



## AMERICAN COLLEGE OF GASTROENTEROLOGY

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### **U.S. Cancer Deaths Down but Far Too Few Americans Screened for Colon Cancer** *Screening Rates Worst Among Racial Minorities, the Uninsured and Medicare Patients*

**BETHESDA, MD, February 20, 2008**— New data revealing decreasing trends in cancer deaths in the United States overall, and in colorectal cancer deaths in particular, highlight the remarkable benefits of colorectal cancer screening tests, but the lifesaving potential of these tests is unrealized for many Americans according to experts from the American College of Gastroenterology. Racial minorities, uninsured Americans and even Medicare patients who should be tested are not being screened appropriately, and other recent studies reveal that they are diagnosed with more advanced cancers compared to patients with private insurance.

Today, the American Cancer Society reported a downward trend in cancer deaths between 2004 and 2005. Deaths from cancer of the colon and rectum decreased from 1998 to 2004 among both men and women, according to ACS. The report attributes early detection to this sharp decline in colon cancer deaths. Early detection of colorectal cancer, when it is most treatable, directly results in improved survival, exceeding 90 percent when detected at the earliest stage.

According to ACG President Amy E. Foxx-Orenstein, D.O., FACG, “The good news is that colorectal cancer deaths are down, but marked differences in the experience of colorectal cancer, its impact on quality of life, and death rates are seen between whites and blacks, and between the uninsured, and even those with health coverage under Medicare and Medicaid.” According to Dr. Foxx-Orenstein, “The American College of Gastroenterology is committed to national policy changes to improve access to colorectal screening and increased use of these proven prevention strategies, including reversing Medicare’s massive cuts to reimbursement for these tests since the benefit was first introduced, as well as to payments in ambulatory surgery centers where many screening tests are performed.”

### **Recent Studies Reveal Underuse of Colorectal Screenings, Late Stage Cancer Diagnoses**

An analysis published in ACS’ journal *CANCER* in January 2008 of over 150,000 Medicare beneficiaries revealed that only 25 percent received recommended screenings for colorectal cancer since Medicare started to cover preventive screening tests. This finding reflects a significant underuse of proven screening tests among Medicare patients, and echoes other recent findings that Medicaid patients and the uninsured generally are being diagnosed with colorectal cancer at later stages, when the prognosis is far worse.

A study by Halpern et al. published in *The Lancet Oncology* on February 18, 2008 found a correlation between insurance status and stage of cancer diagnosis. According to the Halpern analysis, uninsured patients were two to three times more likely to be diagnosed at late stages

(Stage III or State IV) than at Stage I. The disparity was most pronounced among cancers that could be detected early through screening or symptom assessment including colorectal cancer. The analysis also looked at racial background and found late state diagnosis for ten of twelve cancers among African Americans compared to whites.

### **ACG Recommends Earlier Screening for African-Americans: Begin at Age 45**

African-Americans are diagnosed with colorectal cancer at a younger age than other ethnic groups, and African-Americans with colorectal cancer have decreased survival compared with other ethnic groups. Physician experts from the American College of Gastroenterology in 2005 issued new recommendations to healthcare providers to begin colorectal cancer screening in African-Americans at age 45 rather than 50. 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*.

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

For normal risk individuals, the American College of Gastroenterology recommends screening beginning at age 50 (age 45 for African-Americans). The preferred screening test according to the American College of Gastroenterology is colonoscopy every 10 years. An alternative strategy for average risk individuals is an annual stool test for blood, and a flexible sigmoidoscopic exam every 5 years. Unlike colonoscopy, this approach does not allow identification and removal of polyps in the entire colon.

For those with a family history of colorectal cancer, testing should begin at 40 years of age or 10 years younger than the age of the youngest affected relative at the time of colon cancer diagnosis, whichever is earlier. For both average and high risk individuals, all potential precancerous polyps should be removed.

### **About Colorectal Cancer**

Colorectal cancer is the number two cancer killer in the United States, affecting men and women equally. However, with screening and early detection, many of these deaths can be prevented. Most colorectal cancers develop from polyps, which are abnormal growths in the colon. Left undetected and free to grow, some polyps may develop into cancer. Screening tests can find and remove pre-cancerous polyps before they turn into cancer.

### **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.

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