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New Recommendations by the American College of Gastroenterology Call for Changes in Colorectal Cancer Screening of African Americans

For African Americans Screening Should Begin at 45 – Five Years Before Current Guidelines

Bethesda, MD, March 21, 2005 – Physician experts from the American College of Gastroenterology have issued new recommendations to healthcare providers to begin colorectal cancer screening in African Americans at age 45 rather than 50 years. 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 are published in the March 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.

The Committee recommends colonoscopy as a “first line” screening procedure for colorectal cancer for African Americans rather than flexible sigmoidoscopy because of the high overall risk and 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.

Clinical gastroenterologists play an important role in promoting colorectal cancer awareness and the need for screening in African Americans. Evidence suggests African Americans are more responsive to screening recommendations from their personal physicians than from other sources. The College urges physicians to provide culturally sensitive patient education on colorectal cancer to African Americans.

Reducing the high morbidity and mortality associated with colorectal cancer among African Americans continues to be a major healthcare challenge in the United States. In response to this challenge, the leadership of the American College of Gastroenterology asked the Committee on Minority Affairs and Cultural Diversity to develop a position paper on colorectal cancer in African Americans. The committee has done an extensive review of the literature on colorectal cancer screening and issues related to screening in African Americans to support their recommendations. One important goal was to improve awareness among primary care physicians and gastroenterologists of the important differences in colorectal cancer between African Americans and Caucasians.

Facts about Colorectal Cancer in African Americans

- African Americans have the highest incidence of colorectal cancer of any racial or ethnic group. 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 1975–2000 colorectal incidence rates in White men and women peaked in 1985 and have declined since.
- In 2000 the incidence rates in White men and women were 20–25 percent lower than peak rates in 1985 and 10–15 percent lower than the rates in 1975. During this same interval, incidence rates in African American men increased, and the rates were stable in African American women.
- From 1996 to 2000, incidence rates in African Americans as a group were 12.3 percent higher than those in Caucasians, 9.5 percent higher in African American men when compared to Caucasian men, and 17.5 percent higher in African American women when compared to Caucasian women.
- The reasons for higher incidence rates in African Americans are unclear; however, dietary, nutritional factors, rates of physical inactivity, variability in screening rates, lower use of diagnostic testing, and increasing smoking rates have been most commonly implicated.
- African Americans with colorectal cancer have decreased survival compared with whites. From 1992–1999, the five-year survival rate in African Americans was 53 percent, and 63 percent in whites. Part of the explanation for the decreased survival of African Americans with colorectal cancer is that a great 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.
- For African Americans and whites with the same stage disease (Stage II or III), survival is lower for African Americans, except in the Veterans Administration system, where access to care is equal.
- According to the U.S. Census Department there are 2.6 million African American men and women between age 45 and 49 in the United States (July 2003 data)
- For more information on racial disparities in colorectal cancer see SEER Cancer Statistics Review 1975–2001 http://seer.cancer.gov/csr/1975_2001/
- Full text of the recommendations can be found online at the *American Journal of Gastroenterology* www.amjgastro.com

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