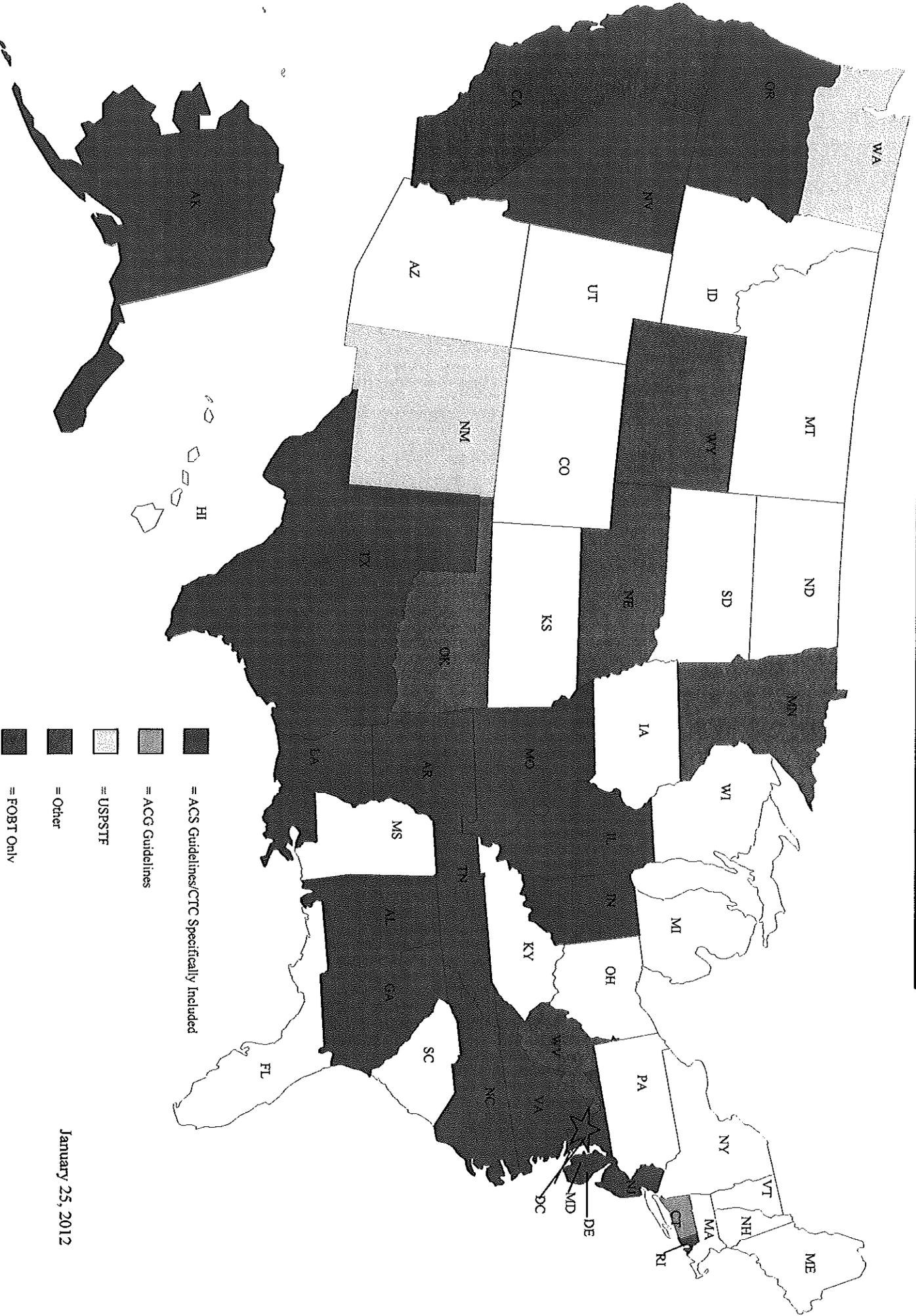
Many states have an insurance mandate to cover colorectal cancer screening—but Connecticut is an outlier in how this is done in that our current law makes us the only state to vest the endorsement with the subspecialty society of gastroenterologists. Most states vest it with the American Cancer Society.

We ask you to change the statute because colon cancer screening is a priority of our state, as per the statutory mandate and a special initiative of the Department of Public Health. Our policy should not be dependent on the views of just a single medical specialty.

Section 1 of SB 98 relates to the entities that are authorized to develop screening guidelines to detect colorectal cancer. The current law vests this responsibility in the American College of Gastroenterology (ACG). Two other groups, the American Cancer Society (ACS) and the American College of Radiology (ACR), are given secondary roles in this endeavor. S.B. 98 partially changes this by having the standards developed by the ACG, ACS or the ACR. We suggest that the language be made clearer by changing it to: "... standards developed by one of the following: ACG, ACS, or ACR."

In summary, the science and technology of medicine change, and the law needs to change with it or provide for new guidelines. Connecticut's citizens deserve the best chance at prevention and cure of this common, deadly disease. There are two options for addressing this issue: You could amend the law so that all three groups develop the standards on par with one another. Another option would be to mirror most states and let an organization who has no axe to grind—the American Cancer Society—develop the standards. ACG, like the ACR, is both a patient AND specialty advocacy society. The American Cancer Society has no specialty orientation, with no vested interest in applying the science to how patients are best served. Thank you for considering the views of the Radiological Society of Connecticut.

Colorectal Cancer Screening State Laws



January 25, 2012

