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**Contact:** Anne-Louise Oliphant, [mediaonly@acg.gi.org](mailto:mediaonly@acg.gi.org)  
Jacqueline Gaulin, [jgaulin@acg.gi.org](mailto:jgaulin@acg.gi.org) or 301-263-9000

### **The Right Colorectal Cancer Test for the Right Patient**

*Physician Experts Available to Explain Screening Options for March Colorectal Cancer Awareness Month*

**Bethesda, MD, March 2, 2010** – Recent reports of President Obama’s CT colonography, or virtual colonoscopy, as a screening test for colorectal cancer and coverage by the Associated Press of an NIH State-of-the-Science conference heralding stool blood tests as an inexpensive alternative to colonoscopy may leave many consumers wondering which colorectal cancer test is best for them. Physician experts from the American College of Gastroenterology are available to comment and help provide perspective on the many options for colorectal cancer screening during March Colorectal Cancer Awareness Month.

“As GI physicians on the front line of diagnosing colorectal cancer, we are concerned that recent news reports may give an incomplete picture of the use of various screening tests in detecting colorectal cancer, especially if patients are at higher than average risk,” commented ACG President Philip O. Katz, M.D., FACP.

The ability to prevent colorectal cancer through polyp removal is the cornerstone of ACG’s recommendation of colonoscopy as a “preferred” cancer screening strategy. There is a tremendous body of evidence that shows that clearing the colon of polyps, including small polyps, significantly reduces colorectal cancer mortality. When detected in its earliest and most treatable stage, the survival rates for colorectal cancer exceed 90 percent.

“It’s vital that patients are fully aware of all of their options because some tests could delay the accurate diagnosis of colon cancer and the prompt removal of colon polyps,” explained Dr. Katz. In some cases, false negative stool tests could prevent the timely detection of abnormalities which could impact survival. Suspicious findings on some tests mean that patients may still need to undergo colonoscopy.

Confusion surrounding screening options is especially alarming for African Americans, who have the highest incidence of colorectal cancer of any racial or ethnic group, and who face decreased survival compared with whites because early diagnosis is essential.

### **Physician Experts Available for Interviews**

Please contact Jacqueline Gaulin at 301-263-9000 or [jgaulin@acg.gi.org](mailto:jgaulin@acg.gi.org). ACG experts can address:

- Pros and Cons of various colorectal cancer screening methods, including colonoscopy, stool blood tests, and so-called “virtual” tests using CT scans of the abdomen
- Emergence of new screening technologies such as fecal-immunochemical tests
- Recent scientific developments in colorectal cancer prevention
- Screening recommendations for average to high-risk individuals, particularly African-Americans.

- more -

### **Colorectal Cancer Screening Recommendations from the American College of Gastroenterology**

The ACG recommends men and women at average risk for colorectal cancer to begin screening at age 50. African-Americans should begin colorectal cancer screening at 45. The 2009 ACG evidence-based colorectal cancer screening guidelines divide the options into ***cancer prevention tests*** and ***cancer detection tests***. Cancer prevention tests are preferred over detection tests. To review the ACG guidelines visit <http://www.acg.gi.org/patients/patientinfo/coloncancer.asp>

### **About the American College of Gastroenterology**

Founded in 1932, the American College of Gastroenterology is an organization with an international membership of more than 11,000 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.

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