



AMERICAN COLLEGE OF GASTROENTEROLOGY

6400 Goldsboro Road, Suite 450, Bethesda, MD 20817-5846; 301-263-9000; Fax: 301-263-9025

EMBARGOED FOR RELEASE

Monday, Oct. 18, 2010

9:00 am EDT/8am CDT

Contact: Jacqueline Gaulin or Anne-Louise Oliphant
mediaonly@acg.gi.org or 301-263-9000

As of Sunday October 17, 2010 at ACG Press Room,
Henry B. Gonzalez Convention Center, San Antonio
210-528-7028

Investment in Colorectal Cancer Screening Programs that Target Pre-Medicare Population Needed to Reduce Treatment Costs in the Medicare Population

New Study Finds that Increased Costs of CRC Screening in the Pre-Medicare Population Were Offset by Considerable Savings in Treatment Costs in the Medicare Population

San Antonio, Texas (October 18, 2010) – Investment in screening programs that target the pre-Medicare population, individuals aged between 50 and 64, is needed to reduce the costs of colorectal cancer in the Medicare program, according to the results of a new study, **“Cost-Savings to Medicare from Increased Colorectal Cancer Screening in the Pre-Medicare Population,”** unveiled today at the American College of Gastroenterology’s (ACG) 75th Annual Scientific meeting in San Antonio, Texas.

“With rising chemotherapy costs and aging of the population, the Medicare program will face increased costs related to colorectal cancer,” said researcher Luuk Goede, M.D. “The purpose of the study was to quantify the impact of different screening programs in the pre-Medicare population.”

Using a population-based microsimulation model, MISCAN-colon, researchers estimated screening and treatment costs of three programs: fecal occult blood test (FOBT); mix of FOBT and colonoscopy; and colonoscopy, and compared them to current screening trends. The programs were assumed to increase between 2010 and 2025 beyond the level predicted by current trends. For each program, lifetime costs were tallied for individuals aged 50 years and over, as well as for those who turned age 50 in the years 2011 to 2024.

Due to increased screening, total costs for the pre-Medicare population in the FOBT program increased by 8.3 percent; increased by 12.6 percent for the mixed FOBT/colonoscopy program; and increased by 13.8 percent for the colonoscopy program.

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Total costs in the Medicare population were 3.7 percent lower for the FOBT program; 4.3 percent lower for the mixed FOBT/colonoscopy program; and 4.5 percent lower for the colonoscopy program compared to a situation without a screening program, mainly due to savings in treatment costs, according to the study.

“Treatment savings in the older age group fully offset the increased costs in the younger age group, making all screening programs cost-saving compared to no screening program,” said Dr. Goede. “The up-front investment in screening individuals aged 50 to 64 was recouped only after they transition to Medicare at age 65. It’s therefore important to invest in screening programs targeting the pre-Medicare population,” he explained.

About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 11,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients. www.acg.gi.org View releases on other research breaking at the ACG meeting at www.acg.gi.org/media/press.asp

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