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Contact:
Anne-Louise Oliphant, ACG
301-263-9000
mediaonly@acg.gi.org
Press Room 10/29 through 11/2 only
808-792-6523 or 808-792-6524

New Studies Show Young African Americans At Much Higher Risk for Pre-cancerous Colon Polyps

Studies Underscore Critical Importance of Earlier Screening among Blacks

HONOLULU, October 31, 2005 -- Two studies released at the 70th Annual Scientific Meeting of the American College of Gastroenterology show that young African Americans are at a much higher risk for colon cancer than other races. One study found that African Americans are diagnosed with colorectal cancer at a younger age than whites, while the other looked at racial differences in colonoscopy and found younger blacks to be more likely to have pre-cancerous polyps than younger whites or Hispanics. These two studies highlight important colorectal cancer prevention issues and screening strategies.

Race as a Factor in Colorectal Cancer Risk

A retrospective analysis of individuals younger than age 50 who were screened for colon cancer at Nassau University Medical Center in East Meadow, NY included 177 patients. Researchers looked at racial factors in analyzing findings from colonoscopy exams and found that among those with abnormal findings, polyps were the most common among African Americans, while hemorrhoids were the most common finding for Caucasians, and Hispanics most commonly experienced diverticulosis. The prevalence of colon polyps among African Americans in this study was 48 percent, while the prevalence in other races was sharply lower: 29 percent in Caucasians and 27 percent in Hispanics. Additionally, African Americans in this study experienced a larger number of polyps in the proximal colon – or on the right side of the colon.

Researchers at Coney Island Hospital in Brooklyn, NY looked at race, age, and location of colorectal cancer in a study of 1477 patients screened for colorectal cancer between 2000 and 2004. Of the 177 patients identified with a malignancy in this study, the mean age was 67.4 years when they were diagnosed with colorectal cancer, and 41 percent were under 65. African Americans had a significantly lower age at diagnosis, 63.3 years compared to 69.7 for whites.

In this study group, African Americans demonstrated more proximal, or right-sided, cancers. “We found that one quarter of the cancers in African Americans were on the right side of the colon, making these patients more likely to present without specific symptoms, and making colonoscopy a better screening test than sigmoidoscopy,” said Dr. Emmanuel Akinyemi, one of the investigators on the Coney Island study.

According to the American College of Gastroenterology, colonoscopy should be considered a “first line” screening procedure for colorectal cancer rather than flexible sigmoidoscopy, particularly for African Americans because of the high overall risk as well as some evidence that African Americans have more right-sided cancers and polyps. The right side of the colon includes the cecum, ascending colon and proximal transverse colon and cannot be reached by flexible sigmoidoscopy.

About ACG’s Recommendations on Colorectal Cancer Screening in African Americans

Physician experts from the American College of Gastroenterology in March 2005 issued new recommendations to healthcare providers to begin colorectal cancer screening in African Americans at age 45 rather than 50 years.¹ Colonoscopy is the preferred method of screening for colorectal cancer and data support the recommendation that African Americans begin screening at a younger age because of the high incidence of colorectal cancer and a greater prevalence of proximal or right-sided polyps and cancerous lesions in this population.

The recommendations were published in the March 2005 issue of the *American Journal of Gastroenterology*. Overall, colorectal cancer is the second leading cause of cancer deaths in the United States. African Americans are diagnosed with colorectal cancer at a younger age than whites, and African Americans with colorectal cancer have decreased survival compared with whites. The article reviews the evidence why African Americans should have their colons screened for cancer at age 45 instead of age 50, five years earlier than the current recommendations. The article was drafted by the American College of Gastroenterology’s Committee on Minority Affairs and Cultural Diversity.

¹ *AmJGastroenterol* 2005;100:515-523

About the American College of Gastroenterology

The ACG was formed in 1932 to advance the scientific study and medical treatment of disorders of the gastrointestinal (GI) tract. The College promotes the highest standards in medical

education and is guided by its commitment to meeting the needs of clinical gastroenterology practitioners. Consumers can get more information on GI diseases through the following ACG-sponsored programs:

- 1-800-978-7666 (free brochures on common GI disorders, including ulcer, colon cancer, gallstones, and liver disease)
- 1-866-IBS-RELIEF and www.ibsrelief.org (free educational materials)
- 1-800-HRT-BURN (free brochure and video on heartburn and GERD)
- www.acg.gi.org (ACG's Web site)

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