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**Coalition of Patient, Medical Professional Society and Industry Urge CMS to Reconsider Non-Coverage Decision Which Denies Seniors Access to CT Colonography**

**Coalition Urges CMS to Re-open Coverage Decision**

*Washington, D.C.* – The CTC Working Group, a coalition of physician providers, colon cancer patient advocates and imaging equipment manufacturers, today said they were disappointed that the Centers for Medicare and Medicaid Services' (CMS) decision for computed tomography colonography (CTC), also commonly known as virtual colonoscopy, remains unchanged. The coalition called on the agency to immediately re-open the rule making process to consider new clinical data.

The Centers for Disease Control and Prevention estimates that up to 60 percent of colorectal cancer deaths could be prevented if everyone age 50 or older were screened regularly. Today less than half of all Americans age 50 and over, those at the highest risk, undergo colorectal cancer (CRC) screening. According to the CTC Working Group, CMS' decision will reinforce barriers to screening for Medicare beneficiaries.

“We were hopeful CMS would allow seniors access to virtual colonoscopies, which can aid in the early detection and prevention of colon cancer and save lives,” said Andrew Spiegel, CEO of the Colon Cancer Alliance, a member of the CTC Working Group. “While we believe ample data currently exists to support a positive decision today for Medicare reimbursement of virtual colonoscopy, CMS should immediately re-open the review process to account for any new data and evidence that emerges showing efficacy of CTC in the Medicare population.”

Moreover, the CTC Working Group said that since many private insurers reimburse physicians for CTC, CMS' decision to deny seniors access to CTC eliminates patient choice and reinforces different standards of care between Medicare beneficiaries and those with private health insurance.

“By denying seniors access to the same colon cancer screening procedures as those with private insurance, CMS' decision preserves an unequal standard of care between Medicare beneficiaries and those covered by private health insurance,” said Ilyse Schuman, managing director, Medical Imaging & Technology Alliance (MITA). “We urge CMS to re-open a coverage decision to consider additional clinical data on the over 65 age population and patient preference. Medicare coverage for CTC will increase colon cancer screenings in the Medicare population, save lives, and reduce Medicare expenditures.”

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The CTC Working Group expressed their desire to see CMS immediately reopen the rule making process so the agency can continue weighing additional clinical evidence on areas such as the Medicare population and patient preference. Recently, the landmark multi-center ACRIN trial, published in the *New England Journal of Medicine*, demonstrated that virtual colonoscopy is comparable in effectiveness to standard optical colonoscopy as a screening tool for the detection and prevention of colon cancer. Virtual colonoscopy has been recognized by professional societies such as the American Cancer Society, American College of Radiology, and the United States Multi-Society Task Force on Colorectal Cancer as a recommended screening procedure for colon cancer. Additionally, these groups have published joint guidelines, developed with significant peer-reviewed clinical data, for CTC screening for colorectal cancer. In addition, a respected Health Technology Assessment organization, Blue Cross Blue Shield TEC, recognized the clinical value of CTC as a CRC screening alternative.

“The latest clinical research all points to the fact that CT colonography is effective as screening tool for colorectal cancer. It is also no secret that the majority of those who should be screened for the disease opt against having the exams currently covered by Medicare. CT colonography can overcome patient objections to being screened, detect cancer early when it is most treatable, and ultimately save lives. If CMS will not reconsider this coverage decision, Congress should vote to mandate Medicare coverage of CT colonography,” said James H. Thrall, MD, FACR, chair of the American College of Radiology Board of Chancellors.

Additionally, after CMS announced their proposed non-coverage decision on February 11, more than 50 members of Congress wrote the agency urging that beneficiaries have access to virtual colonoscopies as a screening alternative.

In a letter to CMS from U.S. Representative Kay Granger (R-TX), U.S. Representative Patrick Kennedy (D-RI) and 40 of their congressional colleagues, congressional representatives wrote that denying reimbursement misses a landmark opportunity to positively impact colorectal cancer screening rates. The letter cites data from the National Naval Medical Center in Bethesda, MD, a leading institution in CTC research, which shows a 70 percent increase in colorectal screening rates since the Center added CTC as a screening option for patients.

Additionally, a letter to CMS from U.S. Representative Danny Davis (D-IL) and 12 Congressional colleagues said that: “Medicare coverage of CTC as a minimally-invasive screening test for colorectal cancer would not just encourage more patients to undergo screening, but it would potentially close or eliminate the gap in colorectal cancer screening between African Americans and other populations.”

More than 140,000 Americans are diagnosed with colorectal cancer every year with nearly 50,000 dying because it is detected too late. Colorectal cancer is the third most frequently diagnosed cancer and the second leading cause of cancer death in both men and women in the United States, despite having a 90 percent cure rate when detected early. By increasing screening rates for those at the greatest risk of colorectal cancer, those over the age of 50, a great majority of these cancers and deaths could be prevented.

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