

# 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 the [second most common cause of cancer deaths](#) among men and women combined in the United States.<sup>2</sup> Over a lifetime, there’s roughly a 4% risk of developing colorectal cancer, and while cases have dropped overall since the 1980s, rates among people younger than 50 actually rose by 2% every year from 2012 to 2016.<sup>2</sup>

The disease may be widespread, but it doesn’t strike equally. Indigenous communities have higher rates of colorectal cancer than white people, and people of Eastern European Jewish descent have one of the highest risks of colorectal cancer of any ethnic group in the world.<sup>3</sup>

Among the Black community, the risk is both widespread and elevated—Black Americans are roughly 20% more likely to develop colorectal cancer than other ethnic groups and are 40% more likely to die from it.<sup>3</sup> As with other areas of health equity—unequal access to providers, discrimination within the health care system—Black Americans face higher barriers to care, including difficulty of scheduling health care visits and issues with clinical delays.<sup>4</sup>

But perhaps the biggest problem facing Black Americans and colorectal cancer is a barrier shared by Americans at large, particularly among other ethnic minorities: a lack of screening and preventive care.<sup>5</sup>

## Colon cancer screening is crucial—but 31% of adults aren’t up to date<sup>6</sup>

Sixty percent of colorectal cancer deaths could be prevented with screening, a test whose costs are protected by the Affordable Care Act.<sup>3,7</sup> Yet between the “ew” factor of the most popular screenings—colonoscopies and stool tests—and misconceptions about personal risk, preventive care often gets pushed aside.

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>8</sup> Screening rates have increased over time—in fact, nearly 69% of adults ages 50 to 75 were up to date as of 2018.<sup>6</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>9</sup>



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

The lack of screening adds up in a major way—colorectal cancer has the second-highest cost of all cancers in the United States, totaling \$14.1 billion in annual medical expenses.<sup>10</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 leaves large gaps that need to be covered out of pocket. Offering [cancer insurance](#) to your workforce can give you and your employees 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 [critical illness](#), [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." Published 3.26.2021. [Accessed 2.16.2022](#).

<sup>2</sup> American Cancer Society. "Key Statistics for Colorectal Cancer." Revised 1.12.2022. [Accessed 2.16.2022](#).

<sup>3</sup> Fight Colorectal Cancer. "Facts and Stats." [Accessed 2.16.2022](#).

<sup>4</sup> Journal of Women's Health. "Gender- and Race-Based Differences in Barriers and Facilitators to Early Detection of Colon Cancer." Published 9.14.2020. [Accessed 2.14.2022](#).

<sup>5</sup> Current Gastroenterology Reports. "Barriers Driving Racial Disparities in Colorectal Cancer Screening in African Americans." Published 7.9.2020. [Accessed 2.14.2022](#).

<sup>6</sup> Centers for Disease Control and Prevention. "Colorectal Cancer Statistics." Reviewed 6.8.2021. [Accessed 2.16.2022](#).

<sup>7</sup> American Cancer Society. "Insurance Coverage for Colorectal Cancer Screening." Revised 5.19.2021. [Accessed 2.16.2021](#).

<sup>8</sup> Mayo Clinic. "Colon cancer." Published 6.11.2021. [Accessed 2.16.2022](#).

<sup>9</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 2.16.2022](#).

<sup>10</sup> Centers for Disease Control and Prevention. "Cost-Effectiveness of Colorectal Cancer Interventions." Reviewed 8.18.2021. [Accessed 2.16.2022](#).

Cancer: In Idaho, Policies B70100ID, B70200ID, B70300ID, B7010EPID, B7020EPID. In Oklahoma, Policies B70100OK, B70200OK, B70300OK, B7010EPOK, B7020EPOK. Not available in VA. Critical Illness: In Oklahoma, Policies B71100OK & B7110HOK. Not available in ID, NJ, NY & VA. Hospital: In Idaho, Policies B40100ID & B4010HID. In Oklahoma, Policies B40100OK & B4010HOK. Not available in VA.

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