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## **COLONOSCOPY SCREENING FOR COLON CANCER: JUST ONE DAY COULD SAVE YOUR LIFE**

***March is National Colorectal Cancer Awareness Month***

**DOWNERS GROVE, Ill., March 4, 2014** – Studies have confirmed that screening for colon cancer is a contributing factor to declining colon cancer death rates. March is National Colorectal Cancer Awareness Month and the American Society for Gastrointestinal Endoscopy (ASGE), representing the doctors who specialize in colon cancer screening, recommends that, starting at age 50, everyone should have a colonoscopy to screen for colon cancer, even if they have no symptoms and lead a healthy lifestyle. Screening should begin sooner if there is a family history of colon cancer or polyps or if other risk factors are present.

“Colon cancer is one of the most preventable cancers because the majority of colon cancers arise from precancerous growths in the colon called polyps, which can be found during a colonoscopy screening exam and removed before they turn into cancer,” said Kenneth K. Wang, MD, FASGE, president, American Society for Gastrointestinal Endoscopy. “Often times, people put off getting a colonoscopy because of the time involved and preparation the day before the exam, however, it is just one day between the prep time and exam time, and it could save your life. Several different effective preparations now exist that can accommodate patient preferences for volume and taste. Colonoscopy is a safe and well-tolerated exam and is the only colon examination that can actually remove polyps. Patients at average risk with normal colonoscopy results won’t need another colonoscopy screening for 10 years. We encourage patients to talk to their doctor about getting screened and work with them to determine an appropriate screening schedule.”

Colon cancer, also referred to as colorectal cancer, is the second leading cause of cancer-related deaths in the United States (when men and women are combined). It is the third leading cause of cancer-related deaths when men and women are considered separately (behind lung and prostate cancer in men, and behind lung and breast cancer in women). It takes the lives of approximately 50,000 Americans each year. While screening is contributing to declining rates of colon cancer, a recent report from the Centers for Disease Control and Prevention (CDC) showed that colon cancer screening rates remain too low. Approximately one in three adults (ages 50 to 75 years) are not being tested for colon cancer. ASGE recommends that, beginning at age 50, men and women at average risk for developing colon cancer should begin screening. People with risk factors, such as a family history of polyps, colon cancer or other risk factors, may need to begin screening at an earlier age. Some experts suggest that African-Americans should begin screening at age 45. Patients are advised to discuss their risk factors with their doctor to determine when to begin routine colon cancer screening and how often they should be screened.

Colon cancer is considered a silent killer because often there are no symptoms until it is too late to treat. Age is the single most important risk factor for the disease, so even people who lead a healthy lifestyle can still develop polyps and cancer. Although colon cancer is often present in people without symptoms, the following signs or symptoms might indicate colon cancer: blood in 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. The presence of these symptoms for more than a few days is an indication for a patient to talk with a gastrointestinal specialist about these symptoms and the patient's family history.

### **About Colonoscopy**

Colonoscopy is a common and very safe procedure that examines the lining of the lower intestinal tract called the colon or large intestine or bowel. A doctor specially trained in the procedure uses a flexible tube that has a light and miniature TV camera on the tip. This instrument, referred to as the endoscope, is placed in the rectum and advanced through the colon. It is connected to a television monitor that the doctor watches while performing the test. Various miniaturized tools can be inserted through the scope to help the doctor obtain biopsies (samples) of the colon and to perform a wide range of maneuvers to help diagnose or treat a condition. When used as a colon cancer prevention method, colonoscopy can find potentially precancerous polyps and remove them before they turn into cancer.

[Colonoscopy](#) is considered the preferred screening test because it is a preventive exam; it is the only test that examines the entire colon, and both finds and removes precancerous polyps during the same exam. With other methods, if a polyp is found, that test must then be followed by a colonoscopy to remove the polyp. A person at average risk with normal colonoscopy results won't need another exam for 10 years. Should a polyp or cancer be found, screening intervals may be more frequent. A study published in the Sept. 19, 2013 issue of the *New England Journal of Medicine* showed that colonoscopy has advantages over sigmoidoscopy (a shorter examination that only examines the end of the colon) for the prevention of colon cancer. Researchers followed 88,902 study participants for 22 years and found that 1,815 developed colon cancer. Investigators estimated that 40 percent of those cancers could have been prevented if all of the patients in the study had received a colonoscopy.

### **Colonoscopy Tips for Patients**

- **Follow screening recommendations** – Age is the single most important risk factor for colon cancer. For individuals at average risk, ASGE recommends colonoscopy screening beginning at age 50 and repeating the procedure every ten years after a normal exam. Some individuals at higher risk may need to begin screening earlier than age 50, such as patients with a family history of colon cancer, or patients with inflammatory bowel disease. Some experts suggest that African-Americans should begin screening at age 45. All patients should speak with their doctor about when to begin screening.
- **Find a qualified doctor** – It is important to find a doctor who has had highly specialized training in colonoscopy. ASGE is the only medical society that requires documentation of specific training in gastrointestinal endoscopic procedures such as colonoscopy. To find an ASGE doctor in your area, log on to ASGE's [“find a doctor”](#) web page.
- **Ask questions** – Ask questions; confirm that the doctor has had specialized training in colonoscopy. ASGE provides a list of [“Ten questions to help you select an endoscopist for high quality colonoscopy.”](#)
- **Follow instructions about exam preparation** – One of the most important steps in colonoscopy is patient bowel preparation to ensure that the colon is thoroughly cleaned before the exam so that the doctor can clearly see the entire colon to look for abnormalities, such as polyps and cancer. Details about how to achieve the best preparation for the procedure can be found in the [ASGE's \*Understanding Bowel Preparation\*](#) patient education brochure.

- **Return for follow-up exams as recommended** – Individuals at average risk screened at age 50 with normal exam results will not have to return for another exam for ten years. If a patient has an adenomatous (precancerous) polyp removed, the risk of getting cancer from that polyp is gone, but the patient can still grow a new colon polyp, and therefore will require more frequent follow-up exams. Follow up times may be shorter for patients with a family history of colon cancer as well. After a colonoscopy, the doctor will recommend when the patient should return for another colonoscopy.
- **Talk to family** – People who have been diagnosed with polyps or colon cancer should notify their family members of the type of polyp or cancer found and their age at diagnosis. Both factors are important in assessing family members' risk and will help their doctor determine when the family members should begin screening for colon cancer.
  - **Learn more** – See ASGE's video: [What to expect before, during and after a colonoscopy](#).

For more information on colon cancer prevention and to find a doctor, log on to ASGE's colon cancer awareness website [www.screen4coloncancer.org](http://www.screen4coloncancer.org). The site offers visitors a wealth of vital information including facts about colon cancer, screening options, what to expect during a colonoscopy, answers to frequently asked questions, the latest news about colon cancer, such as studies and statistics, links to patient support and advocacy groups, educational videos, and [e-Cards](#). Colon cancer is preventable, treatable and beatable!

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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 and innovation in gastrointestinal endoscopy. ASGE, with more than 12,000 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.