



ASGE's 2nd National CRC Screening Summit features some of nation's top experts

DOWNERS GROVE, IL – The American Society for Gastrointestinal Endoscopy (ASGE) recently hosted its second National Colorectal Cancer (CRC) Screening Summit to discuss ways to increase the CRC screening rate for underserved patients in the US.

The September 23 online event included more than 40 of the nation's leading CRC screening experts who represent an array of key stakeholders, including gastroenterologists and other physicians and allied health care professionals, health care system representatives, insurers as well as advocacy groups.

ASGE gave an update on its CRC Screening Project, which is designed to increase the follow-up colonoscopy rate for underserved people who have an abnormal stool-based CRC screening test result.

“The follow-up colonoscopy rate for underserved patients who have an abnormal stool-based CRC test result is only 50 percent to 70 percent,” says Jennifer Christie, MD, MASGE, ASGE's immediate past president and the chair of the project's blue ribbon advisory council. “This project is so crucial and has the potential to save so many lives.”

Dr. Christie notes that ASGE's project is also aimed at reducing the amount of time it takes for patients who have an abnormal stool-based CRC test result to get a follow-up colonoscopy – understanding that it is imperative to do so in less than 10 months given the higher risk of CRC and advanced stage disease – and gaining a better understanding of the barriers that exist for patients and health care professionals.

One of Dr. Christie's fellow advisory council members, Pegah Hosseini-Carroll, MD, FASGE, stresses that, “We know that people on the lower end of socioeconomic scale are more likely to get colorectal cancer regardless of other risk factors, and an earlier diagnosis can help address racial and ethnic disparities and increase survival.”

She says today's CRC screening barriers can include cost, insurance, logistics, fear and anxiety, cultural factors, the lack of transportation as well as poor health care system processes and communications.

When it comes to the best ways to increase the follow-up colonoscopy rate, Dr. Hosseini-Carroll reports that there is widespread support for increasing the use of CRC quality metrics

and developing a universal data set for the Centers for Medicare & Medicaid Services to track CRC screening and care.

ASGE's CRC Screening Project includes developmental projects in Georgia and Maryland.

The organization is working with Community Health Care Systems, Inc. (CHCS), which is a federally qualified health center (FQHC) that will help hundreds of patients in middle Georgia get screened for CRC using a stool-based DNA test. Professional navigators from Horizons Community Solutions will assist patients who have an abnormal stool-based CRC test result through the full continuum of care, including a timely follow-up colonoscopy and other applicable care if it's required.

"We've already had more than 50 patients sign up for the ASGE project since July," says CHCS CEO Carla Belcher. "And of the 12 patients who have completed a stool-based CRC test to date, four have had an abnormal result. Subsequently, Horizons Community Solutions will be helping those patients schedule a follow-up colonoscopy as a next step."

The Maryland project is being administered by MedChi Network Services. It includes two primary care practices – IC Care Corporation (George Bone, MD) and Menocal Family Practice (Julio Jose Menocal, MD) – and a gastroenterologist (Alpha Banks, MD). Hundreds of patients are also expected to be screened in Maryland, and the effort may be expanded to include public health departments.

The ASGE project will cover the cost of follow-up colonoscopies and bowel prep products, and patients who need care beyond a follow-up colonoscopy will be assisted in finding access to that care (e.g., emergency Medicaid).

"Once we analyze the quantitative and qualitative data we've collected, we will develop a playbook and model public policy that can be used to increase the follow-up colonoscopy rate for underserved patients in other states," explains Tonya Adams, MD, a member of the ASGE advisory council. "Our goal is to be in a position to market the playbook and promote the project's outcomes with policymakers, the medical profession, advocacy organizations, the media and other key stakeholders in the 2026 timeframe."

It is also worth noting that ASGE is advocating for sources of sustainable state funding to pay for timely follow-up colonoscopies for underserved people who have abnormal stool-based CRC test results in Georgia and Maryland in 2025 and beyond.

"CRC is the leading cause of cancer death in men under 50 and the second leading cause of cancer death in women who are under 50," says Dr. Christie, emphasizing that, "The good news is that CRC also has a 90 percent survival rate when it's detected early enough, which is why ASGE is appealing to everyone who is 45 or older to get screened."

The ASGE project is mainly funded by an unrestricted grant from Exact Sciences, with additional support from Ironwood Pharmaceuticals and Sebela Pharmaceuticals' Braintree Laboratories affiliate.

ASGE's first National CRC Screening Summit took place in August 2023.

Visit [ASGE.org/CRC](https://www.asge.org/CRC) for information on ASGE's CRC Screening Project.

About the American Society for Gastrointestinal Endoscopy

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence and innovation in gastrointestinal endoscopy. ASGE, with more than 16,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit [ASGE.org](https://www.asge.org).