



AMERICAN COLLEGE OF GASTROENTEROLOGY
6400 Goldsboro Road, Suite 450, Bethesda, MD 20817-5846; 301-263-9000; Fax: 301-263-9025

Embargoed for release until:
Monday, October 15, 2007

Contact: Anne-Louise Oliphant, ACG
mediaonly@acg.gi.org
Rosanne Riesenman, 301-263-9000

Mesalamine Linked to Cancer Protection for High Risk Inflammatory Bowel Disease Patients
Colorectal Screening Remains Essential for those with IBD

October 15, 2007, Philadelphia, PA – Researchers found that mesalamine use among patients with inflammatory bowel disease was associated with a decrease in incidence of colorectal cancer when comparing cases and controls. In the study presented at the 72nd Annual Scientific Meeting of the American College of Gastroenterology, researchers from Henry Ford Hospital in Detroit matched 16 patients with ulcerative colitis and Crohn’s disease to 23 controls with similar body mass index, family history of IBD, family history of colorectal cancer and smoking.

Among those with ulcerative colitis who did not get colorectal cancer, researchers found that 100 percent used mesalamine. While among those with UC who developed colorectal cancer only 76.9 percent used mesalamine. “This finding suggests an association between mesalamine use and reduced risk of colorectal cancer,” according to Jeffrey Tang, M.D. Dr. Tang and his colleagues, including Ann L. Silverman, M.D., conducted conditional logistic regression analysis which revealed that at doses greater than 5068 grams mesalamine use in patients with IBD was associated with an 89 percent reduction in risk of colorectal cancer, compared to IBD patients matched for other major risk factors. While these are provocative findings, it should be noted that this is a small study and further investigation is needed on the chemoprevention potential of mesalamine.

Patients with inflammatory bowel disease including ulcerative colitis and Crohn's disease are at significantly higher than average risk for colorectal cancer and should be screened for colorectal cancer according to accepted guidelines, which recommend more frequent screening among those with IBD. However, some research suggests this is not happening.

Poor Adherence to Recommended Screenings for Colorectal Cancer Among IBD Patients

In another study conducted at the University of California, San Francisco and Kaiser Permanente of Northern California and presented at the ACG Annual Meeting, researchers looked at rates of participation in colorectal cancer screening by patients with IBD in an integrated health system with access to colonoscopy. An intensive program of colonoscopic screening and surveillance is recommended to prevent colorectal cancer in patients with ulcerative colitis, who are at higher than average risk.

In this study of 358 patients with ulcerative colitis who were eligible for screening, only one third were screened once during the period 2001 to 2005. Of these 123 patients, only 52 percent had an additional surveillance colonoscopy within the recommended period of one to two years. Overall, only 18 percent of the eligible patients at high risk for colorectal cancer due to history of ulcerative colitis adhered to recommended surveillance guidelines.

About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 10,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients.

The ACG is committed to providing accurate, unbiased and up-to-date health information. Visit the ACG Web site www.acg.gi.org to access educational resources for patients and their families spanning the broad range of digestive diseases and conditions - both common and not-so-common. Organized by disease, state and organ system, these educational materials, developed by ACG physician experts, are offered for the information and benefit of patients and the public.

###