



For Immediate Release

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**American College of Gastroenterology Issues Updated Colorectal Cancer Guidelines
Colonoscopy Every Ten Years is Preferred Screening Strategy According to Experts**

Bethesda, MD (March 4, 2009) – The American College of Gastroenterology has issued updated screening guidelines for colorectal cancer in the March issue of *The American Journal of Gastroenterology*. The guideline offers new graded recommendations for screening in an update of those published by ACG in 2000.

Key Recommendations in New ACG Colorectal Cancer Screening Guideline:

- Colonoscopy every 10 years is the preferred colorectal cancer prevention test.
- Annual fecal immunochemical testing is the preferred colorectal cancer detection test.
- African Americans should begin colorectal screening with colonoscopy at age 45.
- To improve the effectiveness and tolerability of bowel preparation, the ACG now recommends “split dosing.”

The College, which for many years has explored multiple ways to increase utilization of colorectal cancer screening tests, decided to supplement the joint Multi-Society Task Force on Colorectal Cancer guideline it has endorsed that presents a “menu of options” without a specific preference for colonoscopy every 10 years. The ACG guideline offers an important distinction for patients in recommending colonoscopy every ten years beginning at age 50 as a “preferred” strategy for clinicians as an alternative to the “menu of options” approach.

“A preferred strategy simplifies and shortens discussion with patients and could increase the likelihood that screening is offered to patients,” explained Eamonn M.M. Quigley, M.D., FACP, President of the College.

One of the ACG’s primary objectives in updating its colorectal cancer guideline is to focus attention on the importance of quality colonoscopy. “There is little doubt that the overall impact of colonoscopy depends critically on high quality baseline examinations. Therefore, ACG recommends that screening colonoscopies be performed by appropriately trained and skilled examiners, who are dedicated to consistent performance of high quality examinations,” said Douglas K. Rex, M.D., FACP, lead author of the new guideline. The College has both endorsed and developed quality indicators for colonoscopy and the guideline offers extensive recommendations to physicians aimed to enhance colonoscopy’s quality and effectiveness in cancer detection.

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A link to the guideline is located online at <http://www.acg.gi.org/media/press.asp>

Highlights of New Cancer Screening Recommendations from the American College of Gastroenterology

The updated guidelines include several new recommendations regarding screening for certain patients at higher than average risk for colorectal cancer, as well as new recommended approaches to cleaning the bowel before colonoscopy.

Cancer Prevention Tests Are Preferred: In ACG's updated colon cancer guideline, screening tests are divided into cancer prevention and cancer detection tests. Cancer prevention tests are preferred over detection tests.

Colonoscopy is the Preferred Colorectal Cancer Prevention Test: Colonoscopy every 10 years beginning at age 50 remains the preferred strategy for colorectal cancer screening.

Screening for African Americans Should Begin Earlier: The updated guideline includes a new recommendation for African Americans to begin colorectal cancer screening earlier, at age 45, because of the high incidence of colorectal cancer and a greater prevalence of proximal or right-sided polyps and cancerous lesions in this population.

New Recommendations for Bowel Preparation Aim to Enhance Effectiveness and Improve Tolerability for Patients: To improve the quality of colonoscopy exams and the tolerability of bowel preparation, the College believes that the best established principle of bowel preparation is "split dosing" and the updated guidelines recommend that at least half of the preparation is given on the day of colonoscopy, rather than all of the preparation on the day before the examination. Additionally, a new recommendation from ACG is that patients be allowed to ingest clear liquids until 2 hours prior to sedation for colonoscopy consistent with practice guidelines of the American Society of Anesthesiologists.

While Virtual Colonoscopy is an Alternative, ACG Notes its Limitations: CT Colonography (also known as "virtual" colonoscopy) is endorsed in the updated ACG guideline as an alternative to colonoscopy every 10 years for patients who decline colonoscopy. The College includes CRC as an alternative in light of recent studies which reveal that CTC has a 90 percent sensitivity for colon polyps larger than 1 centimeter. The College does not consider CTC as an equivalent to colonoscopy as a screening strategy for several reasons: its inability to detect polyps 5 millimeters and smaller, which constitute 80 percent of colorectal neoplasms; false positives are common with CTC; and concerns about the radiation risk associated with one or repeated CT colonography studies, although the exact risk associated with radiation is unclear.

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. To learn more, visit www.acg.gi.org.

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