DON'T LET PERFECT BECOME THE ENEMY OF GOOD in Colorectal Cancer Screening

In the battle against colorectal cancer (CRC) – the second-leading cause of cancer-related deaths in the United States – we continue to struggle with a persistent obstacle. Statistics clearly show that CRC is highly treatable if caught early. Yet, despite having screening options available, a staggering 50 million people – approximately one in three eligible Americans – are not up to date with recommended screening.

In a perfect world, all eligible adults would undergo guideline-recommended CRC screening once they turn 45. In the real world, where people have busy lives and adhering to currently available screening options can pose a significant challenge, screening rates have remained stagnant at about 59%, well below the National Colorectal Cancer Roundtable's goal of 80% for eligible individuals. Colonoscopy remains the most accurate method – the gold standard – for CRC screening, but many hesitate to complete one. And even though a modern stool-based DNA test option became available a decade ago, the alarming screening gap remains. Millions of people who should be getting screened just find the current options too inconvenient or unpleasant.

This screening avoidance pattern is a dangerous gamble, as the symptoms of the disease often remain hidden until it's too late.

Colon cancer has a 5-year **survival rate** of

91%

if detected in early stages.

This drops dramatically to

13%

in late stages, when many adults are diagnosed.

This reality underscores the desperate need for another type of screening test that people will complete. Recently, a U.S. Food and Drug Administration (FDA) advisory committee panel of experts strongly endorsed a new blood test that health care providers can offer to average-risk patients as a primary option for CRC screening. Blood-based screening offers a convenient, noninvasive alternative that has the potential to

motivate more patients to be screened and ultimately save more lives. While blood tests may have some limitations, physicians and scientists agree that when it comes to screening, perfect can't be the enemy of good.

75%

of Americans who die from colorectal cancer are behind on their recommended screening.

We now have the power to change that.

Of the 20,000+ individuals who have been prescribed the blood test over the past two years, more than 90% completed it – a far higher percentage than for any other type of CRC screening test. Getting more adults screened for CRC – and then diagnosed and into treatment as early as possible, if needed – must be our primary goal. Offering multiple options and giving patients the power to choose just may be what we need to get there.

The stakes are high as FDA considers the positive recommendation of its advisory committee and deliberates on whether to approve the new option. New screening tools can only benefit patients if they can access them, and the FDA can help ensure that this potentially life-saving test gets into the hands of the health care providers and patients who stand to benefit most.

With an FDA-approved blood test for CRC screening that is easily accessible, we can improve screening rates, identify more cancer early when it's most treatable, and reduce the number of CRC deaths.

We, the undersigned, urge policymakers, health care professionals, and our fellow advocates to rally behind this groundbreaking technology and give patients more screening options. Let's trust our primary care providers to make these decisions in partnership with their patients as they do every day on the front lines of our health care system. Together, we can seize this opportunity to usher in a new era of CRC screening – one defined by accessibility, effectiveness and choice – and finally turn the tide against CRC.

Signatories











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ASSOCIATION















