



ACG 2026

OCTOBER 9-14, 2026 | NASHVILLE, TN

CALL FOR Abstracts

SUBMISSION SITE OPENS MARCH 2, 2026

SUBMISSION DATES: MARCH 2 - JUNE 1, 2026

The American College of Gastroenterology invites you to submit abstracts for presentation at the 2026 Annual Scientific Meeting and Postgraduate Course. Abstracts must be clinical or research-oriented, with a focus on gastroenterology or hepatology.

IMPORTANT DATES

- > **MARCH 2**
Submission Site OPENS
- > **JUNE 1 | 11:59 PM ET**
Submission Site CLOSES (No Exceptions!)
- > **BY JULY 17**
Notification of abstract ACCEPTANCE
- > **SEPTEMBER 16**
Presenting Authors MUST REGISTER as an attendee

ABSTRACT CATEGORIES

- Biliary/Pancreas
- Colon
- Colorectal Cancer Prevention
- Diet, Nutrition, and Obesity
- Endoscopy Video
- Esophagus
- Functional Bowel Disease
- General Endoscopy
- GI Bleeding
- IBD
- Infections and Microbiome
- Interventional Endoscopy
- Liver
- Pediatrics
- Practice Management
- Small Intestine
- Stomach and Spleen
- Clinical Vignettes/Case Reports






SCAN FOR THE SUBMISSION SITE
➔ bit.ly/ACG2026_Abstracts

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2026 ACG'S ENDOSCOPY SCHOOL & ACG / LGS REGIONAL POSTGRADUATE COURSE

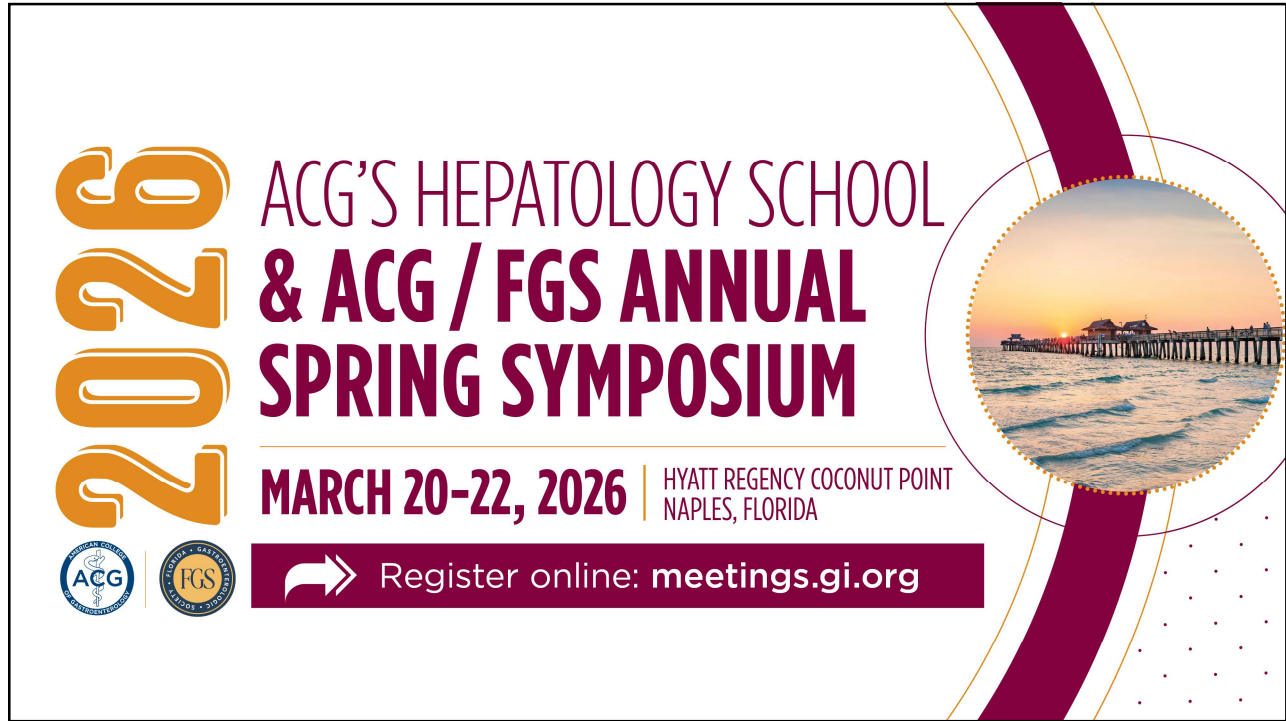
MARCH 6-8, 2026 | HILTON NEW ORLEANS RIVERSIDE
NEW ORLEANS, LOUISIANA






➔ Register online: meetings.gi.org


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2026 ACG'S HEPATOLOGY SCHOOL
**& ACG / FGS ANNUAL
 SPRING SYMPOSIUM**

MARCH 20-22, 2026 | HYATT REGENCY COCONUT POINT
 NAPLES, FLORIDA

   Register online: meetings.gi.org



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2026 ACG SUMMER SCHOOL SERIES:
 WOMEN'S LEADERSHIP COURSE,
 IBD SCHOOL AND
 ESOPHAGUS SCHOOL

JUNE 5-7, 2026 | WASHINGTON MARRIOTT AT METRO CENTER
 WASHINGTON, DC

  Register online: meetings.gi.org



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The banner features the American College of Gastroenterology (ACG) logo on the left. The main text reads "March is COLORECTAL CANCER AWARENESS MONTH" in a mix of blue and teal fonts, with a teal star icon to the right. Below this, the slogan "Colorectal Cancer: You Can Prevent It." is written in a teal script font. At the bottom, a white banner contains the text "CRC Awareness Month Resources: bit.ly/acg-crc-2026".

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The slide is titled "Participating in the Webinar" in yellow text. It features the ACG logo and "Virtual Grand Rounds" in the top left, and "universe.gi.org" in the top right. On the left, there are two headshots of moderators: Aimen Farooq, MD, and Vikash, MD. Three yellow callout boxes provide instructions: "All attendees will be muted and will remain in 'Listen Only Mode'", "Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.", and "A handout with the slides and room to take notes can be downloaded from your control panel." A vertical control panel on the right side of the slide contains icons for mute, hand, chat, and download, with arrows pointing from the callout boxes to these icons. An "Exit" button is visible at the bottom right.

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ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!





Week 10 – Thursday, March 5, 2026
 Precision Polypectomy: Mastering Techniques for Safe and Effective Removal
 Faculty: Douglas K. Rex, MD, MACG
 Moderator: Neha V. Patel, MD, FACP
At Noon and 8pm Eastern




Week 11 – Thursday, March 12, 2026
 Update on Best Practices for Colonoscopy Bowel Preparation
 Faculty: Carol A. Burke, MD, MACG
 Moderator: Ryan K. Fawley, MD, FACP
At Noon and 8pm Eastern

Visit gi.org/ACGVGR to Register

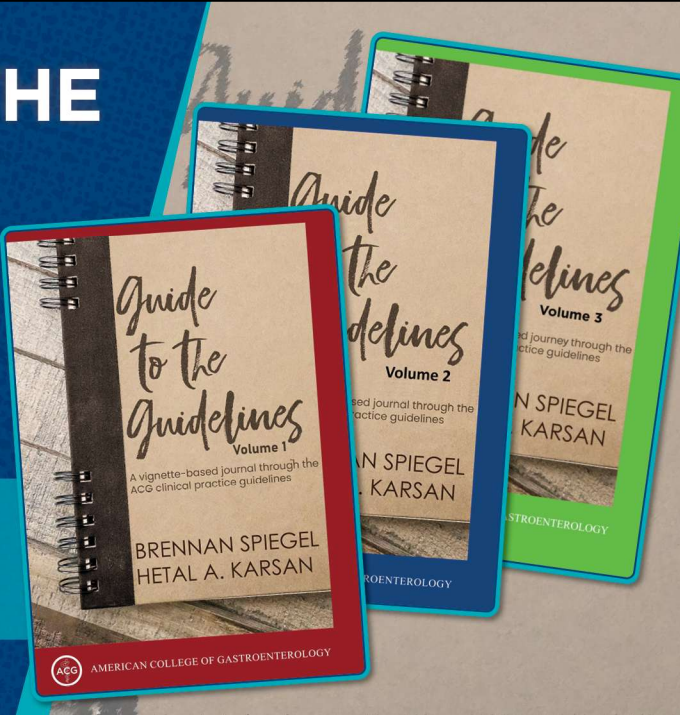
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ACG VIRTUAL GRAND ROUNDS
 Tuesday, March 3 | 8:00-9:00 pm ET
**Early-Onset Colorectal Cancer:
 Perspectives from Experts, Trainees & a Survivor**

Dr. Mohammad Bilal
Faculty

Dr. Sophia Dar
Trainee

Dr. Eleazar Montalvan-Sanchez
Trainee

Ms. Vanessa Ghigliotty
Survivor

Dr. Vikash
Moderator

Dr. Aimen Farooq
Moderator

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EVIDENCE-BASED GI
AN ACG PUBLICATION

Clinical take-aways and evidence-based summaries of articles in GI, Hepatology & Endoscopy

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**Early-Onset
Colorectal Cancer**

AMERICAN COLLEGE OF GASTROENTEROLOGY

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EVIDENCE-BASED GI | *Clinical take-aways and evidence-based summaries of articles in GI, Hepatology & Endoscopy*

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Why This Conversation Matters Now

- 01** Colorectal cancer (CRC) is the 3rd leading cause of cancer death in the U.S.¹
- 02** 10.5% of new CRC cases occur in individuals <50 years¹
- 03** CRC incidence in adults 40–49 increased ~15% (2000–2016)¹
- 04** Screening age lowered to 45 years²

¹ USPSTF JAMA 2021
² Knudsen JAMA 2021

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EVIDENCE-BASED GI | *Clinical take-aways and evidence-based summaries of articles in GI, Hepatology & Endoscopy*

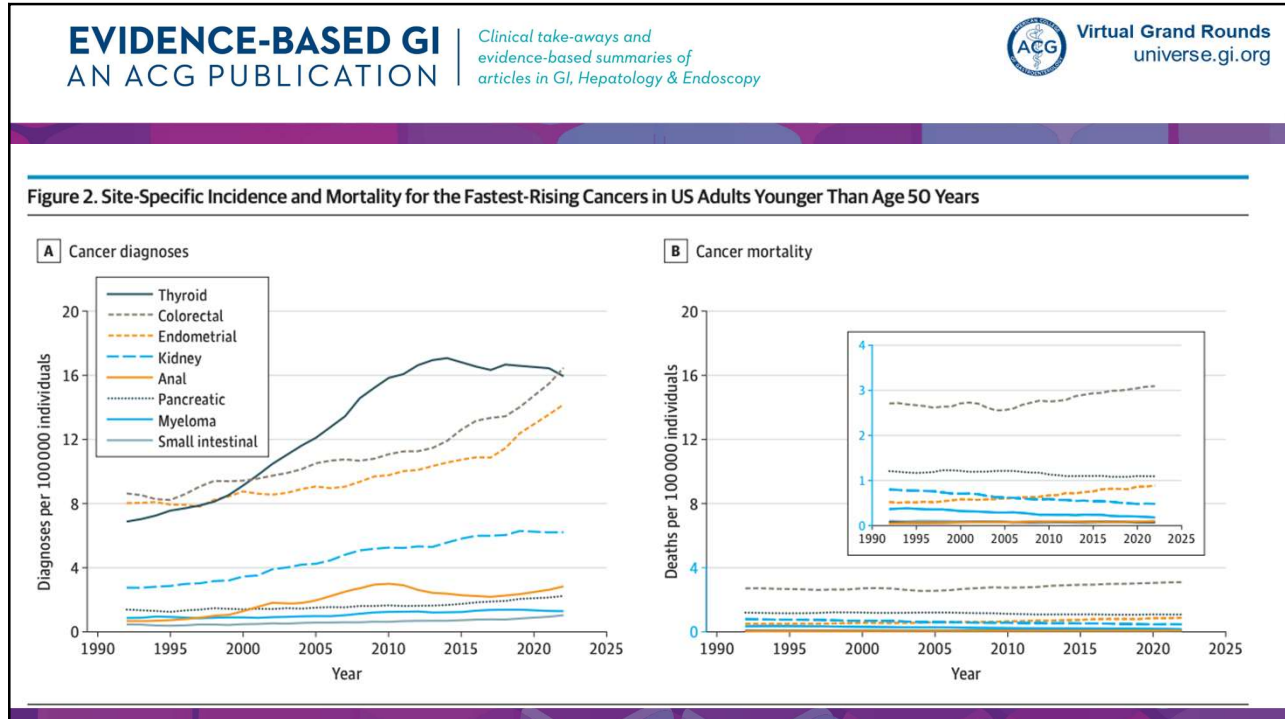
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Rising Incidence: Epidemic or Detection?

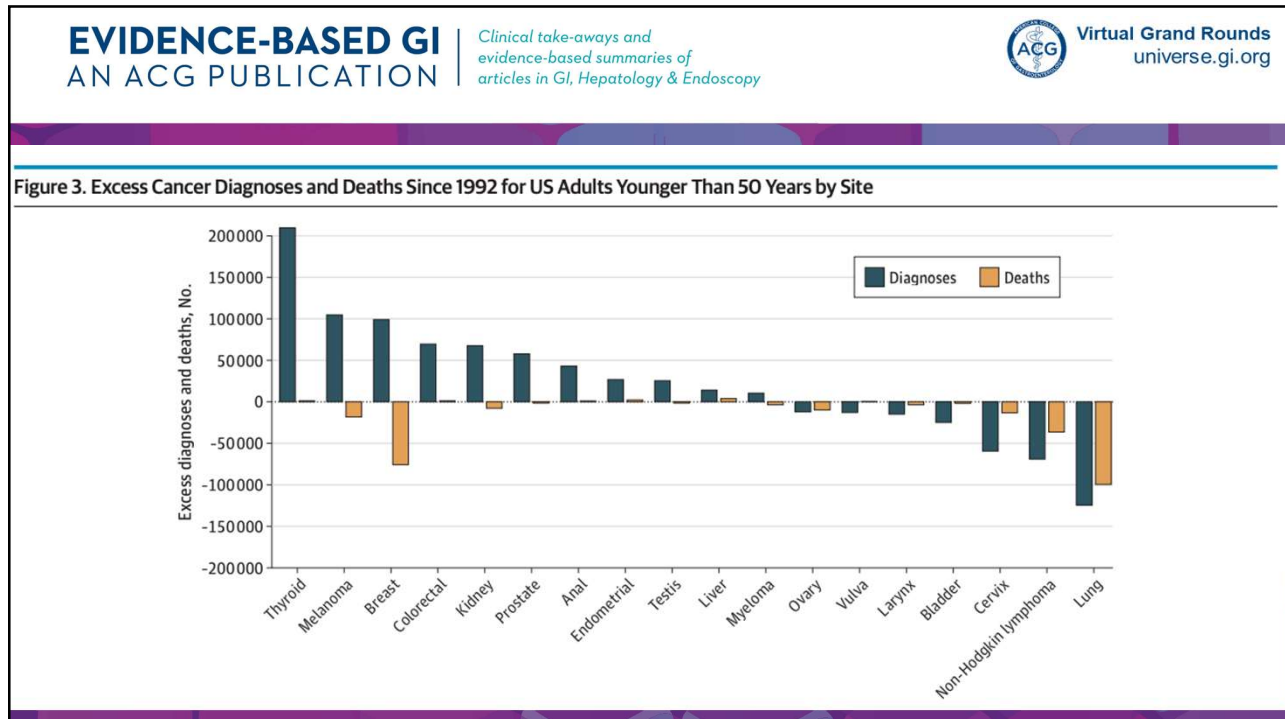
- Early-onset cancer incidence has increased across multiple tumor types³
- Aggregate early-onset mortality remained stable³
- CRC is one of the few early-onset cancers with rising mortality (~0.5% per year since 2004)³
- Important distinction: incidence ≠ mortality³

³ Patel JAMA 2025

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CRC Screening: Ages 50–75

The Evidence Backbone

- 1 USPSTF: A recommendation (substantial net benefit)¹ 
- 2 ACG: Strong recommendation⁴ 
- 3 Screening reduces CRC incidence and mortality⁴ 
- 4 Colonoscopy associated with ~68–70% reduction in CRC mortality⁴ 

¹ USPSTF JAMA 2021
⁴ ACG Guidelines 2021




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CRC Screening: Age >75


Individualized Approach



- 1 USPSTF: Small net benefit (C recommendation)¹
- 2 Decision based on overall health and prior screening¹
- 3 ACG: Individualized continuation beyond 75⁴

¹ USPSTF JAMA 2021
⁴ ACG Guidelines 2021



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EVIDENCE-BASED GI

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Why Lower Screening to Age 45?

01

Increasing CRC incidence in 40–49-year-olds¹

02

Modeling: Starting at 45 yields additional life-years gained²

03

+22–27 life-years gained per 1000 persons screened²

04

Small increase in complications (0.1–2 per 1000)²

¹ USPSTF JAMA 2021
² Knudsen JAMA 2021

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Virtue

Screening modality and frequency	Life-years gained if start screening at age 50 y				Additional life-years gained if start screening at age 45 y			
	SimCRC	CRC-SPIN	MISCAN	Mean	SimCRC	CRC-SPIN	MISCAN	Mean
Stool tests								
FIT every year	316	285	274	292	33	29	17	26
sDNA-FIT every year	330	301	290	307	33	30	16	26
sDNA-FIT every 3 y ^b	304	271	257	278	31	30	16	25
Direct visualization tests								
COL every 10 y	335	308	286	310	34	32	16	27
CTC every 5 y	325	287	268	293	31	26	14	24
SIG every 5 y	279	256	256	264	30	24	13	22
SIG every 10 y plus FIT every year	330	301	287	306	33	29	17	26

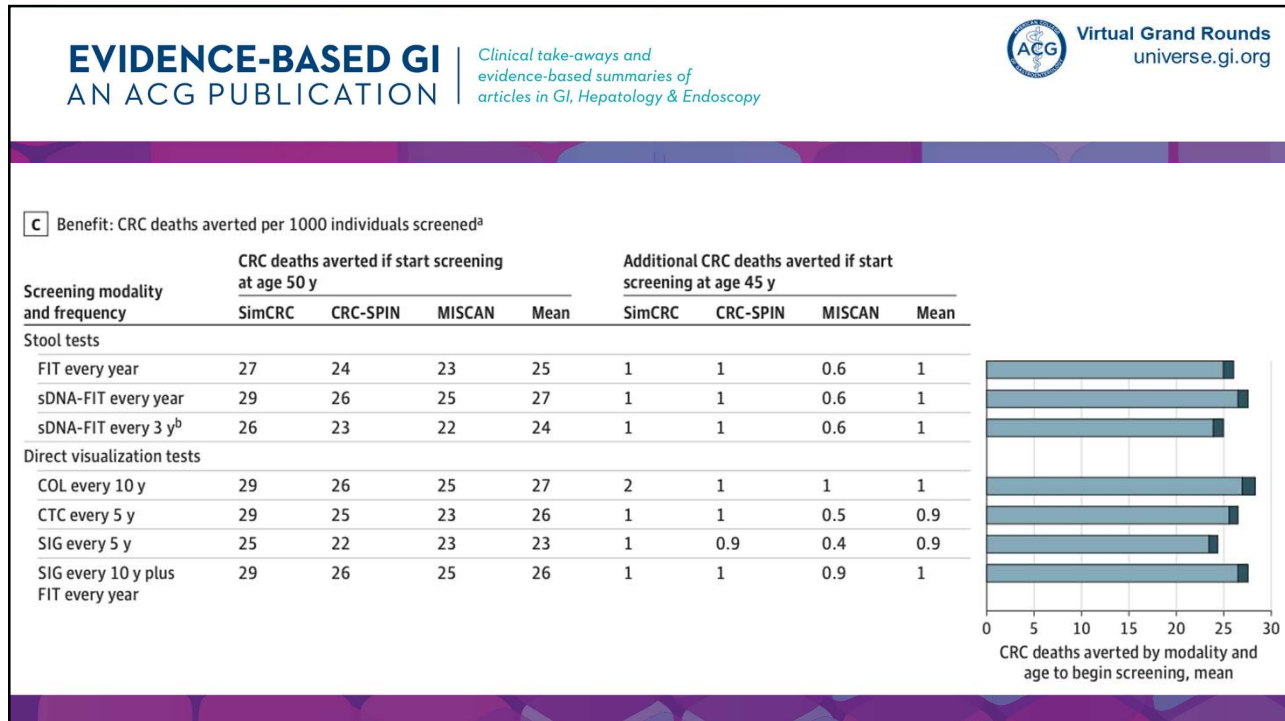
Life-years gained by modality and age to begin screening, mean

B Benefit: CRC cases averted per 1000 individuals screened^a

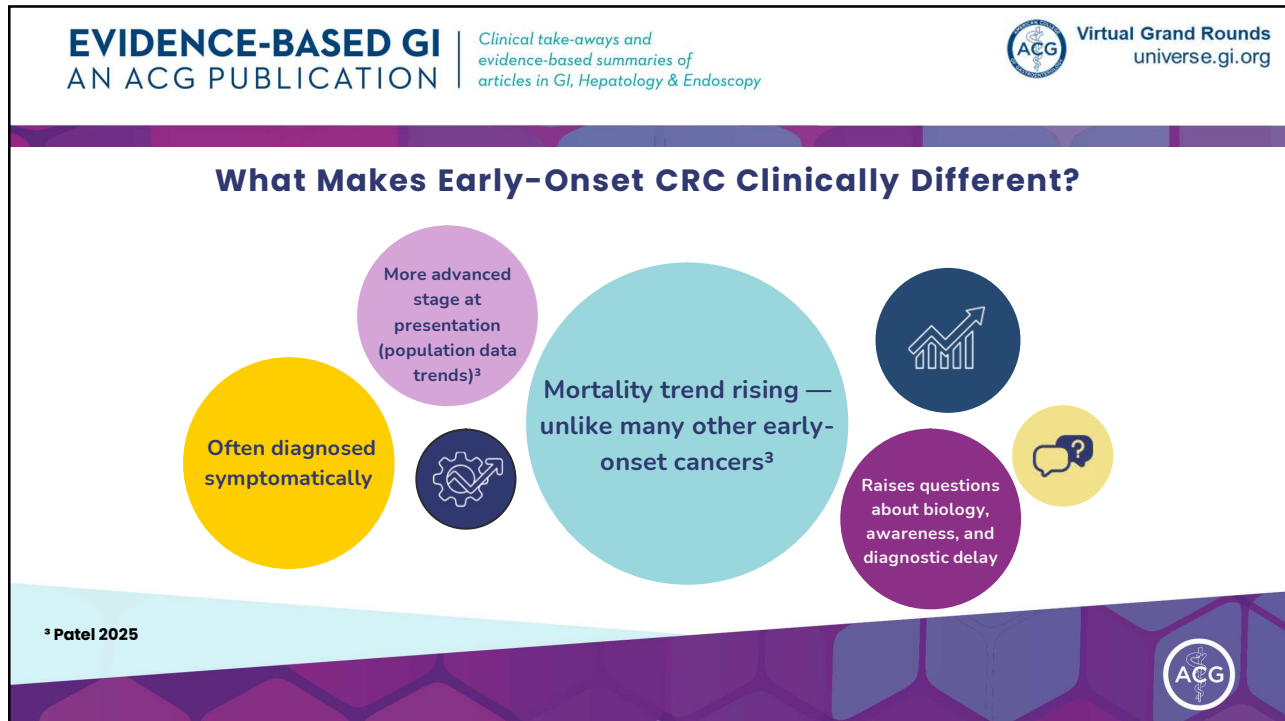
Screening modality and frequency	CRC cases averted if start screening at age 50 y				Additional CRC cases averted if start screening at age 45 y			
	SimCRC	CRC-SPIN	MISCAN	Mean	SimCRC	CRC-SPIN	MISCAN	Mean
Stool tests								
FIT every year	55	53	33	47	4	3	1	3
sDNA-FIT every year	63	59	41	54	4	3	1	3
sDNA-FIT every 3 y ^b	51	51	31	44	4	3	1	3
Direct visualization tests								
COL every 10 y	67	62	45	58	4	3	2	3
CTC every 5 y	64	57	38	53	3	2	1	2
SIG every 5 y	56	51	41	49	3	2	1	2
SIG every 10 y plus FIT every year	63	59	41	54	4	3	2	3

CRC cases averted by modality and age to begin screening, mean

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Discussion & Questions

Early-Onset Colorectal Cancer: Perspectives from Experts, Trainees & a Survivor



Dr. Mohammad Bilal
Faculty



Dr. Sophia Dar
Trainee



Dr. Eleazar Montalvan-Sanchez
Trainee



Ms. Vanessa Ghigliotty
Survivor



Dr. Vikash
Moderator



Dr. Aimen Farooq
Moderator

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GI Innovation Through Collaboration

Let's talk... ACG invites you to join the conversation in the GI Circle.



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