



AMERICAN COLLEGE OF GASTROENTEROLOGY

6400 Goldsboro Road, Suite 200, Bethesda, Maryland 20817-5842; P: 301-263-9000; F: 301-263-9025

June 2, 2013

BOARD OF TRUSTEES 2012-2013

President

RONALD J. VENDER, M.D., FAGG
New Haven, Connecticut
203-737-5944

President-Elect

HARRY E. SARLES, Jr., M.D., FAGG
Rockwall, Texas
972-771-2222, ext. 104

Vice President

STEPHEN B. HANAUER, M.D., FAGG
Chicago, Illinois
773-834-7308

Secretary

CAROL A. BURKE, M.D., FAGG
Cleveland, Ohio
216-444-6864

Treasurer

KENNETH R. DEVAULT, M.D., FAGG
Jacksonville, Florida
904-953-2254

Immediate Past President

LAWRENCE R. SCHILLER, M.D., FAGG
Dallas, Texas
214-545-3990

Past President

DELBERT L. CHUMLEY, M.D., FAGG
San Antonio, Texas
210-614-1234

Director, ACG Institute

EDGAR ACHKAR, M.D., MACG
Cleveland, Ohio
216-312-3396

Co-Editors, *The American Journal of*

Gastroenterology

WILLIAM D. CHEY, M.D., FAGG
Ann Arbor, Michigan
734-936-4775

PAUL MOAYYEDI, M.D., FAGG

Hamilton, Ontario, Canada
905-521-2100, ext. 76764

Chair, Board of Governors

DANIEL J. PAMBIANCO, M.D., FAGG
Charlottesville, Virginia
434-817-8484

Vice Chair, Board of Governors

IMMANUEL K. H. HO, M.D., FAGG
Chester, Pennsylvania
610-619-7475

Trustee for Administrative Affairs

JOHN W. POPP, Jr., M.D., MACG
Columbia, South Carolina
803-782-5850

TRUSTEES

NEENA S. ABRAHAM, M.D., FAGG

Houston, Texas
713-794-8601

R. BRUCE CAMERON, M.D., FAGG

Chagrin Falls, Ohio
440-708-1555

NAGA P. CHALASANI, M.D., FAGG

Indianapolis, Indiana
317-278-0414

FRANCIS A. FARRAYE, M.D., M.Sc., FAGG

Boston, Massachusetts
617-638-8339

DAVID A. GREENWALD, M.D., FAGG

Bronx, New York
718-920-4846

SUNANDA V. KANE, M.D., MSPH, FAGG

Rochester, Minnesota
507-284-0959

IRVING M. PIKE, M.D., FAGG

Walnut Creek, California
925-941-4250

MARK B. POCHAPIN, M.D., FAGG

New York, New York
646-501-6760

NICHOLAS J. SHAHEEN, M.D., FAGG

Chapel Hill, North Carolina
919-966-7047

SCOTT M. TENNER, M.D., MPH, FAGG

Brooklyn, New York
718-368-2960

Executive Director

BRADLEY C. STILLMAN

Letters to the Editor

The New York Times

620 Eighth Avenue

New York, NY 10018

To the Editors:

The American College of Gastroenterology (ACG) is disappointed that *The New York Times* story, "The \$2.7 Trillion Medical Bill," unfairly casts outsized blame for high medical care costs on colonoscopy and by extension on gastroenterologists. The roots of the problem of high medical costs in the United States are many, varied and complicated. The fact that the writer chose to focus her attention on the one and only preventive cancer test that has been demonstrated to significantly reduce the incidence of colon cancer and death from the disease is disappointing. The evidence suggests that colonoscopy is a public health success story in this country.

Since 1998, just before the Medicare benefit covering colorectal cancer screening (including colonoscopy) was enacted, incidence rates have declined among men and women in every major racial and ethnic group. No other cancer incidence is declining faster than colorectal cancer. The decline is attributed to the detection and removal of precancerous polyps.

Indeed, in a recent article in *The New York Times*, "Report Affirms Lifesaving Role of Colonoscopy" the paper reported on a study published in *The New England Journal of Medicine* which showed a 53 percent decline in deaths for patients who underwent colonoscopy and had precancerous polyps removed. The omission of these important data in the most recent article looking purely at "costs" is unfortunate. Another study from *The New England Journal of Medicine* in February 2008 examining the cost effectiveness of preventive measures and treatments being discussed as part of that year's Presidential campaign found that only one-time colon cancer screening by colonoscopy in men aged 60-64 and influenza vaccinations of toddlers were cost-saving – that is, improved health while also reducing costs.

As physicians who diagnose and treat disorders of the digestive system, our members stand behind the College's guideline recommendations for colorectal cancer screening by a range of options, and we maintain our published position that places the highest preference on screening tests such as colonoscopy that prevent colorectal cancer, not just detect it. Our aim as individual physicians and collectively as a medical society is to provide the highest quality of colorectal cancer screening based on our understanding of the clinical evidence as it currently stands. Thoughtful consumers of health care service in the United States need to know that colonoscopy with polyp removal is a proven strategy to prevent colorectal cancer based on the data from the large National Polyp Study which established that removing pre-cancerous growths reduces the incidence of cancers of the colon.

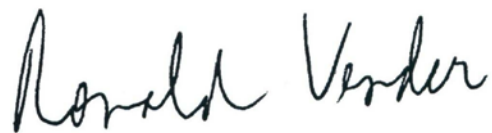
Annual Scientific Meeting and Postgraduate Course
October 11 – 16, 2013, San Diego Convention Center, San Diego, California
acgmeetings.gi.org

The New York Times
June 2, 2013
Page 2

The American College of Gastroenterology is proud to have led the way on the issue of advancing colorectal cancer screening by colonoscopy. This is the test we recommend for our friends and family, as well as our patients. It is correct that there are screening strategies other than colonoscopy and likewise there are varied patient preferences, so while colonoscopy is our preferred screening strategy, as gastroenterologists, we agree that the best test is the one that actually gets taken. The clinical evidence points to a powerful preventative role for a test that allows us as physicians to both see and remove polyps in a single intervention.

We are not alone in our confidence in colonoscopy as a screening strategy: a wide variety of groups including the United States Preventive Services Task Force, the American Cancer Society, the American College of Radiology, the American Society for Gastrointestinal Endoscopy, the American Gastroenterological Association and others support the use of colonoscopy for colorectal cancer screening. As gastroenterologists, we know firsthand that colonoscopy is one of the most powerful and effective prevention tools in clinical medicine, and prevents one of the most common causes of cancer-related deaths in this country.

Sincerely,

A handwritten signature in black ink that reads "Ronald Vender". The signature is written in a cursive, flowing style.

Ronald J. Vender, M.D., FACG
President
American College of Gastroenterology

rvender@gi.org and ronald.vender@yale.edu
(203) 737-5944