Omar T. Atiq, MD, FACP President American College of Physicians 190 N Independence Mall West Philadelphia, PA 19106-1572 Otatiq@uams.edu

August 14, 2023

Dear Dr. Atiq,

The colorectal cancer (CRC) community including survivors, loved ones, advocacy, and physician organizations are frustrated and disappointed with the preventive CRC screening guidance that the American College of Physicians (ACP) published on July 31, 2023. Issuing guidance regarding age and screening modalities that conflict with recommendations provided by the United States Preventive Services Task Force (USPSTF),¹ the National Colorectal Cancer Roundtable (NCCRT), the American Cancer Society (ACS),² the National Comprehensive Cancer Network (NCCN), the Multi-Society Task Force on Colorectal Cancer,³ the American College of Gastroenterology (ACG),⁴ and other National organizations creates confusion among healthcare providers and patients.

Since the USPSTF lowered the screening age in 2021, advocacy organizations and physician groups have worked tirelessly to communicate this change and raise awareness to reach average-risk patients aged 45 and older who have not been screened. The USPSTF guidelines were updated, using gold standard methods, in direct response to the increase in the incidence of early-age onset colorectal cancer (EAO-CRC). Currently, up to 10% of colorectal cancer diagnoses occur in those younger than age 50 and it is projected that in 2030 colorectal cancer will be the leading cause of cancer deaths in people ages 20-49.⁵

Contrary to what is stated in ACP's clinical guidance, there are ample data and evidence that clearly show beginning CRC screening for average risk patients at 45 saves lives. ^{6,7,8,9,10} As physicians, you are aware that for many communities equitable access to screening and quality care can be challenging. ACP's guidelines limit screening availability for patients 45 - 49yrs old, inhibit patient choice by reducing screening options, and will jeopardize patient participation in colorectal cancer preventive screening. Colorectal cancer prevention and early detection messaging must be consistent across all organizations to effectively reduce colorectal cancer mortality rates.

The undersigned organizations stand united in upholding recommendations for colorectal cancer screening starting at age 45. Additionally, we hope that ACP will seriously reconsider their current guidance and update it to be inclusive of all screening options and in line with the colorectal cancer community to help us save lives.

Sincerely,

Academy of Oncology Nurse & Patient Navigators
AliveAndKickn
American Association of Medical Assistants
American College of Gastroenterology
American College of Radiology
American Gastroenterological Association
American Society for Gastrointestinal Endoscopy

Association of Black Gastroenterologists and Hepatologists

Bluem

California Colorectal Cancer Coalition (C4)

Cancer Support Community

Cheeky Charity Inc.

Colon Cancer Coalition

Colon Cancer Foundation

Colon Cancer Prevention Project

COLONTOWN

Color of Crohn's and Chronic Illness

Colorado Cancer Coalition

Colorectal Cancer Alliance

Digestive Disease National Coalition (DDNC)

Fight Colorectal Cancer

Florida Gastroenterologic Society

FORCE: Facing Our Risk of Cancer Empowered

Georgia Center for Oncology Research and Education

Georgia Gastroenterologic and Endoscopic Society

GI Cancers Alliance

Guardant Health

Hitting Cancer Below the Belt

Louisiana Cancer Prevention & Control Programs

Lymphoma Research Foundation

Missouri Association of Area Agencies on Aging

Missouri Partnerships to Increase Colorectal Cancer Screening

National LGBT Cancer Network

Nebraska Cancer Coalition

New Mexico Medical Society

New York Society for Gastrointestinal Endoscopy (NYSGE)

ONE CANCER PLACE

Pennsylvania Medical Society

Pennsylvania Society of Gastroenterology (PSG)

Prevent Cancer Foundation

Quality Health Associates of North Dakota

Raymond Foundation

Saint Agnes Medical Center

Sanford Health

South Carolina Gastroenterology Association

South Carolina Gastroenterology Association Foundation

The Blue Hat Foundation

The Collaborative Group of the Americas on Inherited Gastrointestinal Cancers

The Gloria Borges WunderGlo Foundation

The Ruesch Center for the Cure of Gastrointestinal Cancers

Washington Colon Cancer Stars

Women In Endoscopy

Wyoming Chapter of the American Academy of Family Physicians

C.C.

- Priya Radhakrishnan, MD, FACP, Chair, Board of Governors
- Eileen D. Barrett, MD, MPH, SFHM, MACP, Chair, Board of Regents
- Shari M. Erickson, MPH, Chief Advocacy Officer and SVP, Governmental Affairs and Public Policy

¹ US Preventive Services Task Force. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. JAMA. 2021;325(19):1965–1977. doi:10.1001/jama.2021.6238

- ³ Patel, S. G., May, F. P., Anderson, J. C., Burke, C. A., Dominitz, J. A., Gross, S. A., Jacobson, B. C., Shaukat, A., & Robertson, D. J. (2022). Updates on Age to Start and Stop Colorectal Cancer Screening: Recommendations From the U.S. Multi-Society Task Force on Colorectal Cancer. Gastroenterology, 162(1), 285–299. https://doi.org/10.1053/j.gastro.2021.10.007
- ⁴ Shaukat, Aasma MD, MPH, FACG1,2; Kahi, Charles J. MD, MSc, FACG3,7; Burke, Carol A. MD, FACG4; Rabeneck, Linda MD, MPH, MACG5; Sauer, Bryan G. MD, MSc, FACG (GRADE Methodologist)6; Rex, Douglas K. MD, MACG3. ACG Clinical Guidelines: Colorectal Cancer Screening 2021. The American Journal of Gastroenterology 116(3):p 458-479, March 2021. | DOI: 10.14309/ajg.000000000001122
- ⁵ Rahib, L., Wehner, M. R., Matrisian, L. M., & Nead, K. T. (2021). Estimated Projection of US Cancer Incidence and Death to 2040. JAMA network open, 4(4), e214708.
- ⁶ Davidson KW, Barry MJ, Mangione CM, et al.; Screening for colorectal cancer: US Preventive Services Task Force recommendation statement [published correction appears in JAMA. 2021;326(8):773]. JAMA. 2021;325(19):1965-1977.
- ⁷ Knudsen AB, Rutter CM, Peterse EFP, et al. Colorectal Cancer Screening: An Updated Modeling Study for the US Preventive Services Task Force. JAMA. 2021;325(19):1998–2011. doi:10.1001/jama.2021.5746
- ⁸ Ma W, Wang M, Wang K, et al. Age at Initiation of Lower Gastrointestinal Endoscopy and Colorectal Cancer Risk Among US Women. JAMA Oncol. 2022;8(7):986–993. doi:10.1001/jamaoncol.2022.0883
- ⁹ Patel SG, May FP, Anderson JC, Burke CA, Dominitz JA, Gross SA, Jacobson BC, Shaukat A, Robertson DJ. Updates on Age to Start and Stop Colorectal Cancer Screening: Recommendations From the U.S. Multi-Society Task Force on Colorectal Cancer. Gastroenterology. 2022 Jan;162(1):285-299. doi: 10.1053/j.gastro.2021.10.007. Epub 2021 Nov 15. Erratum in: Gastroenterology. 2022 Jul;163(1):339. PMID: 34794816.
- ¹⁰ Shaukat, Aasma MD, MPH, FACG1,2; Kahi, Charles J. MD, MSc, FACG3,7; Burke, Carol A. MD, FACG4; Rabeneck, Linda MD, MPH, MACG5; Sauer, Bryan G. MD, MSc, FACG (GRADE Methodologist)6; Rex, Douglas K. MD, MACG3. ACG Clinical Guidelines: Colorectal Cancer Screening 2021. The American Journal of Gastroenterology 116(3):p 458-479, March 2021. | DOI: 10.14309/ajg.000000000001122

² Wolf AMD, Fontham ETH, Church TR, et al.; Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. CA Cancer J Clin. 2018;68(4):250-281.