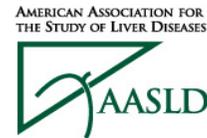




AGA INSTITUTE



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## **GI SOCIETIES HOLD CAPITOL HILL BRIEFING ON COLORECTAL CANCER**

*In recognition of National Colorectal Cancer Awareness Month, experts meet on the Hill to discuss successful screening programs; ARCA REMAX Driver Tim Mitchell speaks about surviving colorectal cancer*

**OAK BROOK, Ill. – March 31, 2009** – On March 11, experts in colorectal cancer prevention gathered on Capitol Hill to discuss colorectal cancer screening programs that work and how screening is contributing to reducing the incidence and death rates in the U.S. from the disease. In recognition of National Colorectal Cancer Awareness Month, the American Society for Gastrointestinal Endoscopy (ASGE), which led the effort, American College of Gastroenterology (ACG), American Gastroenterological Association (AGA), and the American Association for the Study of Liver Diseases (AASLD) hosted an audience of Congressional members and their staff, including Representative Kay Granger (R-TX) and Representative Bill Cassidy (R-LA), as well as members from organizations such as the American Cancer Society Cancer Action Network, the National Colorectal Cancer Roundtable, Digestive Disease National Coalition, and the Prevent Cancer Foundation to learn about colorectal cancer prevention and how Congress can help to expand access to screening programs.

“This month we celebrate the 10th Anniversary of National Colorectal Cancer Awareness Month. In this last decade, public awareness campaigns and technologies like colonoscopy have saved lives,” said John L. Petrini, MD, FASGE, president, American Society for Gastrointestinal Endoscopy, as he welcomed attendees to the briefing. “In this next decade, there needs to be a national effort to close the gap and make it possible for more populations such as the uninsured, underinsured and low-income Americans to get screened. Based on scientific evidence, there is widespread agreement that regular screening starting at the age of 50, or younger for other at-risk populations, increases the probability that colorectal cancer can be prevented and treated successfully.”

Colorectal cancer survivor, ARCA REMAX Driver Tim Mitchell, addressed the audience about his own battle with colorectal cancer, diagnosed in 2003. After surviving cancer, he decided to race one more time -- and has been behind the wheel ever since. Putting the Blue Star logo, the symbol for colorectal cancer awareness, on his car showing his commitment to beating colorectal cancer and encouraging all racing fans aged 50 or older to get a screening test. Recently, Tim Mitchell teamed up with the National Colorectal Cancer Roundtable (NCCRT), an organization co-founded by the American Cancer Society and the Centers for Disease Control and Prevention, to raise awareness about the important role of screening and early detection in the fight against colorectal cancer.

In addition to Dr. Petrini and Tim Mitchell, featured speakers included Laura Seeff, MD, Associate Director of Colorectal Cancer Programs, Centers for Disease Control and Prevention; Lynn D. Silver, MD, MPH,

Assistant Commissioner, Bureau of Chronic Disease Prevention and Control, New York City Department of Health and Mental Hygiene; Carla H. Ginsburg, MD, MPH, AGAF, Assistant Clinical Professor of Medicine, Harvard Medical School, AGA Community Private Practice Councillor; Scott Tenner, MD, MPH, FACC, Chair, National Affairs Committee and Governor, American College of Gastroenterology, Associate Professor of Medicine, State University of New York, Director, Medical Education and Research, Maimonides Medical Center.

Laura Seeff, MD, spoke about the CDC's Colorectal Cancer Demonstration Program, whose goals are to support screening in response to sound science, the potential to save lives, and interest from states. To date, 4,000 men and women have been screened; 12 cancers diagnosed with treatment initiated; 450 individuals with pre-cancerous polyps identified and the polyps removed, representing 450 cancers potentially prevented. The CDC also provided technical assistance to 28 additional states; applying program development and evaluation findings to shape state-based programs.

"The AGA believes that all Americans should have access to colorectal cancer screening, regardless of whether they have insurance," said Carla H. Ginsburg, MD, MPH, AGAF. Building on AGA's long-standing commitments to advocacy, clinical and patient education programs, the AGA conducted the Massachusetts Free Colonoscopy Pilot Program, which grew out of AGA's desire to also directly give back to the patient community. In partnership with the American Cancer Society, the AGA Institute conducted a free colonoscopy event for the uninsured and underinsured in Massachusetts, that was held on March 21, 2009. The statewide event was a pilot program in preparation for a potential 2010 national event. In cooperation with the Massachusetts Department of Public Health, 85 patients were identified to undergo free colorectal cancer screening at nine Massachusetts hospitals.

The briefing also focused on the importance and cost effectiveness of increasing colorectal cancer screening and awareness among adults 50 years and older.

Lynn D. Silver, MD, MPH, told the audience about the successful New York City program, Citywide Colon Cancer Coalition (C5), that increased screening with colonoscopy among New Yorkers age 50 and over by 200,000 patients between 2003 and 2008. The program's strategy for achieving its goals included setting a clear screening recommendation: Colonoscopy; public education campaigns; systems change—a patient navigation program and direct endoscopy referrals to increase screening; support of colonoscopy screening for the uninsured; a sustaining commitment through the stakeholder coalition (C5); data tracking and evaluation (community health surveys). The patient navigator program played a key role in the program providing face-to-face education and support for the patient, postcard and telephone reminders, financial counseling referrals and more.

Scott Tenner, MD, MPH, FACC, from the American College of Gastroenterology, noted that he was involved in a study demonstrating that "the Medicare program and private insurers alike, can save a approximately three dollars for every dollar spent on colonoscopy screening." Dr. Tenner and colleagues at Maimonides Medical Center undertook a study involving a colorectal cancer screening program for uninsured patients. A consecutive group of patients eligible for screening colonoscopy and with no insurance coverage were invited to undergo colonoscopy screening at no charge at the Maimonides Hospital Outpatient Department. They found that a screening program for colorectal cancer in a patient population averaging 10 years prior to Medicare eligibility would save almost three dollars for every dollar spent based on the number of polyps and cancers found among those screened. The investigators recommended that the Federal Government screen patients for colorectal cancer earlier than when they become eligible for Medicare. This approach, which is contained in the Granger/Kennedy legislation, is aimed at preventing suffering and saving significant costs for the Federal Government.

### **About Colorectal Cancer**

Each year nearly 150,000 people in the United States are diagnosed with colorectal cancer and almost 50,000 people die from this preventable disease annually. While screening rates are rising, Americans are still not getting screened at recommended intervals. In some ethnic populations and underserved communities, colorectal cancer incidence and mortality rates remain disproportionately higher than in white Americans.

Colorectal cancer is the third most common cancer diagnosed in men and in women in the United States, excluding skin cancers, and is the third-leading cause of cancer-related deaths in both men and women. Based on scientific evidence, there is widespread agreement that regular screening can help prevent and treat colorectal cancer. Throughout the country, programs and coalitions are focusing on increasing screening efforts; an endeavor that has been articulated through Healthy People 2010 and identified as a priority issue by the Agency for Healthcare Research and Quality.

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

Founded in 1941, the mission of the American Society for Gastrointestinal Endoscopy is to be the leader in advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. ASGE, with nearly 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 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. For more information, visit [www.acg.gi.org](http://www.acg.gi.org).

#### **About the AGA Institute**

The American Gastroenterological Association (AGA) is dedicated to the mission of advancing the science and practice of gastroenterology. Founded in 1897, the AGA is one of the oldest medical-specialty societies in the U.S. Comprised of two non-profit organizations — the AGA and the AGA Institute — our more than 16,000 members include physicians and scientists who research, diagnose and treat disorders of the gastrointestinal tract and liver. The AGA, a 501(c6) organization, administers all membership and public policy activities, while the AGA Institute, a 501(c3) organization, runs the organization's practice, research and educational programs. On a monthly basis, the AGA Institute publishes two highly respected journals, *Gastroenterology* and *Clinical Gastroenterology and Hepatology*. For more information, visit [www.gastro.org](http://www.gastro.org).

#### **About the American Association for the Study of Liver Diseases**

AASLD is the leading organization of practitioners, researchers, and allied health professionals committed to preventing and curing liver disease. AASLD fosters research that leads to improved treatment options for millions of liver disease patients and advances the science and practice of hepatology through educational conferences, training programs, professional publications, and partnerships with government agencies and sister societies. For more information, visit [www.aasld.org](http://www.aasld.org).

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