

# Shortage of Gastroenterologists Predicted by 2020

BY MICHELE G. SULLIVAN  
Mid-Atlantic Bureau

Within a decade, the United States won't have enough gastroenterologists to meet the demand for colorectal cancer screenings, given its burgeoning elderly population, a new study has found.

If the national screening rates remain stable, the country could be short 1,050 gastroenterologists (GIs) by 2020 because of the aging of the population, according to a study by the Lewin Group, a health care policy research and management consulting firm.

If screening rates increase by just 10% during the next decade, the shortfall will be as high as 1,550 gastroenterologists by 2020, said Tim Dall, the Lewin Group's vice president and the study's lead author.

"This shortage is absolutely going to impact our national ability to provide colorectal cancer screening," Mr. Dall said in a teleconference sponsored by Olympus America Inc., one of the world's largest manufacturers of gastrointestinal endoscopes.

The shortage of GIs could also affect primary care physicians who perform colonoscopies because, Mr. Dall said, "if they're doing these screenings, then they are not providing other services that are also in high demand."

"The confluence of an aging population, improvements in technology, fluxes in the economic milieu, and changes in disease prevalence/impact will act in concert to place new unprecedented pressure on GI service delivery," said Dr. Patrick I. Okolo III, chief of endoscopy, division of gastroenterology, Johns Hopkins University, Baltimore. "A comprehensive, focused national approach to broaden the number and quality of physicians trained in gastroenterology will be necessary."

Olympus commissioned the study to gather data to support its legislative push for a federally funded gastroenterology fellowship program, said F. Mark Gumz, president and CEO of Olympus America. The "GI Bill for GIs" would make up to \$50 million available for fellowships over a 5-year period, with the goal of training 130 new gastroenterologists each year. "We have called for this federal legislation before, and now, with this new research, we are redoubling our efforts," Mr. Gumz said at the teleconference.

Despite its name, the bill is not aimed at veterans, a company spokesperson pointed out. "Olympus refers to its proposed legislation as the GI Bill for GIs because of the service component in our proposal. Just as the GI Bill for soldiers provides education in exchange for service to the nation, our proposed GI Bill for GIs requires participants to provide service to their community, in the form of practicing in an underserved area. This is not intended to be simply a free scholarship."

Although the bill has not been formally introduced, Mr. Gumz said Olympus has had preliminary discussions with Sen. Arlen Specter (R-Pa.) and Rep. Charlie Dent (R-Pa.).

The current supply of U.S. gastroenterologists who are active in patient care now hovers near 10,400, Mr. Dall said. Supply is projected to grow by just 10% (to about 11,460) by 2020. Even if there were no increase in the demand for screening, the supply of GIs would still be 250 short by 2020.

But national population estimates strongly suggest that demand for services will grow significantly. As the percentage

of older patients increases, so will the need for routine screening. And, noted Mr. Dall, a proportion of these newly screened patients will have findings that place them in a higher-risk surveillance group, requiring more frequent screening.

Emerging technology could slightly affect the study's projections, he said. "We calculated a modest effect of a shift in screening modalities that could be performed by other clinicians, such as vir-

tual colonoscopy. We found this would have little impact on demand, because many of these screens will show positive findings and result in referrals to GIs."

The study concluded that training an additional 130 GIs each year starting in 2011 would make up the shortfall, increasing the supply by 1,550 GIs by 2020—a goal Olympus would like to see met by the national fellowship program. ■



## How fast

do noses demand seasonal allergy relief?

Fast seasonal allergic rhinitis relief is here.

- The only nasal spray approved to work in 30 minutes<sup>1</sup>
- Sustained symptom relief over 2 weeks<sup>2,3</sup>
- Steroid-free<sup>1</sup>
- From a proven, potent H<sub>1</sub> antagonist<sup>4</sup>

Prescribe the nasal spray that starts working ASAP.

PATANASE<sup>®</sup> Nasal Spray is an H<sub>1</sub> receptor antagonist indicated for the relief of symptoms of seasonal allergic rhinitis in patients 12 years of age or older.

The most common adverse reactions (>1%) included bitter taste, headache, epistaxis, pharyngolaryngeal pain, post-nasal drip, cough, and urinary tract infection. Nasal ulceration and nasal septal perforation occurred at a rate of <1%; patients should be monitored periodically for signs of adverse effects on the nasal mucosa. Avoid use in patients with nasal disease other than allergic rhinitis. Please see highlights of prescribing information on reverse page.

  
**Patanase**<sup>®</sup>  
Nasal Spray  
(olopatadine HCl) 665 mcg

For full prescribing information, please visit [www.patanase.com](http://www.patanase.com)

©2008 Alcon, Inc. 8/08 PTN08510JA

**Alcon**<sup>®</sup>