



**CANADIAN ASSOCIATION OF GASTROENTEROLOGY
L'ASSOCIATION CANADIENNE DE GASTROENTEROLOGIE**

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Press Release

Attention News, Medical and Health Editors

For immediate distribution

CANADA MUST PUT IN PLACE A COMPREHENSIVE SCREENING PROGRAM FOR THE SECOND LARGEST KILLER – COLON CANCER

Banff, Monday February 27, 2006 – Canada is NOT dealing with colon cancer. Colon cancer is the second leading cause of cancer death overall in men and women. Colon cancer is 90% curable when detected early yet affects 20,000 Canadians per year, one third of whom will die of the disease.

According to Dr. Bill Paterson, President Elect of the Canadian Association of Gastroenterology (CAG), whose members are meeting in Banff, Alberta for the 2006 Canadian Digestive Disease Week, Canada is spending approximately \$500M per year to treat people with colon cancer, but there is still no screening program. “It is hard to understand why Canada does not have such a screening program.”

If diagnosed early, colon cancer can be prevented. Published data indicates that only 1 in every 5 patients in Ontario is screened for colon cancer. “This is absolutely unacceptable, particularly when this disease can be detected and cured” says Dr. Des Leddin, President of the CAG. “If a fraction of the money spent on treating colon cancer was applied to prevention and screening, all Canadians would be much better served. The vast majority of Canadians over age 50 are not screened for this cancer. Many colon cancer deaths could be prevented with comprehensive screening programs.”

Some patients, those with a relative with colon cancer, are at even greater risk than average. There is no program in place to inform relatives of patients with cancer that they are at increased risk. “Regrettably, this is the sad reality for thousands of Canadians”, says Dr. Leddin. According to Dr. Leddin, “Canadians with a family history of colon cancer have a risk of developing colon cancer that is up to four times higher than the average Canadian. There is no organized program in place even for this high risk group.”

Deeply concerned with the excessive wait times endured by Canadian patients with gastrointestinal problems, the CAG has developed 24 recommendations regarding wait time targets for Canadians with digestive diseases. The CAG is advocating that these recommendations to be implemented in all provinces. Patients referred for colonoscopic

screening for colon cancer should be seen, and if indicated, endoscoped within 6 months.

The CAG urges the federal and provincial governments to work together to develop a comprehensive colon cancer screening program.

About the Canadian Association of Gastroenterology

The Canadian Association of Gastroenterology (CAG) was founded in 1962 to promote the study of the digestive tract in health and disease. The CAG is the national body representing Gastroenterology in Canada and has key links with international bodies. Recently, the CAG hosted the World Congress of Gastroenterology (September 2005) in Montreal. The Association is built on broad principles and includes individuals of different disciplines (gastroenterologists, surgeons, paediatricians, radiologists, basic scientists, nurses, nutritionists, health care ethicists). Today, the Association is comprised of over 1,200 members. CAG members are actively involved in research, education and patient care in all areas of digestive health and disease, contributing to the economic and social health of all Canadians.

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Source:

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