BULLETIN No. 08-18

TO: **ALL HOSPITAL, MEDICAL AND HEALTH SERVICE CORPORATIONS, HEALTH INSURANCE COMPANIES AND HEALTH MAINTENANCE ORGANIZATIONS AUTHORIZED TO TRANSACT BUSINESS IN NEW JERSEY**

FROM: **STEVEN M. GOLDMAN, COMMISSIONER**

RE: **P.L. 2001, c. 295 – COLORECTAL CANCER SCREENING**

P.L. 2001, c. 295 requires health insurance carriers, including hospital, medical and health service corporations; individual and group health insurance companies; health maintenance organizations; and health benefit plans issued pursuant to the Individual Health Coverage (IHC) and Small Employer Health Benefits (SEH) Programs to provide benefits for colorectal cancer screenings performed at regular intervals for persons age 50 and over and for persons of any age who are considered to be at high risk for colorectal cancer. The law provides that the screening tests include a screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or any combination thereof, or the most reliable medically recognized screening test available. The law further states that the "method and frequency of screening to be utilized shall be in accordance with the most recent published guidelines of the American Cancer Society and as determined medically necessary by the covered person's physician, in consultation with the covered person."

In 2001 the American Cancer Society released guidelines on screening and surveillance for the early detection of colorectal adenomas and cancer for average risk persons age 50 and over that included:

- Fecal occult blood test annually
- Flexible sigmoidoscopy every five years
- Annual fecal occult blood test plus flexible sigmoidoscopy every five years
- Double contrast barium enema
- Colonoscopy every ten years.

The 2001 Guidelines did not include computed tomography colonography or stool DNA. The guidelines explained:

> Future developments will expand the methods now available for the early detection of colorectal neoplasia. Lower dose, higher-resolution CT imaging of the bowel, for instance, is continuing in development. Genetic testing for mutations present in neoplastic cells excreted in feces is now also being studied as

a screening method. Although these newer methods hold promise, it will likely be several years before there is adequate accumulation of evidence to determine their clinical effectiveness.

On March 5, 2008 (on line) and in May, 2008 (in print) new guidelines for the screening and surveillance for the early detection of colorectal cancer and adenomatous polyps were jointly released by the American Cancer Society, the U.S. Multi-Society Task Force on Colorectal Cancer and the American College of Radiology. See CA Cancer J Clin 2008; 58:130-160. The 2008 guidelines state that the following screening examinations and laboratory tests are acceptable choices for colorectal cancer screening in average risk adults beginning at age 50:

- Annual guaiac-based fecal occult blood test (gFOBT) with high test sensitivity for cancer
- Annual immunochemical-based fecal occult blood test (FIT) with high test sensitivity for cancer
- Stool DNA (sDNA) test with high test sensitivity for cancer
- Flexible sigmoidoscopy every five years
- Colonoscopy every ten years
- Double contract barium enema every five years
- Computed tomography colonography (virtual colonoscopy) every five years

This Bulletin advises carriers that, pursuant to P.L. 2001, c. 295, covered colorectal cancer screening tests must include all tests identified in the 2008 guidelines, including computed tomography colonography (virtual colonoscopy) and stool DNA tests with high test sensitivity for cancer. Carriers should administer plans subject to P.L. 2001, c. 295 to cover such tests as of March 5, 2008.

Questions regarding this bulletin should be directed to Gale Simon, Assistant Commissioner, Life & Health, (609) 292-5427, extension 50333, gale.simon@dobi.state.nj.us.

11/06/08
Date

/s/ Steven M. Goldman
Steven M. Goldman
Commissioner

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