

**For Immediate Release**  
**August 27, 2014**



Media Contact: Anne Brownsey  
(630) 570-5635  
[abrownsey@asge.org](mailto:abrownsey@asge.org)

**American Society for Gastrointestinal Endoscopy**  
3300 Woodcreek Drive  
Downers Grove, IL 60515

P (630) 573-0600  
F (630) 963-8332  
[www.asge.org](http://www.asge.org)  
[www.screen4coloncancer.org](http://www.screen4coloncancer.org)

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**ASGE SUPPORTS PILOT PROGRAM AIMED AT IMPROVING COLORECTAL  
CANCER SCREENING RATES AND ACCESS TO SPECIALTY CARE IN  
COMMUNITY HEALTH CENTERS**

**DOWNERS GROVE, Ill. – August 27, 2014** – The American Society for Gastrointestinal Endoscopy (ASGE), a member of the National Colorectal Cancer Roundtable (NCCRT), is a partner in the new NCCRT program aimed at improving colorectal cancer screening rates and access to specialty care in community health centers. Three locations will each receive \$100,000 in funding to launch pilot programs to improve colorectal cancer screening rates and follow-up care for patients served by community health centers. The program is part of the group’s effort to reach the goal of 80 percent of adults 50 and over receiving regular screening for colorectal cancer by 2018.

The pilot communities chosen after a competitive process are: Port Royal, South Carolina; New Haven, Connecticut; and St. Paul, Minnesota. Each of the three pilot communities will develop local models to address barriers to colorectal cancer screening access and follow up care for patients served by community health centers.

ASGE is one of nine prominent national medical professional societies joining with the National Association of Community Health Centers, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the American Cancer Society in supporting the effort. Former Assistant Secretary for Health Dr. Howard Koh also played a leadership role.

“ASGE is proud to partner on this important initiative in preventive care. Despite the gains we’ve made in reducing colorectal cancer incidence and mortality, largely due to the profound impact of screening, not enough people are undergoing screening for this preventable disease,” said Colleen M. Schmitt, MD, MHS, FASGE, president, American Society for Gastrointestinal Endoscopy. “Disparities in screening and follow-up care still exist and this pilot program is designed to reach those disadvantaged patients served by community health centers and give them access to life-saving colorectal cancer screening. ASGE recommends colonoscopy screening for all average risk people age 50 or over. By finding and removing polyps before they turn into colorectal cancer, we can save lives.”

Colorectal cancer is the third leading cause of cancer death for both men and women in the United States. The American Cancer Society estimates that more than 136,000 adults will be diagnosed with the disease in 2014. Effective screening tests are available, but racial and ethnic minorities and persons of lower socioeconomic status have limited access to colorectal cancer screening and adequate follow-up care. The 2013 Uniform Data Set (UDS) measure for colorectal cancer screening found that the average colorectal cancer screening rate in Federally Qualified Health Centers (FQHCs) was 32 percent, which is much lower than the national average and an important contributor to avoidable deaths and suffering from colorectal cancer. Community health centers, which often serve some of the most disadvantaged patients,

report that access to specialists is one important factor in the underuse and under-promotion of colorectal cancer screening in the community health center setting.

The national medical professional societies participating in the effort represent the full continuum of care and will be recruiting physician leaders from their membership to help establish the pilot programs at the local level.

Models around the country have begun to show that effective coordination between community health centers and specialists can improve health care delivery to underserved patients. Those models have relied on “physician champions” (physician leaders who can recruit peers to the program, act as spokespersons and otherwise serve as advisers in getting the project established), as well as a balanced distribution of patient load, clear medical protocols, and strong care coordination. The goal of the new pilot is to adapt these models in the pilot locations; each will receive funding, technical assistance, and mentoring, and they will have physicians at the table willing to help.

The grant is funded in part from a \$6.4 million gift provided in 2013 from the Walgreens Way To Well Commitment® program that engages Walgreens customers in supporting the American Cancer Society’s Community Health Advocates implementing Nationwide Grants for Empowerment and Equity (CHANGE) program. Funding for the CHANGE grants comes from Walgreens customers nationwide, who choose to donate to the American Cancer Society as they pay for their purchases at checkout. The CHANGE grants help promote health equity and ensure that communities with a higher burden of cancer have equal access to education and screening resources.

An additional \$89,000 (approximately 20 percent of the project overall) is supported with federal support from the Centers for Disease Control and Prevention and will be used to provide the pilots with technical assistance.

#### **National Participating Organizations:**

Ambulatory Surgery Center Association (ASCA)  
American Cancer Society (ACS)  
American College of Gastroenterology (ACG)  
American Gastroenterological Association (AGA)  
American Society of Anesthesiologists (ASA)  
American Society of Clinical Oncology (ASCO)  
American Society for Gastrointestinal Endoscopy (ASGE)  
Centers for Disease Control and Prevention (CDC)  
College of American Pathologists (CAP)  
Commission on Cancer (CoC)  
Health Resources and Services Administration (HRSA)  
Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)  
National Association of Community Health Centers (NACHC)  
National Colorectal Cancer Roundtable (NCCRT)

#### **About The National Colorectal Cancer Roundtable**

The National Colorectal Cancer Roundtable, established by the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC) in 1997, is a national coalition of public, private, and voluntary organizations dedicated to reducing the incidence of and mortality from colorectal cancer in the U.S., through coordinated leadership, strategic planning, and advocacy. The ultimate goal of the Roundtable is to increase the use of recommended colorectal cancer screening tests among in population for whom screening is appropriate. While the Roundtable focuses on colorectal cancer control, many of the initiatives, tools and evidence-based interventions developed by the Roundtable can easily be adapted to inform a broad array of cancer control activities.

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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 13,000 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.