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Screenings useful in cancer fight

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David John Marotta and Megan Russell argue that screening tests like colonoscopy "offer no medical benefit" and should not be paid for through health insurance, which should cover only "catastrophic, extremely expensive events" ("Preventive care tests raise health care costs," The Daily Progress Aug. 17).

Colon cancer is the second-leading cause of cancer-related death in the U.S. It is also one of the few cancers that can be prevented with proper screening. Thanks to the late Sen. Emily Couric, D-Charlottesville, Virginia was the first state to mandate insurance coverage for colon cancer screening. Colonoscopy can detect cancer at an early stage, when it is curable, or in a precursor stage, when it is preventable.

The columnists cite a 2012 New England Journal study and argue that a 53 percent reduction in colorectal cancer attributable to colonoscopic polyp removal is too costly a venture.

So what is the cost of a life saved? Although the authors contend that "screening tests rarely, if ever, save money," the Centers for Disease Preventions report that colonoscopy is just such a test, with an estimated life-year cost (a measure of disease burden and quality of life) of $11,890 to $29,725, below the accepted $50,000 threshold.

No screening test is perfect. Regrettably, however, the columnists mislead when they report colonoscopy accuracy. Colonoscopy rarely misses existing cancers; but interval cancers, which develop before the next colonoscopy is due, may occur. As we learn more about the biology of this disease and as the technology advances, efforts to detect and prevent this type of cancer will improve.

The authors also suggest that colonoscopy is a dangerous procedure and that sedation is both costly and unnecessary. For most patients, eliminating sedation would be an unnecessary deterrent.

The authors also overstate the risk of complications requiring hospitalization after colonoscopy; the U.S. Preventive Services Task Force estimates that serious complications occur at a rate of 1 in 400 procedures, primarily in the very elderly.

Perhaps the columnists should ask anyone with cancer whether his diagnosis was a catastrophic or expensive event and whether preventing that cancer would have been cost-effective.

No patient should die from colon cancer due to fear of screening. Although colonoscopy remains the gold standard, newer screening tests, like a recently approved stool test, offer hope that screening will evolve to include a variety of sensitive, low-risk and cost-effective options for patients who would otherwise avoid screening out of fear alone.

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