



Joint Society Statement: ACG and ASGE Support Colorectal Cancer Screening Starting at Age 45

*Standing with CRC Patient Advocates and GI Community
in Expressing Frustration with ACP Guidance*

The American College of Gastroenterology (ACG) and the American Society for Gastrointestinal Endoscopy (ASGE) are surprised and disappointed that new guidance from the American College of Physicians (ACP) recommends against colorectal cancer screening for 45- to 49-year-olds. This flies in the face of ACG's 2021 evidence-based guidelines which recommend age 45 for average risk individuals to begin colorectal cancer screening and align with guidelines from the U.S. Preventive Services Task Force (USPSTF), the Multi-Society Task Force on Colorectal Cancer, and the American Cancer Society.

ACP's position is particularly troubling considering the recent trends in young onset disease in the United States. There is mounting evidence that colon cancer and advanced neoplasms are being found in younger adults, and there is strong evidence that screening reduces the risk of colorectal cancer.

"In [ACG's 2021 CRC screening clinical guidelines](#), our approach is to curb this rising trend of CRC in younger individuals and reduce the societal impact of young individuals developing and dying from a preventable cancer. ACG recommends CRC screening and starting at age 45 is a simple message that can help with adherence," said Daniel J. Pambianco, MD, FACG, President of the American College of Gastroenterology.

"Conflicting messages from respected authorities causes confusion among the public and providers. This guidance undermines efforts to further lower colorectal cancer incidence in the United States and could impact the gains made in screenings and lives saved especially in the most vulnerable populations," said Jennifer Christie, MD, FASGE, ASGE President.

ACG and ASGE are deeply concerned that diluting the public health messages about the appropriate age to start colorectal screening creates confusion and could delay screening for many patients who need it most, threatening to reverse progress against deadly cancers.

Aasma Shaukat, MD, MPH, FACP, first author of the ACG 2021 colorectal cancer screening guidelines commented that, “colorectal cancer is unique in that we have multiple screening options. These modalities have not been directly compared for efficacy or effectiveness. The best we have is modeling studies that allow indirect comparisons, such as what the USPSTF conducts. All screening modalities have benefits and harms, which need to be balanced in the context of the patient population and healthcare setting and its resources. Having multiple options is a strength, and we believe healthcare systems should continue to examine what works best for their patient populations and gets highest adherence to screening. Rather than taking away screening options, ACG’s position is to offer them in a thoughtful, one-step or two-step framework, with the goal of maximizing adherence, as we know one size doesn’t fit all.”

ACG and ASGE are proud to stand with colorectal cancer patient advocates and the gastroenterology community in sharing deep concerns about the ACP guidance in a statement today. Together we support age 45 to start colorectal cancer screening: ACG, ASGE, Fight Colorectal Cancer, the Colon Cancer Coalition, the Blue Hat Society, the Association of Black Gastroenterologists & Hepatologists, the American Gastroenterological Association. Read today's statement: <https://bit.ly/fightCRC-age-45-080223>.

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