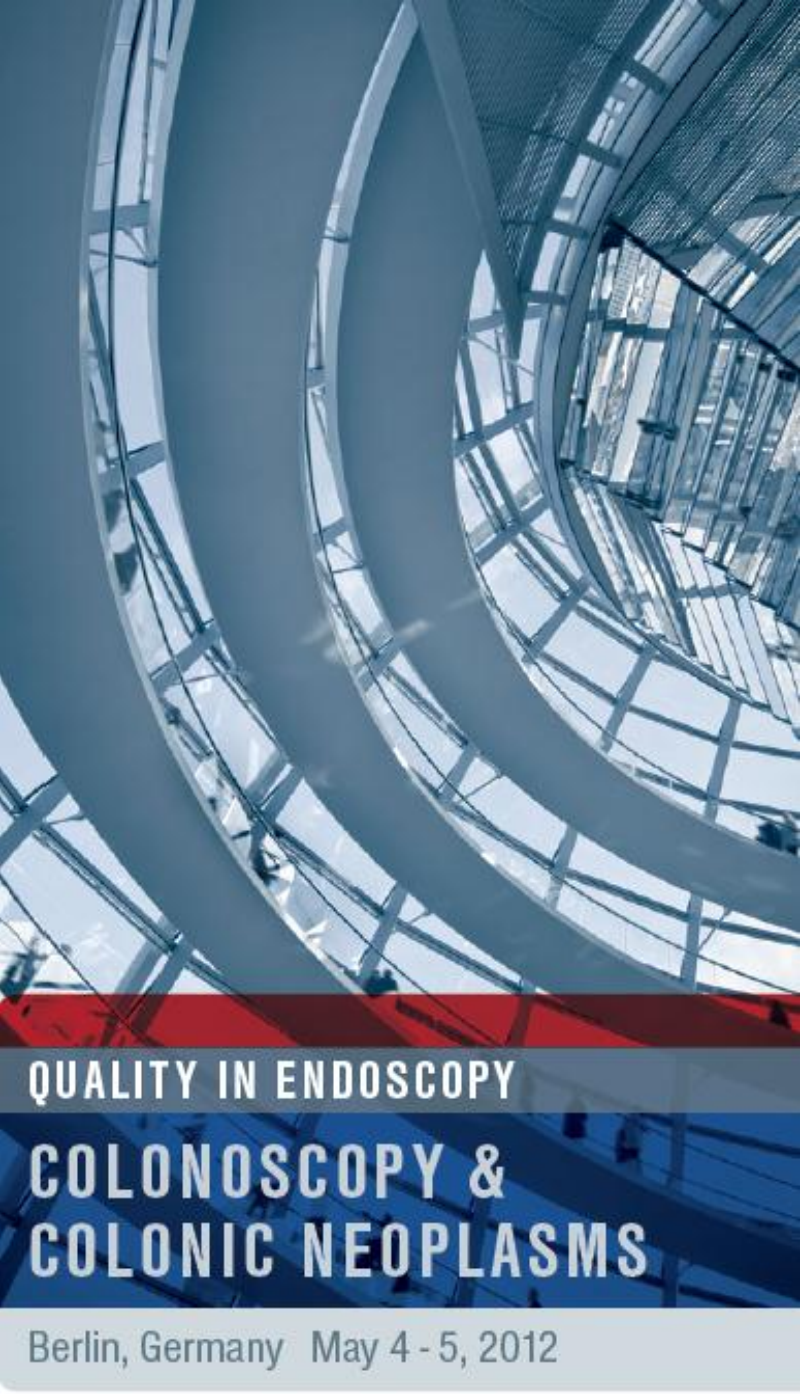

The great debate 1: Colorectal mass screening programme

Colonoscopy first

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ESGE esdo

www.quality-in-endoscopy.org

Debate

- primary colonoscopy

  (every 10 years, once in a life-time)

vs

- primary sigmoidoscopy

  (every 5 years, once in a life-time)

vs

- biological test (stool test, every 1-3 yrs)

Randomised controlled trials with mortality endopoint

		Score
• Colonoscopy	No	0
• Sigmoidoscopy	2 RCT's	1
• Stool, only guaiac	3 RCT's	1

Recommendation by EU

		Score
• Colonoscopy	No	0
• Sigmoidoscopy	No	1
• Stool test	Yes	1 + 1

Quality in Endoscopy: Colonoscopy, Berlin 2012

Italian, population based, RCT, 18,114 screenees comparing FIT vs sigmoidoscopy vs colonoscopy

	FIT	Sigmo	Colo
Attendance	32%	32%	27%
Attendance (Ver)	56%	52%	47%
Cancer	0,1%	0,6%	0,8%
Adv adenoma	1,1%	4,6%	6,3%

Segnan N et al. Gastroenterology 2007

Multivarable OR's, 95% CI for advanced adenomas and cancer

Sigmo	1
FIT	0,22 (0,14 – 0,35)
Colo	1,42 (1,08 – 1,88)

Conclusions:

despite lower attendance the yield is highest for colonoscopy

Segnan N et al. Gastroenterology 2007

Colonoscopy vs FIT
Spanish RCT, 53,302 screenees

	FIT	Colo
Attendance	34%	25%
Adv neoplasia		
proximal	0,2%	0,8%
distal	0,9%	1,5%

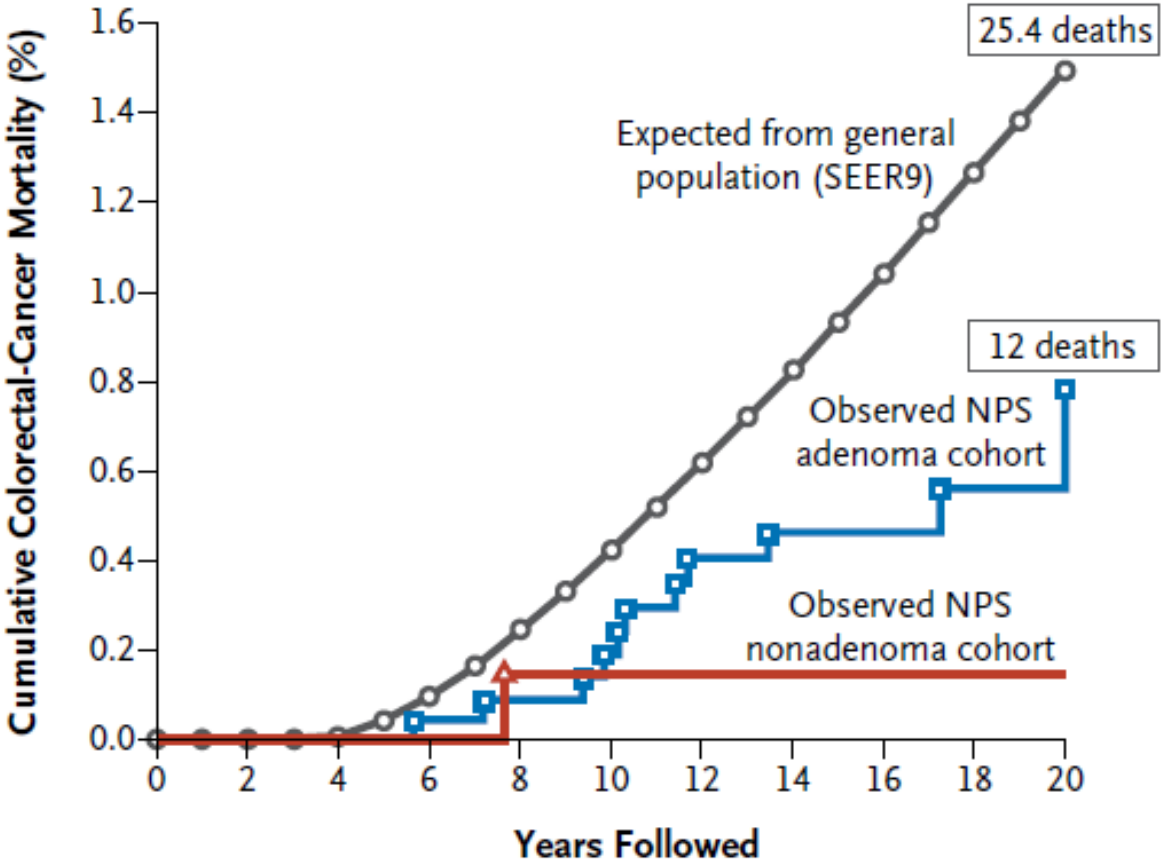
Quintero E et al. NEJM 2012

The highest yield
despite lowest compliance

	Score
• Colonoscopy	0 +1
• Sigmoidoscopy	1
• Stool, FIT	2

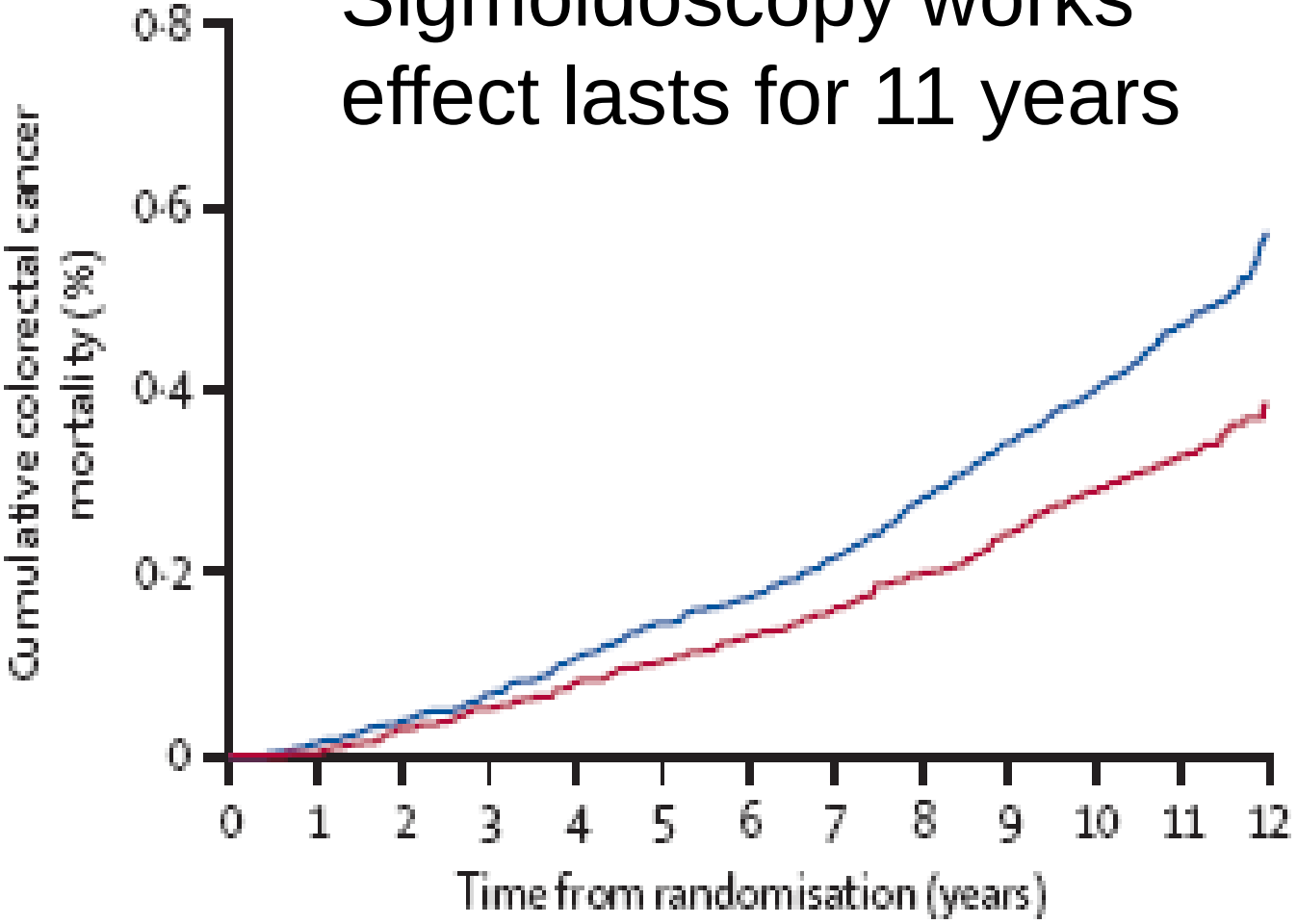
Does it work in terms of mortality reduction?

Colonoscopy with polypectomy decreases CRC mortality by 53%



Zauber A et al. NEJM 2012

Sigmoidoscopy works effect lasts for 11 years



HR 0,68 (0,59-0,82) in ITT analysis

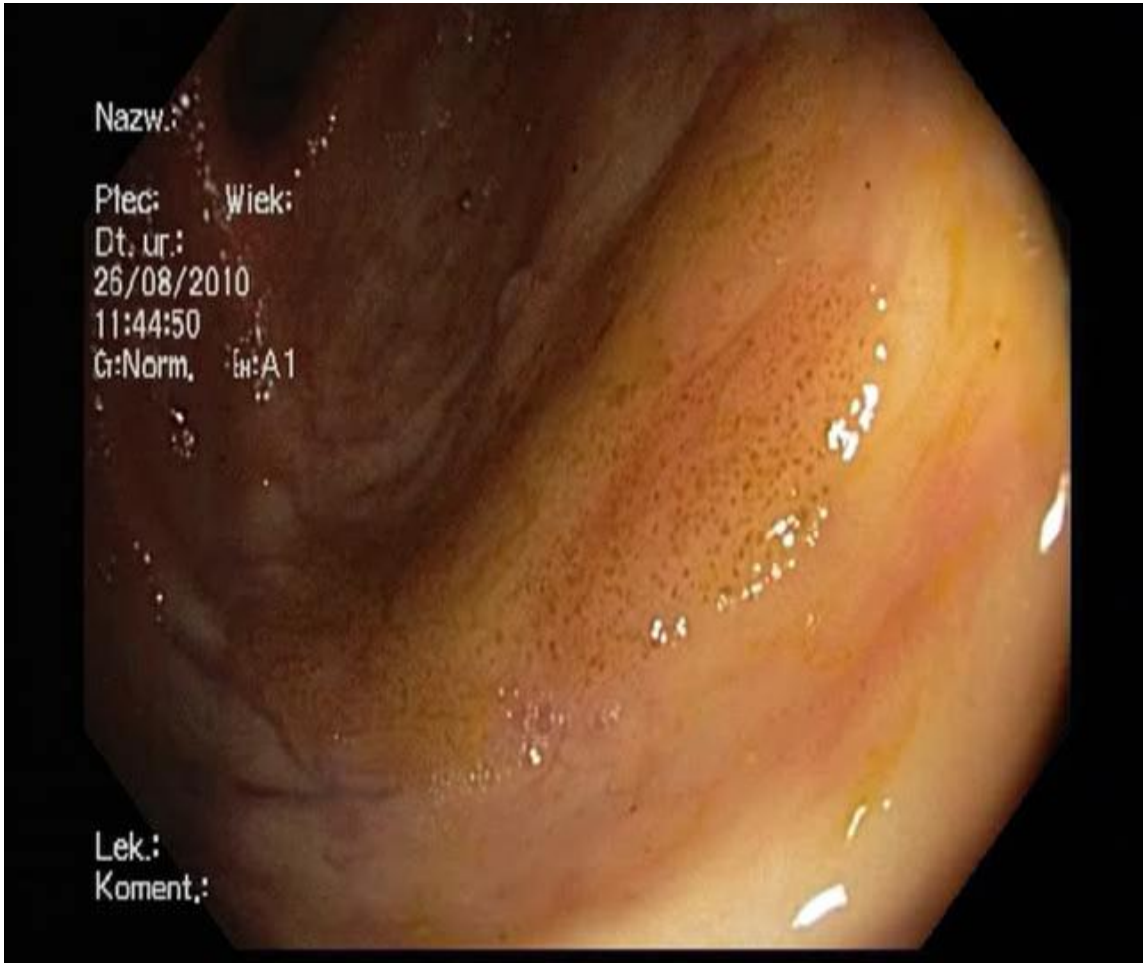
Atkin W.et al. Lancet 2010

If so ...

- colonoscopy should be at least as good (or better) in the left colon (as sigmoidoscopy)
- colonoscopy should protect much better right colon

  providing high quality is ensured

Only colonoscopy can detect such lesion



Colonoscopy 1-10 yrs earlier protects from CRC

Year of recruitment	Right colon OR (95%CI)	Left colon OR (95%CI)
2003–2004	0.63 (0.42–0.94)	0.27 (0.18–0.39)
2005	0.51 (0.30–0.86)	0.17 (0.10–0.29)
2006–2007	0.38 (0.25–0.57)	0.11 (0.07–0.17)

Brenner et al. Ann Int Med. 2011

Probably the best protection providing high quality is ensured

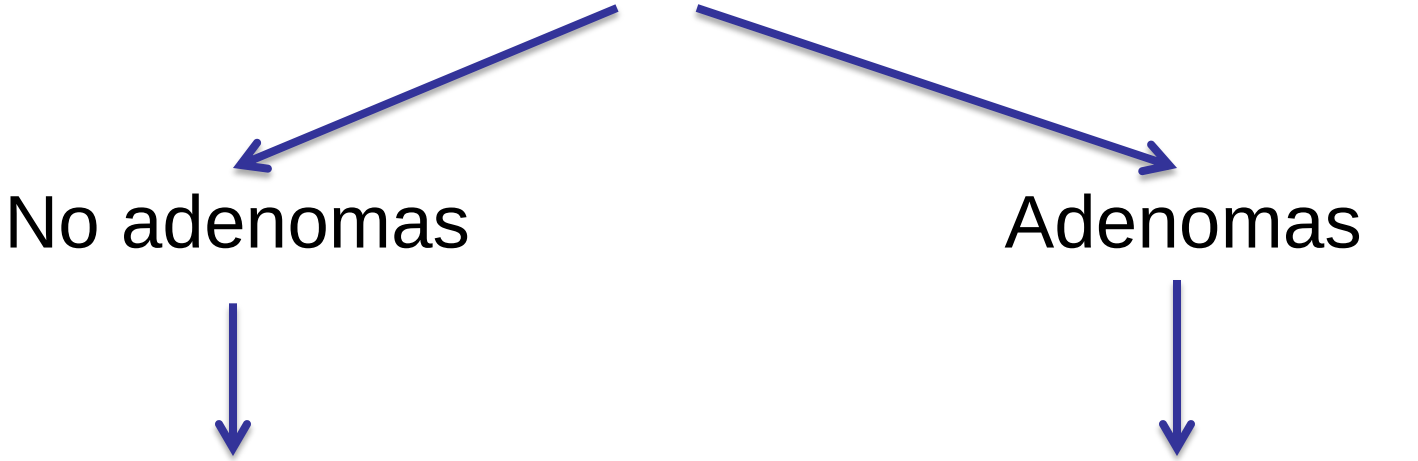
		Score
• Colonoscopy	No	1+1
• Sigmoidoscopy	No	1
• Stool test	Yes	2

Colonoscopy - simplicity

- the only 1-stage strategy
- the simplest to organize
- once in a life time
- cheap in some countries

New concept

Once in a life-time colonoscopy as screening test at age 60 yrs



Bretthauer M. NEJM 2012

Organisational simplicity

	Score
• Colonoscopy	2+1
• Sigmoidoscopy	1
• Stool, FIT	2

The correct choice !!!

- Colonoscopy (once in lifetime)

  - quality assurance and safety
  - need of defining optimal age
    (different for men and women?)
  - optimal organisation population-based (invitations)
  - resources to be ensured
  - decisions to be taken locally/nationally