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**Awareness, Earlier Screening Key to Reducing Colorectal Cancer Deaths, Disparities
for African Americans**

Not All Doctors, Patients Aware Screening for African Americans Should Begin at 45 – Not 50

Bethesda, MD, March 23, 2010 – Physician experts from the American College of Gastroenterology raised concern that the majority of African Americans are not aware of the recommendation that they should undergo colorectal cancer screening beginning at age 45—five years before current guidelines generally recommend. They urge primary care doctors, family physicians and other community health care practitioners to understand the scientific data that supports the College’s guideline and educate their patients about the potential lifesaving benefits of the earlier screening age.

“The American College of Gastroenterology firmly believes—and the science supports—that colorectal cancer screening of African Americans by colonoscopy beginning at age 45 offers an opportunity to save lives and reduce the racial disparities that exist in colorectal cancer deaths,” said Philip O. Katz, MD, FACP, president of the American College of Gastroenterology.

“As a whole the health care community needs to do a better job of educating African Americans about colorectal cancer, their individual risk factors, the important differences in colorectal cancer between African Americans and Caucasians, and the lifesaving reasons for getting screened starting at age 45,” said Katz. ”

Based on a review of scientific literature and colorectal cancer data the American College of Gastroenterology in 2005 issued a new recommendation that colorectal cancer screening in African-Americans should start at age 45, rather than age 50. The recommendation became part of the official ACG guideline on colorectal cancer screening, stating that colonoscopy is the preferred method of screening for colorectal cancer and recommending that African-Americans begin screening at a younger age because of the higher incidence and mortality of colorectal cancer as well as a greater prevalence of proximal or right-sided polyps and cancer in this population. The ACG guideline on colorectal cancer screening was published in the March 2009 issue of [*The American Journal of Gastroenterology*](#).

Colorectal cancer is the second leading cause of cancer deaths in the United States. However, the survival rate for colorectal cancer is 90 percent if it is detected early. African Americans are diagnosed with colorectal cancer at a younger age than whites, and once diagnosed with colorectal cancer have decreased survival compared with whites-- colorectal cancer deaths are

48 percent higher for African Americans than for whites, according to the [American Cancer Society](#).

While overall colorectal cancer rates are declining, increasing incidence in men and women younger than 50 years of age is of concern, according to the latest National Cancer Institutes [Annual Report to the Nation](#).

Although colorectal cancer screening has been found to be an effective tool for the control and prevention of this cancer it is underutilized by African Americans—one reason for the racial disparities in colorectal survival rates.

“Efforts to increase awareness of the new guideline and promote benefits of colorectal cancer screening are still needed among African Americans and their primary care doctors,” said A. Steven McIntosh, MD, FACP, a gastroenterologist in Snellville, GA.

“Every day I see African American patients who come into my office at 50, 51, 53 who are completely unaware that they should have been screened for colorectal cancer at age 45—‘My doctor never told me that...I thought it was 50’, they tell me,” said McIntosh.

Overall colorectal cancer screening rates fall short of desirable levels, according to a recent [National Institutes of Health State-of-the-Science Conference Statement](#). The report calls for targeted initiatives to improve screening rates and reduce disparities in underscreened communities which could further reduce colorectal cancer morbidity and mortality.

The NIH report also calls for a number of measures aimed at increasing screening rates, including:

- Widely implementing interventions that have proven effective at increasing colorectal cancer screening such as patient reminder systems and one-on-one interactions with providers, educators or navigators.
- Tailoring specific approaches to match characteristics and preferences of target population groups to increase colorectal cancer screening.
- Implementing systems to ensure appropriate follow-up of positive colorectal cancer screening results.
- Eliminating financial barriers to colorectal cancer screening and appropriate follow-up.

Recognizing the racial disparities that exist in colorectal cancer diagnosis and survival, some health systems are implementing the College’s guidelines and screening African Americans at an earlier age. In Minnesota, [HealthPartners Medical Group announced in January](#) that it is using patient health data to generate electronic messages to inform African American patients 45 and over that they are due for a colonoscopy—based on the College’s guidelines.

Facts about Colorectal Cancer in African Americans

- African Americans have the highest incidence of colorectal cancer and highest mortality rate of any racial or ethnic group.

- Approximately 16,520 cases of colorectal cancer and 7,120 deaths were estimated among African Americans in 2009.
- During 2001-2005 average colorectal cancer incidence rates for African American men were 71.2 per 100,000 compared to 58.9 for white men; and 54.5 for African American women compared to 43.2 for white women. As a group, incidence rates for Caucasians were 50.1 per 100,000 compared with 61.2 per 100,000 for African Americans.
- In 2001-2005, incidence rates in African Americans as a group were 22 percent higher than those in Caucasians; 21 percent higher in African American men when compared to Caucasian men, and 26 percent higher in African American women when compared to Caucasian women.
- Colorectal cancer mortality rates in 2001-2005 were 18.3 per 100,000 in Caucasians and 26.1 per 100,000 in African Americans – 43 percent higher in African American than in Caucasians.
- During 2001-2005 mortality rates for African American men were 31.8 per 100,000 compared to 22.1 for Caucasian men; and 22.4 for African American women compared to 15.3 for Caucasian women.
- Data from the population-based cancer registries that constitute the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute show that during 1975–2005 colorectal incidence rates in Caucasian men and women peaked in 1985 and have declined for the most part since (there was a little bump in rates between 1995 and 1998.) Colorectal cancer incidence rates for African American men and women have been slowly decreasing from 1980-2005. Yet, incidence rates among African Americans have been higher than Caucasians since 1987.
- The reasons for higher incidence rates in African Americans are unclear; however, dietary factors, rates of physical inactivity and obesity, variability in screening rates, lower use of diagnostic testing, and historical smoking rates may be contributing factors.
- African Americans with colorectal cancer have decreased survival compared with whites. From 1999-2005, the five-year survival rate in African Americans was 56 percent, and 66 percent in Caucasians.
- Part of the explanation for the decreased survival of African Americans with colorectal cancer is that a greater proportion present with Stage IV diseases. This effect has been ascribed to lower screening rates, less use of diagnostic tests, and less access to health care.
- Higher death rates from colorectal cancer account for about one-fourth (28 percent) of the current disparity in overall cancer death rates between African American and Caucasian women and 14 percent of the disparity between African American and Caucasian men.
- For African Americans and Caucasians with the same stage disease survival is lower for African Americans at all stages, except in the Veterans Administration system, where access to care is equal.

Source: [American Cancer Society](#)

For more information on racial disparities in colorectal cancer see [SEER Cancer Statistics Review 1975-2006](#).

Full text of the guidelines can be found online at the *American Journal of Gastroenterology* www.amjgastro.com

Please visit the American College of Gastroenterology online [Colorectal Cancer Resource Page](#) for background information and resources on colorectal cancer, including [a new podcast series](#) with ACG physicians on colorectal cancer topics.

About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of over 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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