Screening Colonoscopy In the Underserved Population

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The **Centers for Disease Control and Prevention** (CDC) report that as many as 60% of deaths from colorectal cancer could be prevented if everyone age 50 and older were screened regularly.[1] Despite that, the **National Heath Interview Survey (NHIS)** showed that in 2005, only about half of US adults age 50 or older had undergone a sigmoidoscopy or colonoscopy within the previous 10 years or had used a fecal occult blood home test kit within the preceding year.[2] A 2004 CDC study found that about 41.8 million people of average risk for colon cancer aged 50 or older had not been screened for colorectal cancer according to national guidelines.[3,4]

In 2008 only 25 states mandated coverage of colon cancer screening; another 3 mandated insufficient coverage.[5] Compared to coverage for breast cancer screening, which is mandated in 50 states, the disparity is shocking, because mortality from colorectal cancer is higher. To Rhode Island's credit, the American Cancer Society has given our state a grade of "A" for legislation that requires insurers to cover accepted screening guidelines, including coverage of future advances in screening methods.[5]

Recent data put forward by the Department of Health demonstrate the great need for better colon cancer prevention in Rhode Island. This year's Rhode Island Cancer Registry's Cancer Surveillance Report points to 650 new cases of colorectal cancer diagnosed in 2008, and 190 deaths attributed to this cancer.[6] Rhode Island has a higher colon and rectal cancer incidence than does the general United States population.[6] In Newport County, there has been a gradual decline in the incidence in colorectal cancer: incidence was most recently reported as 33.8 cases per 100,000 in 2006, down from as high as 63 cases per 100,000 in 1996.[7] It is plausible that this decline has been the result of better screening of the population with the removal of colon polyps before they progress to cancer. This data would imply that screening efforts are working.

A recent study by Badalov et al., presented at the 2008 meeting of the American College of Gastroenterology, reports that their group in New York did 288 screening colonoscopies on eligible patients, with no insurance coverage. The average age was 55 years old. Five patients had early stage I or II cancer and twenty-two had polyps greater than one cm (at greater risk to become a cancer). The researchers estimated that if these cancers grew undetected until patients were 65 and covered by Medicare, treatment would cost $1,295,000. They estimated that a screening program for colon cancer in a patient population averaging 10 years prior to Medicare eligibility would save at least 2 dollars for every dollar spent.[8]

The Rhode Island Department of Health estimates that there are 9000 uninsured underserved patients aged 50 to 65 in Rhode Island.[9] In light of our serious economic downturn, this number is now undoubtedly higher. These patients, who struggle to meet their basic health needs, don't have ready access to screening tests and other preventative health measures. Since screening for colorectal cancer not only saves lives, but is cost effective to society, it is imperative that a program be established to provide screening colonoscopies for these patients.

In a recent survey of Rhode Island Health Center Association physicians, providers expressed frustration about obtaining screening colonoscopy for their patients under age 65. They reported the waiting list was so long, up to two years, that they often referred patients to emergency departments for care. This underlines the need and desire for a local colorectal cancer screening program.

In response to the great need for screening colonoscopy for the underserved population, a group of gastroenterologists, internists, and administrators has started an initiative, "**Screening Colonoscopy in the Underprivileged Population**" **(SCUP).** SCUP's mission is to provide free screening colonoscopy to Rhode Island patients between 50 and 64 years of age, who have no insurance coverage. The gastroenterologists and surgeons performing this prcoedure are participating pro bono, with no reimbursement. The colonoscopy will be performed at hospitals, outpatient endoscopy units, and ambulatory surgical centers throughout Rhode Island. The SCUP initiative addresses many of the barriers patients face in obtaining this care; i.e., patients' fear and misunderstanding of the procedure, primary care providers not suggesting or explaining the necessity of the test, cultural perceptions of medicine and screening, access to care, language barriers, and cost of procedure and preparation.[10-16]

SCUP is working to link volunteer gastroenterologists and surgeons with over 30 Rhode Island Community Health Association Clinics and the Rhode Island Free Clinic. Physicians at the healthcare clinics will identify patients who qualify, will discuss with the patient the need for colonoscopy, and will provide instructions and orders for cleansing. The community health center will then fill out SCUP intake forms and forward them to designated screening colonoscopy providers, who will initially do 5 cases per month per clinic.

Reports of the findings will be sent back to the referring community health center for evaluation and management, along with a copy of the report to the SCUP committee. The RI Health Department will be provided with annual reports on the SCUP activity.

SCUP initiated a pilot program on April 1, 2009 in the Newport area with intention to expand throughout Rhode Island. Thus far, it has served patients enrolled in seven community health centers. SCUP hopes to address the significant need for screening colonoscopy in this state and provide the underserved population with this vital, life-saving, cost-efficient screening.

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2009 Tar Wars Rhode Island Statewide Poster Contest

At the Woodlawn Community Center in Pawtucket, RI, on May 9, 5th grade students from more than 25 Rhode Island elementary schools competed in the 16th Annual Tar Wars Rhode Island Statewide Poster Contest. Olivia Houston (The Pennfield School, Portsmouth) won the top prize, an all-expenses paid trip to the National Tar Wars competition in Washington, DC. Bianca Martin (Fallon Memorial School, Pawtucket) won second-prize, a $75 gift certificate to the Providence Place Mall. Olivia DeAngelis (R. C. LaPerche School, Smithfield) won third prize, a $50 gift certificate to the Providence Place Mall.

The judges included Dave Davignon, coordinator at the Woodlawn Community Center; Dr. Vera DePalo, President-Elect of the Medical Society; Dr. Patricia Flanagan, Board Member of the Rhode Island Chapter of the American Academy of Pediatrics; Amy McIntyre, Board Member of the Rhode Island Academy of Family Physicians; and Barbara Morse Silva, Channel 10 News Reporter. The Rhode Island Academy of Family Physicians, the Rhode Island Chapter of the American Academy of Pediatrics, the Rhode Island Medical Society Foundation, and Woodlawn Community Center continued to support this educational program.

The American Academy of Family Physicians developed Tar Wars in 1988. It is designed to teach children to think analytically about tobacco advertising, help them make informed choices, and resist peer pressure. Each year, RIMS member physicians volunteer their time to visit elementary schools, where they involve up to 2800 pupils in the program. "Having been a part of Tar Wars Rhode Island since its inception, I have seen first-hand the powerful impact this program has on children. From their classroom participation to their enthusiasm in creating unique poster designs, students are able to take what they learn in the classroom and apply it to their lives," states Arthur Frazzano, MD, chairperson of Tar Wars Rhode Island.

Much of the success is due to the commitment of the physician presenters. For anyone interested in participating in the 2010 Tar Wars program, contact Catherine Norton at 528-3286. Volunteer presenters are always needed, and no experience is necessary.