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# Foreword

## Colorectal Cancer Screening: Where We Are and Moving Forward



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As I write the foreword to this issue of *Gastrointestinal Endoscopy Clinics of North America* devoted to “Colorectal Cancer Screening,” the COVID-19 pandemic continues to rage. Tens of thousands of Americans will die of respiratory complications of the highly contagious coronavirus infection. Mandatory “social distancing” is widely declared in cities and states across the country. In many places, all elective gastrointestinal (GI) endoscopy procedures have been put on hold, including colonoscopies for colorectal cancer screening. This appropriate pause can be taken as an opportunity for GI endoscopists to take some time to ponder what has been achieved and to consider the best strategies for the future.

At some point, the current viral threat will likely be tamed by a combination of public health measures, new treatments, and it is hoped, an effective vaccine. The threat of tens of thousands dying from colorectal cancer, however, will continue, and will have to be addressed with renewed vigor. Yes, colorectal cancer screening has been undoubtedly successful in decreasing incidence and mortality by early detection and by removal of precancerous colorectal polyps. Still, the American Cancer Society projects some 148,000 new cases of colorectal cancer in the United States in 2020 with a mortality of more than 53,000. Colorectal cancer remains the second leading cause of cancer deaths for men and women combined in the United States.

Dr Douglas K. Rex, the Editor of this issue of *Gastrointestinal Endoscopy Clinics of North America*, is widely recognized for his leadership in colorectal cancer screening, and he has crafted a deeply thoughtful list of topics written by an extraordinary group of experts highlighting where we stand with current screening and the challenges as we move forward. How and when to utilize fecal immunochemical testing and multitarget stool DNA testing to extend screening to a greater percent of the population, risk

stratification, and the potential for artificial intelligence are among the topics. Dr Rex himself has provided a not-to-be-missed article, “The case for high-quality colonoscopy remaining a premier colorectal cancer screening strategy in the United States.” I advise GI endoscopists to take the time to read this important issue now, and to be fully informed and to participate when events allow with new energy in colorectal cancer screening.

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