COLON HEALTH CENTERS OF AMERICA, LLC

Colon Screening Times

Keeping GI Specialists abreast of CRC Screening Trends

March 2008

AGA Institute Holds First Ever CT Colonography Course for GIs

On March 7-8, the AGA Institute held a very successful 2-day course in Washington, DC, designed to familiarize GI physicians with the emerging technology of CT Colonography (CTC).

The course received overwhelming support from the GI community. Not only did the 250 available seats sell out well in advance of the conference, but the AGA Institute also accumulated a long waiting list of GIs who were also interested in attending.

Several themes emerged from the conference:

1. Like it or not, CTC is validated and will soon be a major force in CRC screening
2. The most compelling screening model includes CTC with the option for same-day/same-prep therapeutic colonoscopy.
3. Progressive GIs who are willing to incorporate CTC into their existing CRC screening practice will have the ability to provide comprehensive screening services, superior to stand-alone CTC providers.
4. Learning to read CTCs, will not be a trivial process for GIs to learn. For most GIs, the CTC training effort would be significant and may still result in the need for radiologist over-reads.
5. The imaging business is complex and challenging from regulatory, operational, and other perspectives.

Because of the significant additional interest demonstrated by the GI community, the AGA Institute announced two additional CTC courses: a CTC training course in early August, and a CTC overview course in early September. Check www.gastro.org for more information on these additional courses.

AGA Course Validates the CHC America™ Solution for GIs

The AGA Institute CTC course was exciting for us at CHC America on multiple fronts. As course attendees, we were thrilled to hear presentation-after-presentation that validated our business model and demonstrated the value of our solution to community GI practices. As exhibitors, we were gratified by the significant attention we received from the GI attendees., and the more that 150 GIs who requested follow-up information from us.

We heard many GIs asking themselves the question: will we relinquish our CRC screening business to radiologists, or will we embrace change, broaden our CRC screening services, and continue to manage and control the entire CRC screening process? Overwhelmingly, the answer was the latter.

The good news is that, in the new era of CTC, GI specialists are still in the strongest position to offer the most comprehensive, convenient, and patient satisfying CRC screening services available.

Please contact us to learn about CHC America's patent-pending screening model and innovative service offerings for GI specialists. CHC America provides a completely turn-key solution for incorporating CTC into an existing CRC practice. Our solution allows GI groups to offer a superior, consumer-centric CRC screening program, and continue to manage and control the entire CRC screening process! Let us show you how to Survive and Thrive in the new era of CT Colonography.

Mark J. Baumel, MD, MS
President/CEO
mbaumel@colonhealthcenters.com

CT Colonography Widely Endorsed for CRC Screening

Atlanta 2008/03/05 -The American Cancer Society, the American College of Radiology, and the U.S. Multi-Society Task Force on Colorectal Cancer (a group that comprises representatives from the American College of Gastroenterology, American Gastroenterological Association, and American Society for Gastrointestinal Endoscopy) have released the first-ever joint consensus guidelines for colorectal cancer screening. **The guidelines add two new tests to the list of recommended options: stool DNA (sDNA) and CT colonography (CTC),** also known as virtual colonoscopy, and for the first time include a preference for screening tests that can not only detect cancer early but also detect precancerous polyps, as those tests provide a greater potential for cancer prevention through polyp removal.

The guidelines, which represent the most current scientific evidence and expert opinion available, also outline quality elements essential to each of the recommended testing methods. They will appear in the May/June issue of CA: A Cancer Journal for Clinicians, and are published early online on CA First Look and will also be published in upcoming issues of the journals Gastroenterology and Radiology.

In addition to the new tests, the focus on quality and the new delineation of tests into two major types, the expert panel also concluded that any proposed colorectal screening test that has not been shown in the medical literature to detect the majority of cancers present at the time of testing should not be offered to patients for colorectal cancer screening. That includes some types of previously endorsed guiaic-based stool tests.

Based on a review of the historic and recent evidence, the following tests were deemed acceptable options for the early detection of colorectal cancer and adenomatous polyps for asymptomatic adults aged 50 years and older:

Tests That Detect Adenomatous Polyps and Cancer

- Flexible sig every 5 years, or
- Colonoscopy every 10 years, or
- DCBE every 5 years, or
- CT colonography every 5 years

Tests That Primarily Detect Cancer

- Annual gFOBT (high sensitivity)
- Annual FIT (high test sensitivity)
- Stool DNA test (sDNA), with high sensitivity for cancer, interval uncertain

"Despite clear evidence that colorectal cancer screening saves lives and the existence of several effective tests, screening rates have lagged, costing thousands of lives every year," said Otis W. Brawley, M.D., national chief medical officer of the American Cancer Society. "Our hope is that these new recommendations will help relieve some of the challenges health care providers have had in promoting screening to their patients and lead to more Americans preventing colon cancer by having polyps removed before they turn into cancer."

It was the strong opinion of the expert panel that colon cancer prevention should be the primary goal of colorectal cancer screening, so the guidelines state a preference for tests designed to detect both early cancer and adenomatous polyps, as long as resources are available and patients are willing to undergo an invasive test. "This is the first time that a guideline from the American Cancer Society will express a strong preference for tests that can identify both polyps and cancer and lead to cancer prevention," noted David A. Lieberman, M.D., on behalf of the U.S. Multi-Society Task Force on Colorectal Cancer. "We feel strongly that this will help consumers make decisions that can, quite literally, save their lives."

The panel recognized that some patients will not want to undergo an invasive test that requires a bowel prep, may prefer to have screening in the privacy of their home, or may not have access to the invasive tests due to lack of coverage or local resources, so will opt for stool occult blood or DNA testing, which can be performed at home, without bowel prep. **But the panel said providers and patients should understand that those tests are less likely to prevent cancer compared with the invasive tests; they must be repeated at regular intervals to be effective; and if the test is abnormal, an invasive test (colonoscopy) will still be needed.**