

## ASGE Colorectal Cancer Screening Campaign

**The Wyoming Medical Society is encouraging physicians to join in the effort to promote colorectal cancer screening to save lives.**

WMS is encouraging every physician in the state to visit the American Society for Gastrointestinal Endoscopy (ASGE) [‘Colorectal Cancer Screening Appropriate Use’ web page](#) to download some great patient education resources, including a printable office/practice poster, patient letter templates (for positive and negative test results), and an article for local newspapers.

ASGE President Douglas Rex, MD, MASGE, explains, “More than 30 percent of U.S. adults aren’t getting screened for colon cancer and it’s a disease that has a 90 percent survival rate when detected early. Further, most cancers can be prevented through polyp removal at colonoscopy. So, this campaign will save many lives.”

Dr. Rex also stresses that, “It is crucial for physicians to help their patients understand which colorectal cancer screening option is *appropriate* for them, keeping in mind that this can vary for each individual based on their history and risk factors.”

Today, colorectal cancer screening is recommended to begin at 45 years of age and screening options include colonoscopy, fecal immunochemical test (FIT) and MT-sDNA (Cologuard).

Dr. Rex says, “Colonoscopy can be used to screen high- and average-risk patients, meaning patients with no history of precancerous colorectal polyps or cancer, or who have no symptoms. For those who have had previous colorectal cancer or precancerous polyps, then surveillance colonoscopy is the only appropriate tool to monitor the patient and prevent cancer. The same is true for patients with colorectal symptoms, who should only be evaluated by colonoscopy.”

He adds, “For asymptomatic *average-risk* patients undergoing screening, stool tests are also appropriate options for screening. Average-risk means that age is the only risk factor, and particularly when there is no strong family history of colorectal cancer. For such patients, FIT and MT-sDNA tests can also be used for screening and are an alternative to colonoscopy. These tests aren’t appropriate options for high-risk screening patients, surveillance patients who have a history of adenomatous polyps, sessile serrated polyps or colorectal cancer, or symptomatic patients.”

ASGE recommends that patients of any age who are exhibiting symptoms (e.g., rectal bleeding, anemia, a change in bowel habits, persistent abdominal pain, or unintentional weight loss) or who are high-risk (e.g., they’ve had a pre-cancerous colorectal polyp or colorectal cancer) or whose family has a strong history of

colorectal cancer should talk to their gastroenterologist or primary care physician about the need for colonoscopy.

Visit [ASGE.org/Screening-Physicians](https://www.asge.org/Screening-Physicians) to download ASGE's 'Colorectal Cancer Screening Appropriate Use' resources for physicians.

Physicians can refer their patients to [ASGE.org/Screening](https://www.asge.org/Screening) for an easy-to-understand infographic on the appropriate screening test.

*With nearly 15,000 members, ASGE has been the global leader in the GI field for more than 80 years. ASGE empowers its members with the latest information, state-of-the-art education, and unparalleled professional resources. Visit [www.ASGE.org](https://www.asge.org) for additional information.*