

Some hope virtual colonoscopies lead to more cancer screening

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Cynthia Bledsoe let her 50th birthday pass without getting the colonoscopy recommended for adults her age. Like many people, she was wary of the procedure that checks for colorectal cancer, and she avoided having it done for nearly four years.

Then last year, she asked her physician at Johns Hopkins Hospital if she could try a "virtual" colonoscopy, which is less invasive than the standard [procedure](#) to detect polyps that can lead to [colon cancer](#).

"It was easy and it was painless," Bledsoe said. "As soon as it was over I became an advocate. As much as I dreaded it, it was a positive experience."

Colorectal cancer is the second most-common cause of [cancer death](#) among cancers that affect both men and women, according to the Centers for Disease Control and Prevention. More than 134,000 people will develop colorectal cancer this year and nearly 49,000 will die of the disease, according to the American Cancer Society. The risk of developing polyps, growths that can turn into cancer, increases with age.

Screening via a colonoscopy helps reduce cases of the disease and lower death rates.

While strides have been made in getting more people tested, many still avoid getting screened. The American College of Radiology and several cancer prevention groups think that more people like Bledsoe, who are

turned off by the thought of getting a colonoscopy, could be persuaded to get tested if given the choice of a virtual colonoscopy.

They're pushing Medicare, the federal health insurance plan for the elderly, to cover the procedure, which is now out of reach for the millions of people who get their coverage through the program. The Centers for Medicare & Medicaid Services, which would make the decision, is reviewing the request.

"The hope is that offering patients this option will only help to increase screening rates in this country," said Dr. Judy Yee, chair of the American College of Radiology's Colon Cancer Committee.

Traditional colonoscopies require a patient to drink a solution a day before the procedure that cleans out the large intestine. The procedure involves a doctor, typically a gastroenterologist, inserting a long, flexible tube with a camera on the end through the rectum into the colon, or large intestine. Patients are sedated because the procedure can cause discomfort, so doctors discourage driving or engaging in strenuous activity after the procedure.

For a virtual colonoscopy, a small flexible tip is placed just into the rectum to inflate the colon so an MRI or CT scanner can be used to look at the colon and rectum. Patients still must clean their systems out but need not be sedated.

Those pushing for greater accessibility to virtual colonoscopy say it is more convenient for patients to have the procedure and be able to continue their daily activities. There is also less chance of tearing or puncturing the colon because a tube isn't inserted far into the body. The virtual colonoscopy does expose people to radiation, but in small amounts not deemed harmful, doctors said.

The groups pushing for Medicare coverage of the relatively new procedure hope a recent decision by the United States Preventive Services Task Force to give virtual colonoscopies its highest safety rating could help their cause. The task force's grade-A rating also now requires insurers that sell plans under the Affordable Care Act to pay for the screenings.

Those with private insurance in Maryland also have coverage of virtual colonoscopies, thanks to a state regulation adopted in 2008 requiring private insurers to cover the procedure. Adding Medicare coverage will expand the screening to those most at risk, supporters said.

"The best [colorectal cancer](#) screening exam is the one that a person chooses to use," Eric Hargis, public policy adviser for the Colon Cancer Alliance, said in a statement. "Too many Americans are dying from a largely preventable disease that can almost always be treated if found early. Medicare coverage of virtual colonoscopy would ensure access to a proven screening method for those who cannot, or will not, have an optical colonoscopy. This will save lives."

Despite the push, not all doctors believe virtual colonoscopies should be used in place of the traditional procedure.

Dr. Anurag Maheshwari, a gastroenterologist at Mercy Medical Center who specializes in liver disease, said he only recommends the virtual procedure under special circumstances, such as a blockage in the intestine. If you find polyps through the virtual procedure, a second procedure would have to be done to remove them, he said. Polyps can be removed during a traditional colonoscopy.

Nevertheless, Maheshwari thinks Medicare should cover virtual colonoscopies.

"It has its place in medicine and we do support coverage by Medicare because lack of coverage is the reason of underutilization of the procedure," he said. "It definitely has a role to play to increase the number of patients who get colorectal screening."

Patients who are at high risk for the disease - they have stool in the blood, or previous polyps - should stick to the traditional procedure, said Dr. Karen Horton, chair and professor of radiology and radiological science at the Johns Hopkins University School of Medicine.

Virtual colonoscopy "is really for the screening of average-risk patients," she said.

Dr. Bruce Greenwald, a gastroenterologist with University of Maryland Medical Center, said there are pros and cons to both procedures, but that having more options to meet patient preference is a good thing.

"The most important thing is screening and figuring out the best screening tools for each individual," Greenwald said.

Julia Hardison, 73, prefers [virtual colonoscopy](#). She got her first one because of an obstruction in her colon. She felt a lot of discomfort that first time because doctors overinflated her intestines.

But now the retiree from Owings Mills is a convert. She got her third virtual procedure last week at Greater Baltimore Medical Center and said there is no turning back.

"I found it less invasive and less time-consuming, and I didn't have to take a drug for it," she said.

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