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## **CANCERS CAUGHT DURING SCREENING COLONOSCOPY ARE MORE SURVIVABLE**

**DOWNERS GROVE, Ill. – July 13, 2015** –Patients whose colorectal cancer (CRC) is detected during a screening colonoscopy are likely to survive longer than those who wait until they have symptoms before having the test, according to a [study](#) in the July issue of *GIE: Gastrointestinal Endoscopy*, the monthly peer-reviewed scientific journal of the American Society for Gastrointestinal Endoscopy (ASGE).

The study, “*Survival in patients with colorectal cancer diagnosed by screening colonoscopy*,” looked at 312 patients in 10 gastroenterology practices in Germany, all aged 55 or older, who were diagnosed with CRC in 2003-2005. Of those, 60 patients were diagnosed during a screening colonoscopy, meaning they had no symptoms and/or only a negative fecal occult blood test (FOBT). The other 252 patients had their cancers detected during a diagnostic colonoscopy, following a positive FOBT and/or symptoms including abdominal pain, iron deficiency anemia, weight loss, changes in bowel habits, or rectal bleeding. None of the patients had had a previous colonoscopy, and all received endoscopic follow-up care. The patients were followed for as long as 10 years after diagnosis.

Patients whose cancer was detected during screening colonoscopy lived 20.2 months longer, on average, than those who had the test after noticing symptoms or having a positive FOBT (diagnostic colonoscopy). The latter group tended to have more advanced stage tumors; as expected, those whose cancer was in a more advanced stage had shorter survival times. About 55 percent of the patients with diagnostic colonoscopy, and about 77 percent of the screening colonoscopy patients, survived beyond the time period of the study.

According to the lead author, Kilian Friedrich, MD, “We know that screening colonoscopy can prevent cancer by detecting and removing precancerous polyps. Independent of that, this study shows that screening colonoscopy also can contribute to reduced mortality from colorectal cancer by catching tumors at earlier and more treatable stages.”

The researchers concluded that, although screening approaches differ between nations, this finding of increased survival among recipients of screening colonoscopy likely applies to other countries.

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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 Gastrointestinal Endoscopy**

Gastrointestinal endoscopic procedures allow the gastroenterologist to visually inspect the upper gastrointestinal tract (esophagus, stomach and duodenum) and the lower bowel (colon and rectum) through an endoscope, a thin, flexible device with a lighted end and a powerful lens system. Endoscopy has been a major advance in the treatment of gastrointestinal diseases. For example, the use of endoscopes allows the detection of ulcers, cancers, polyps and sites of internal bleeding. Through endoscopy, tissue samples (biopsies) may be obtained, areas of blockage can be opened and active bleeding can be stopped. Polyps in the colon can be removed, which has been shown to prevent colon cancer.