

# Colon cancer screenings are effective — but only if people get them



Colon cancer has an image problem. Rather, colon cancer *screening* has an image problem.

The phrase “I’d rather have a colonoscopy than ...” has become a go-to for those looking to make a point about an undesirable activity. But few are saying the obvious: That they would rather have a colonoscopy — an uncomfortable but painless procedure that is one of the most sensitive tests to screen for colon cancer — than undergo treatment for colon cancer.<sup>1</sup> Colonoscopies and other colorectal screening methods won’t kill anyone. Colon cancer itself? That’s a different story.

## How common is colon cancer?

Colorectal cancer is a leading cause of cancer deaths among men and women combined in the United States.<sup>2</sup> While the risk of developing colorectal cancer in a lifetime is high, the rate at which people are being diagnosed has decreased since the mid-1980s. This is mainly because more people are getting screened and changing their lifestyle-related risk factors.<sup>2</sup>

However, of those diagnosed, the disease doesn’t strike equally. Indigenous communities have higher rates of colorectal cancer. Furthermore, Jews of Eastern European descent have one of the highest risks of colorectal cancer of any ethnic group in the world. Among the Black community, the risk is both widespread and elevated — Black Americans are more likely to develop colorectal cancer and have a higher likelihood to die from it than most other groups.<sup>3</sup>

Despite these differences, the biggest barrier shared by Americans at large is a lack of screening and preventive care.<sup>4</sup>

## Colon cancer screening is crucial — but million of Americans have not been screened<sup>3</sup>

Between the “ew” factor of the most popular screenings — colonoscopies and stool tests — and misconceptions about personal risk, preventive care often gets pushed aside. While today more people are being screened, there are still around 20 million eligible Americans who have not been.<sup>3</sup>

One of the issues that keeps people from scheduling a screening — the fact that the earliest stages of colon cancer have few, if any, symptoms — is exactly why screening is essential.<sup>5</sup> But screening rates plummeted during the onset of the COVID-19 pandemic. And though rates have largely rebounded, colorectal cancer screenings still need to increase by 50% to return to pre-pandemic levels.<sup>6</sup>

**You can help protect your workforce with one simple step**



The lack of screening adds up in a major way — colorectal cancer could cost thousands.<sup>7</sup> That takes a toll on families struggling to find a way to cover out-of-pocket costs, years of treatment and recovery, and the mental strain associated with fighting a deadly condition.

Health insurance covers part of those costs, but even a well-designed plan can leave large gaps that need to be covered out of pocket. Offering [cancer insurance](#) to your workforce can give you and your employees added peace of mind, helping to ensure that if your employees are diagnosed with cancer, they can pay for treatment more easily and focus on recovery instead of mounting costs. But you can also offer them a more proactive form of protection — just by offering specific Aflac plans.

Some Aflac insurance plans — including [cancer](#), [accident](#) and [hospital](#) coverage — may include wellness benefits, paying your employees for out-of-pocket expenses that could include health screening tests performed as a part of preventive care such as diagnostic procedures like colonoscopies. And this protection can come at little or no cost to you.

You might not be able to get your workforce to shake off the jokes about colonoscopies. What you can do is give them an incentive to help make sure they receive proper preventive care ... and a cushion of protection to help when they need it.

**Ready to help protect your workforce against cancer? Contact your Aflac benefits advisor or visit [Aflac.com/business](https://www.aflac.com/business).**

<sup>1</sup> Mayo Clinic. "Colon cancer screening: Weighing the options." Updated 12.06.22. [Accessed 02.05.2024](#).

<sup>2</sup> American Cancer Society. "Key Statistics for Colorectal Cancer." Last reviewed 01.13.2024. [Accessed 02.05.2024](#).

<sup>3</sup> Fight Colorectal Cancer. "Why Should I get Screened for Colorectal Cancer?" [Accessed 02.05.2024](#).

<sup>4</sup> American Cancer Society. Can Colorectal Polyps and Cancer Be Found Early? [Accessed 02.05.2024](#).

<sup>5</sup> Mayo Clinic. "Colon cancer." Published 06.27.2023. [Accessed 02.05.2024](#).

<sup>6</sup> Healthcare. "Impact of the COVID-19 Pandemic on Colorectal and Prostate Cancer Screening in a Large U.S. Health System." Published 1.29.2022. [Accessed 02.05.2024](#).

<sup>7</sup> Centers for Disease Control and Prevention. "Health and Economic Benefits of Colorectal Cancer Interventions." Last reviewed 12.21.2022. [Accessed 02.05.2024](#).

Cancer/Specified-Disease: In Arkansas, Policies B70100AR, B70200AR, B70300AR, B7010EPAR, B7020EPAR. Policy A72200AR. In Delaware, Policies B70100DE, B70200DE & B70300DE. Policy A72200. In Idaho, Policies B70100ID, B70200ID, B70300ID, B7010EPID, B7020EPID. Policy A72200ID. In Oklahoma, Policies B70100OK, B70200OK, B70300OK, B7010EPOK, B7020EPOK. Policy A72200OK. In Oregon, Policies B70100OR, B70200OR, B70300OR, B7010EPOR, B7020EPOR. Policy A72200OR. Policies A78100OR–A78400OR. In Texas, Policies B70100TX, B70200TX, B70300TX, B7010EPTX, B7020EPTX. Policy A72200TX. In New York, Policies, NY78100–NY78400. Policy NYR72200. In Pennsylvania, Policy A76100PA. Policies B70100PA, B70200PA, B70300PA. In Virginia, policies A75100VA–A75300VA. Accident: In Arkansas, Policies A36100AR–A36400AR, & A3630FAR. Policy A37000AR. In Delaware, Policies A36100DE–A36400DE, & A3630FDE. Policy A371AA & A371BA. In Idaho, Policies A36100ID–A36400ID, & A3630FID. Policy A37000ID. In New York, Policies NY36100- NY36400. Policy NY37000. In Oklahoma, Policies A36100OK– A36400OK, & A3630FOK. Policy A37000OK. In Oregon, Policies A36100OR–A36400OR, & A3630FOR. Policy A37000OR. In Pennsylvania, Policies A36100PA-A36400PA. Policy A37000PA. In Texas, Policies A36100TX–A36400TX, & A3630FTX. Policy A37000TX. In Virginia, Policies A36100VA – A36400VA, & A3630FVA. Policies A371AAVA & A371BAVA.

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Aflac WWHQ | 1932 Wynnton Road | Columbus, GA 31999