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Studies Point to Colonoscopy as Key to Reducing Colorectal Cancer Deaths

American College of Gastroenterology’s Preferred Strategy for Detection and Prevention

Bethesda, Maryland (February 23, 2012) – New findings published in The New England Journal of Medicine yesterday highlight the protective effect of colonoscopy to reduce colorectal cancer deaths through polyp detection and removal, underscoring the value of preventive screening. In the same week as this landmark research in NEJM reports a 53 percent reduction in colorectal cancer deaths following removal of adenomatous polyps during colonoscopy, an analysis published in the journal Radiology illustrates serious limitations associated with CT scans of the abdomen as a cancer detection strategy in the elderly.

A secondary analysis of a subset of 477 patients over age 65 from the ACRIN trial of CT colonography (published in 2008) looked at the effectiveness of radiographic tests in the elderly. The authors conclude that, “even if intermediate-sized polyps for 6 mm or larger were targeted for removal with standard colonoscopy, the colonoscopy referral rate would not exceed 12.6 percent.”

Compared to the polyp detection rate of 25 percent for standard colonoscopy, even on detection, CT colonography at 12.6 percent is only half as effective as colonoscopy in detecting precancerous growths in the colon. CT colonography also cannot detect flat dysplastic lesions, an increasingly important cause of rapidly-developing cancers in the colon.

“The primary goal of the American College of Gastroenterology is to improve colorectal cancer prevention and yesterday’s NEJM study reinforces the College’s recommendation that colonoscopy is the preferred colorectal cancer prevention strategy,” commented ACG President Lawrence R. Schiller, M.D., FACG. “While any screening test is better than none, patients of all ages, but especially those over 65, should know that colonoscopy confers tremendous benefits in terms of polyp removal, breaking the sequence from polyp to cancer, and reducing the number of deaths from colorectal cancer,” Dr. Schiller explained.

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The number of polyps increases with age. Recent evidence shows that advanced adenomas (polyps and lesions that are removed during colonoscopy) convert to cancer at a faster rate in the elderly than in younger individuals. The conversion rate of adenomas to cancer is a function of the number of mutations in adenoma cells and would be expected to increase with age and reach thresholds that allow cancer growth. For this reason, high rates of polypectomy are essential to cancer prevention in the elderly.

ACG’s official colorectal cancer screening guidelines distinguish between colorectal cancer prevention tests and colorectal cancer detection tests. According to ACG’s guideline, prevention tests are preferred over detection tests.

Physician experts from the American College of Gastroenterology caution that CT colonography does not currently represent a painless or risk-free procedure, nor does it eliminate the need for bowel cleansing which many patients report as a barrier to screening. There is also evidence that due to the insertion of a tube in the rectum and insufflation of the abdomen with air or gas, the patients, who are not sedated and awake, tend to feel discomfort.

The College recognizes that CT colonography might be an option to consider for patients who, because of infirmity or the presence of significant co-morbid diseases, would be at an increased risk for complications in relation to colonoscopy. However, the vast majority of patients would benefit from screening for colon cancer using colonoscopy, a test proven to reduce the risk of death from colorectal 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 12,000 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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