

**For Immediate Release**  
**December 10, 2009**



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## **ASGE LAUDS DROP IN COLORECTAL CANCER DEATHS**

***New report notes that if current trends continue, by 2020 death rates from colorectal cancer could decline by 36 percent***

**OAK BROOK, Ill. – December 10, 2009** – The American Society for Gastrointestinal Endoscopy (ASGE) lauds the recent news of the decline in U.S. colorectal cancer death and incidence rates. The report, released this week, shows that from 1975 to 2000, incidence rates dropped 22 percent and death rates dropped 26 percent. The decline reflects the impact of increased colorectal cancer screening, changes in lifestyle and diet, and improved treatments. ASGE, representing the specialists in colorectal cancer screening, is also encouraged by the report's statement that if current trends persist, death rates from colorectal cancer could decline 36 percent by 2020 and there could be as much as a 50 percent decline if there are further improvements in risk factor control, screening, and treatment.

The study, by the American Cancer Society, the National Cancer Institute, the Centers for Disease Control and Prevention, and the North American Association of Central Cancer Registries, has been issued annually since 1998 on the status of cancer in the U.S. This year's report states that "screening appears to have had a considerable impact on reducing CRC incidence and mortality." It notes, however, that the greatest decline in new diagnoses were among those 65 and older, while people younger than age 50 showed an increase in diagnoses. This represents a minority of colorectal cancer deaths as six percent of deaths in 2006 were among individuals under age 50. The good news is that overall colorectal cancer incidence and death rates are declining steadily.

The causes for the increase in those under 50 with colorectal cancer are still unknown, but possibilities may include increased screening among people before age 50 due to family history or genetic factors, increased awareness of colorectal cancer symptoms, which prompts people to see their doctor, and the increasing prevalence of obesity and poor diet and lifestyle habits. Modifiable risk factors for colorectal cancer include physical inactivity, obesity, a diet high in red and processed meats, and tobacco use.

"This report is a testament to the effectiveness of colorectal cancer screening. Everyone should get screened for colorectal cancer beginning at age 50," said Jacques Van Dam, MD, PhD, FASGE, president, American Society for Gastrointestinal Endoscopy. "African-Americans, and people with certain risk factors, including a family history of colorectal cancer or polyps, may need to start screening at an earlier age. While these statistics are very encouraging, too few people are being screened for this largely preventable disease. Patients should talk to their doctor about an appropriate screening schedule."

ASGE recommends colonoscopy screening beginning at age 50 and repeating every 10 years after a normal exam. Some studies have shown that African-Americans are more frequently diagnosed with

colorectal cancer at a younger age, leading some experts to suggest that African-Americans should begin screening at age 45. Colonoscopy plays a very important role in colorectal cancer screening and prevention because it is the only method that allows for the detection and removal of precancerous polyps during the same exam and before the polyps turn into cancer. Other screening methods, such as CT colonography or fecal occult blood tests, are less invasive and may also indicate the presence of precancerous and cancerous polyps, but they do not allow the removal of these polyps at the time of the exam. Patients with polyps found during these exams would then need to be referred for a colonoscopy.

Colorectal cancer kills nearly 50,000 people each year. Many of those deaths could be prevented with earlier detection. The five-year relative survival rate for people whose colorectal cancer is treated in an early stage is greater than 90 percent. However, only 39 percent of colorectal cancers are found at that early stage. Once the cancer has spread to nearby organs or lymph nodes, the five-year relative survival rate decreases dramatically.

ASGE screening guidelines recommend that, beginning at age 50, asymptomatic men and women at average risk for developing colorectal cancer should have a colonoscopy every 10 years. People with risk factors, such as a family history of colorectal cancer, should begin screening at an earlier age. Patients are advised to discuss their risk factors with their physician to determine when to begin routine colorectal cancer screening and how often they should be screened. Colorectal cancer is often present in people without symptoms. This is why screening for colorectal cancer is so important. The following signs or symptoms, however, might indicate colorectal cancer: blood in your stools, narrower than normal stools, unexplained abdominal pain, unexplained change in bowel habits, unexplained anemia, and unexplained weight loss. These symptoms may be caused by other benign diseases such as hemorrhoids, inflammation in the colon or irritable bowel syndrome. If you experience any of these symptoms for more than a few days, talk with a gastrointestinal specialist about them.

For more information about colorectal cancer screening or to find a qualified physician, visit ASGE's colorectal cancer awareness Web site at [www.screen4coloncancer.org](http://www.screen4coloncancer.org).

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### **About the American Society for Gastrointestinal Endoscopy**

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. ASGE, with more than 11,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit [www.asge.org](http://www.asge.org) and [www.screen4coloncancer.org](http://www.screen4coloncancer.org) for more information and to find a qualified doctor in your area.

### **About Endoscopy**

Endoscopy is performed by specially-trained physicians called endoscopists using the most current technology to diagnose and treat diseases of the gastrointestinal tract. Using flexible, thin tubes called endoscopes, endoscopists are able to access the human digestive tract without incisions via natural orifices. Endoscopes are designed with high-intensity lighting and fitted with precision devices that allow viewing and treatment of the gastrointestinal system.

