The recent article 'Quality Indicators for Screening and Surveillance of Colorectal Cancer in Adults: A Review of Performance Measures' by the American College of Physicians (ACP) published in the *Annals of Internal Medicine* disputes the need to begin colorectal cancer screening at 45 years of age. This conclusion is based on its own rubric of testing measures.

ASGE, among several other organizations, supports the United States Preventive Services Task Force (USPSTF) recommendation that average-risk individuals begin screening for colorectal cancer at 45 years. Several decision models support this recommendation. It is important that patients are advised on the appropriate screening test based on a discussion with their physician on their risk factors and the efficacy of various tests.

Early onset cancers are a well-documented growing problem. CRC incidence among adults aged 40–49 continues to rise. By 2030, CRC is projected to become the leading cause of cancer death in individuals aged 20-49.

The ACP's critique of the scientific rigor of certain CRC quality measures does not account for real-world feasibility and implementation in payment programs such as the Merit-based Incentive Payment System (MIPS). These measures are either National Quality Forum (NQF)-endorsed or Centers for Medicare & Medicaid Services (CMS)-approved as high-priority under MIPS. These measures reflect current clinical standards and are designed to improve care quality, reduce overuse, and support evidence-based practice.

Consistency across guidelines is essential for clarity, adherence and improved outcomes. We owe it to our patients to review all available evidence to support consistent guidelines that will encourage colorectal cancer screening to save lives.

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