



ASGE Responds to *Annals of Internal Medicine* Study Questioning Accuracy of Colonoscopy

A study released last week in the *Annals of Internal Medicine* found that colonoscopy is associated with lower death rates from colorectal cancer, however, Canadian researchers concluded in their retrospective study that complete colonoscopy was strongly associated with fewer deaths from left-sided colorectal cancer (33 percent reduction), but not from right-sided colorectal cancer (1 percent reduction). [Annals Study Link](#)

The study garnered a lot of media attention, due in large part to a *The New York Times* article that used worrisome language and overlooked certain details about the study that may deter people from undergoing a colonoscopy. [New York Times Article Link](#)

ASGE issued a response press release urging patients to seek a qualified gastrointestinal endoscopist before undergoing a colonoscopy. [ASGE Press Release Link](#) ASGE President John L. Petrini, MD, FASGE, stated in the release:

“Colonoscopy’s effectiveness is evidenced in the recent decline in the incidence and death rates from colorectal cancer announced last month by leading cancer organizations. While colonoscopy is not a perfect test, this study should not deter anyone from undergoing a colonoscopy for colorectal cancer screening. Approximately 70 percent of the colonoscopies performed in this study were not done by gastroenterologists. Studies have shown that missed lesion rates are higher for internists and family practice physicians doing colonoscopy. We urge patients to log on to [ASGE’s Web Site](#) to find a qualified, expertly-trained gastrointestinal endoscopist to perform their colonoscopy and to ask questions about their qualifications.”

ASGE sent a letter to the editor of *The New York Times* regarding their article. The following points were addressed in the letter, which **you may want to share with patients who ask questions about the study and colonoscopy’s effectiveness:**

- Colonoscopies in this study were performed primarily by non-gastroenterologists (family practice, primary care doctors and surgeons) who are not trained to the extent of gastroenterologists. Studies have shown that missed lesion rates are higher for internists and family practice physicians.
- This was a retrospective study and may not reflect current practices; bowel preparations are better, examination techniques are slower and there is increased recognition of right-sided lesions.
- The type of data collection in this study does not allow for assurance that the right colon was fully evaluated, as there is no documentation that a full colonoscopy was actually performed when listed as a full examination.
- Colonoscopy is not a perfect test, but it is the best test to prevent colorectal cancer. Patients must find an expertly-trained gastrointestinal endoscopist and ask the physician about their qualifications before undergoing a colonoscopy.

Dr. Petrini was quoted in an article on **ABC News online** that features opinion on the study from a variety of medical experts: [ABC News Article Link](#)

ASGE Member Blair Lewis, MD, FASGE, was interviewed on **NBC Nightly News**. [NBC Nightly News Video Link](#) NBC Nightly News online article directs patients to ASGE to find a qualified physician for colonoscopy. [NBC Nightly News Article Link](#)

On Dec. 19, *The New York Times* ran an editorial on the study, perhaps in response to letters and other media coverage raising concerns about the study and urging patients not to forgo a colonoscopy: [New York Times Editorial Link](#)