

**The Canadian Association of Gastroenterology (CAG) and the
Canadian Digestive Health Foundation (CDHF)
Annual Scientific Conference:
Canadian Digestive Diseases Week (CDDW)
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Canada needs to develop consistent standards for the screening of colon cancer to help save lives from this preventable disease, according to new guidelines released today in the medical journal *Canadian Journal of Gastroenterology*.

The article, *Canadian Association of Gastroenterology and the Canadian Digestive Health Foundation: Guidelines on colon cancer screening*, says all Canadians age 50 and over should have access to some form of screening, including those who are at a low risk.

It makes several recommendations to standardize the access to care. It also has specific screening guidelines based on risk factors, risk groups and the types of screening options that should be made available to them.

Approximately 20,000 new cases of colon cancer are diagnosed annually, and one-third of those affected die. Colon cancer is up to 95% preventable with timely and thorough testing. Twenty per cent of Canada's population is 50 or older.

The study says that access services for is inconsistent across the country with waiting lists in some areas 10 months long. The barriers include a lack of resources, from a shortage of gastroenterologists and related medical professionals (nurses, genetic counselors) and equipment, to a lack of public and family physician education that promote the benefits of screening.

“On a scale of one to 10, Canada's approach to screening is at a four. It's pretty chaotic. This paper is bringing clarity to the issue,” said senior author Dr. Desmond Leddin, President Elect of the Canadian Association of Gastroenterology and Service Chief, Gastroenterology and Director, Endoscopy Unit Queen Elizabeth II Health Sciences Centre, Halifax and Head of the Division of Gastroenterology at Dalhousie University. “Unlike many cancers it's preventable because there is a long pre-cancerous stage, so there's an opportunity to interfere with the development of a full blown cancer. The timeline allows us to stop the cancer before it begins.”

It's also clear Canada doesn't have the resources available to begin the proposed mass screening tomorrow Dr. Leddin said. “There's wide spread agreement that the screening for average risks is needed. But how we go about that and what we do is still under debate.” It's also worth noting the test suggested for low risk patients, the fecal occult blood test (FOBT) is relatively inexpensive but is far from foolproof. This paper is the building block to develop screening standards, likely at the provincial level Leddin said. It says provincial governments should develop standards based on current resources.

“We have to move forward on a number of fronts, the high risk front for sure,” Dr. Leddin said. “Before we build a screening program with one-fifth of Canadians we should deal with the people who are high risk and clamoring for access.”

While there is a need to increase the number of gastroenterologists, options to improve patient access include the use of technicians rather than physicians, to perform colonoscopies and screen for indicators or polyps while a physician oversees a number of procedures underway via TV monitors, a common tactic used in radiology. This will free up physician time for more acute cases.

There is also room for improvement in the current system according to Dr. Leddin. The new screening guidelines are specific enough they should reduce over testing on some patients, making resources available for others in need. Currently some patients have colonoscopies annually, when one every five years would be appropriate because it generally takes at least that long for polyps to develop.

Improved education programs are needed for both family physicians and the public. Family physicians need to be more consistent in working with patients to identify risk, something that will be helped by the new guidelines. And some people still refuse testing, especially the somewhat invasive colonoscopy.

“A new system needs to be structured, planned, funded and resourced,” Dr. Leddin said. “It’s GI’s, general surgeons, genetic counseling, radiologists, family physician – this is not something you can sneak under your budget. We can’t cope with the resources we have.”

The Canadian Association of Gastroenterology (CAG) actively promotes the study of the digestive tract in health and disease, through education, research and the practice of gastroenterology in Canada.

The Canadian Digestive Health Foundation (CDHF) is a registered charity dedicated to support education and awareness surrounding digestive health and diseases for Canadians.

Canadian Digestive Diseases Week (CDDW), February 27 – March 1, 2004 in Banff is the scientific conference and annual general meeting of CAG and CDHF.

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