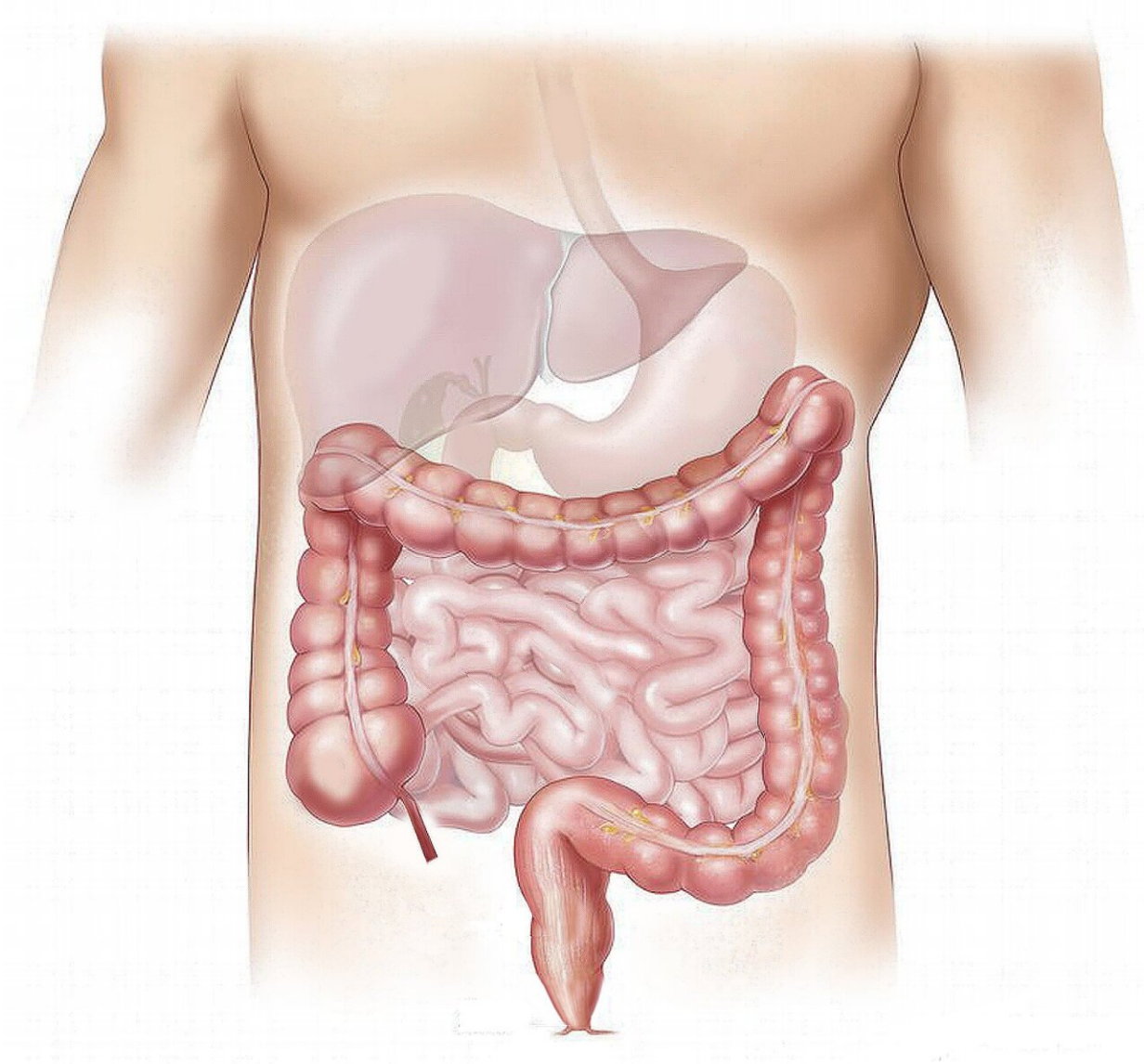


# AGA releases evidence-based principles to guide creation of national colorectal cancer screening approach

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The American Gastroenterological Association today released a series of evidence-based position statements that amount to a call to action for a national colorectal cancer screening approach, which would enable everyone to participate in colorectal cancer (CRC) screening programs without barriers.

CRC experts developed eight statements, which highlight the continuum of CRC [screening](#), identify barriers and provide a platform for physician groups, patient advocates, industry, employers, payers and the government to work together eliminate screening barriers.

"CRC screening saves lives, but only if people get screened. Cost sharing is an important barrier to screening, which contributes to racial, ethnic and socioeconomic inequities in [colorectal cancer](#) outcomes. The full cost of screening—including non-invasive tests and follow-up colonoscopies—should be covered without cost to patients," says David Lieberman, MD, AGAF, chair of the AGA Executive Committee on the Screening Continuum. "AGA wishes to collaborate with key stakeholders to eliminate obstacles to screening, which disproportionately impact those with low income and lack of insurance."

AGA position statements on reducing the burden of colorectal cancer:

1. AGA supports the development of a national approach to CRC screening to ensure accessibility to all individuals in the United States with the goal to eliminate suffering and death from CRC.
2. There is strong evidence from randomized controlled trials, observational clinical studies, and modeling studies that

increasing CRC screening rates will reduce CRC incidence and mortality.

3. A screening program should include both colonoscopy and noninvasive screening options, patient education, outreach, and navigation support.
4. Co-pays and deductibles are barriers to screening and contribute to socioeconomic disparities. The full cost of screening should be covered by payers without cost sharing.
5. Screening with high-quality colonoscopy should be covered by payers without cost sharing, consistent with the aims of the Affordable Care Act. These costs include the bowel preparation, facility and professional fees, anesthesia, and pathology.
6. Noninvasive colorectal screening should be considered as programs with multiple steps, each of which, including follow-up colonoscopy if the test is positive, should be covered by payers without cost sharing as part of the screening continuum.
7. AGA supports expansion of the continuum of screening to include the follow-up of patients found to have high-risk adenomas\* (HRA) or advanced sessile serrated lesions (SSLs).
8. AGA, working with a broad coalition of stakeholders, envisions the creation of a national resource to help manage [population health](#) focused on ensuring high-quality CRC screening and eliminating barriers to CRC screening.

The AGA published these position statements in *Gastroenterology*.

**More information:** David Lieberman et al, Reducing the Burden of Colorectal Cancer: AGA Position Statements, *Gastroenterology* (2022). [DOI: 10.1053/j.gastro.2022.05.011](https://doi.org/10.1053/j.gastro.2022.05.011)

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