

Colorectal mass screening programme

Sigmoidoscopy first

Adam Haycock

St Mark's Hospital
Harrow, UK



QUALITY IN ENDOSCOPY

COLONOSCOPY &
COLONIC NEOPLASMS

Berlin, Germany May 4 - 5, 2012

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Mass screening programmes

Condition

- Common
- Natural History
- Latent phase

Test

- Reliable
- Acceptable
- Easy to perform
- Sensitive
- Specific
- Low cost

Treatment

- Effective
- Available
- Agree whom to treat

Colorectal cancer screening

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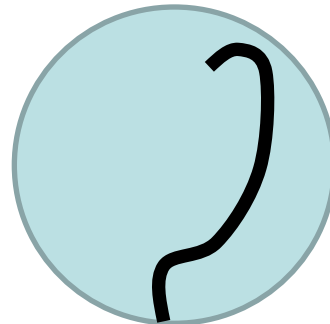
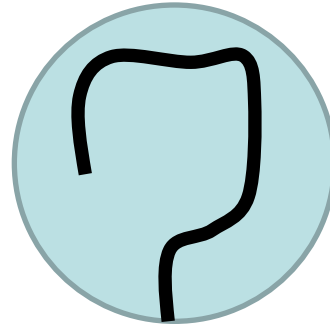
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Colorectal cancer screening

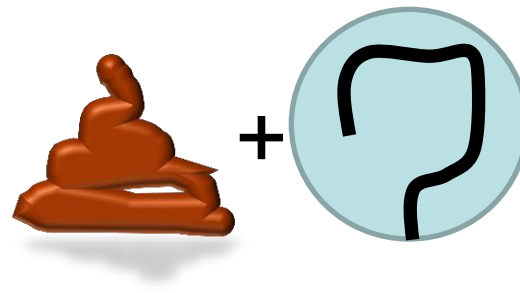
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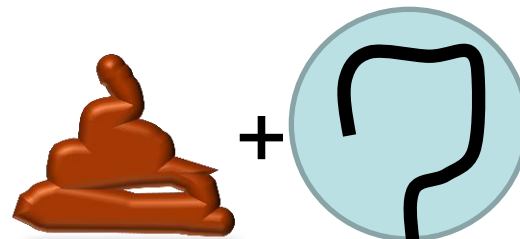
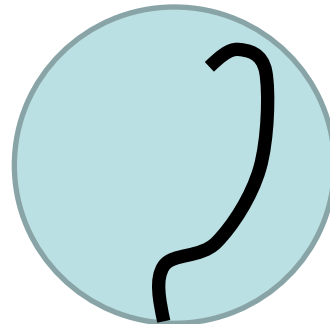
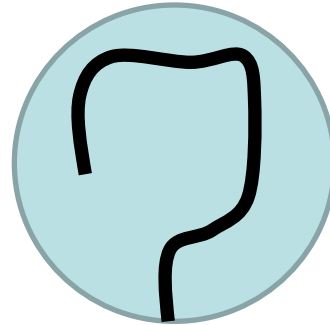
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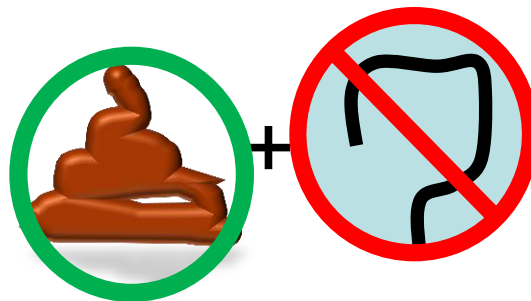
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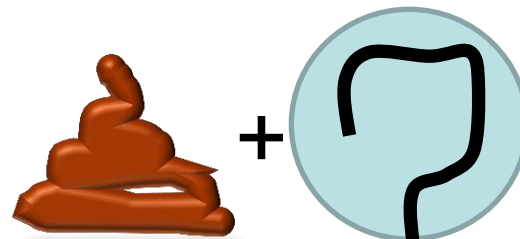
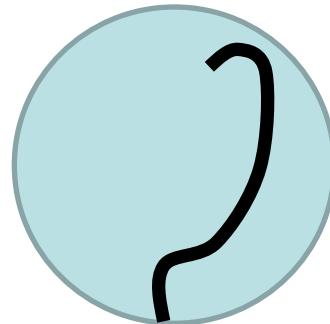
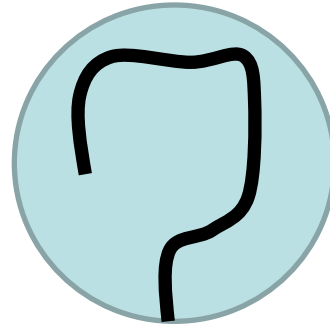
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Availability

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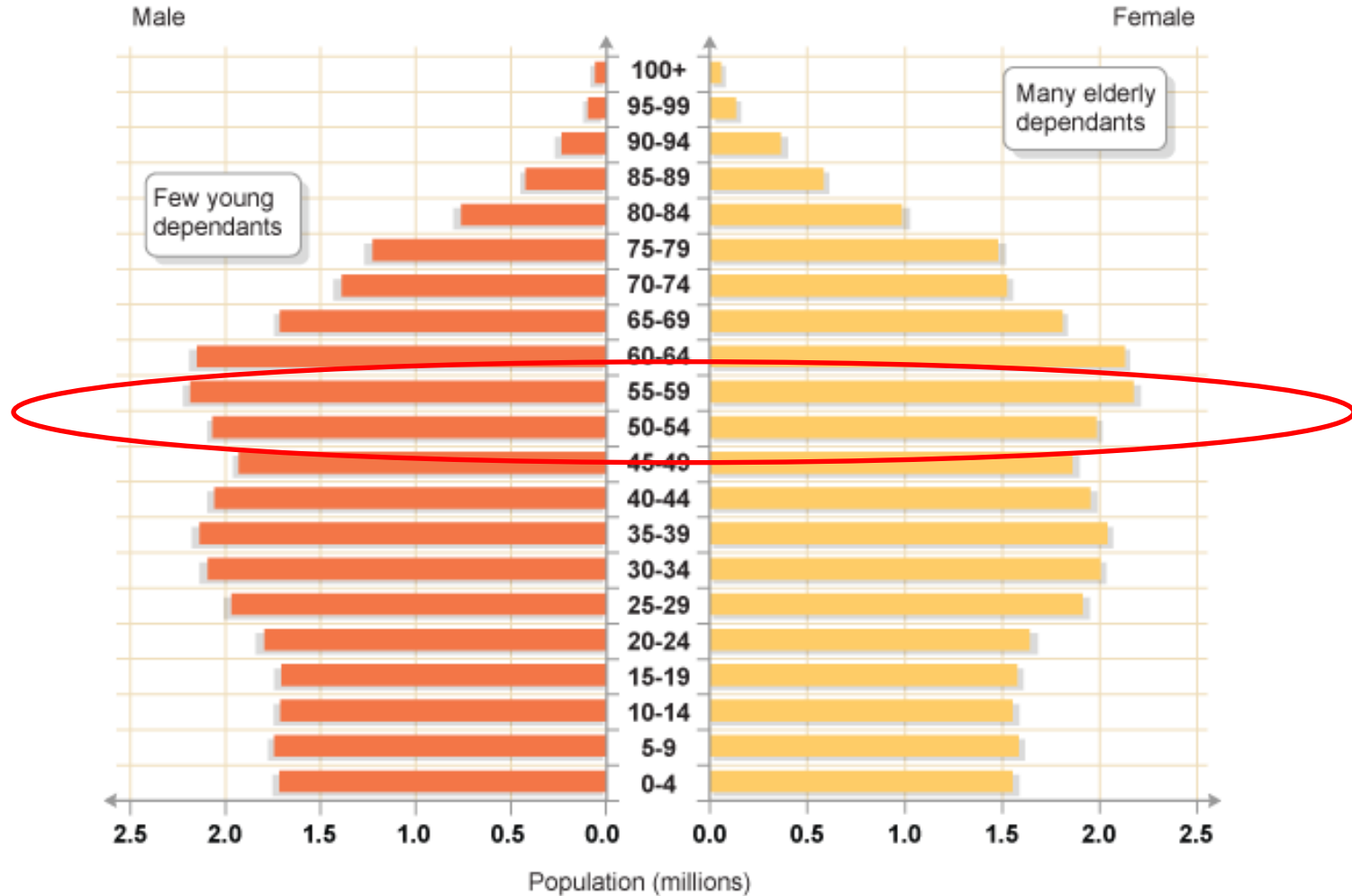
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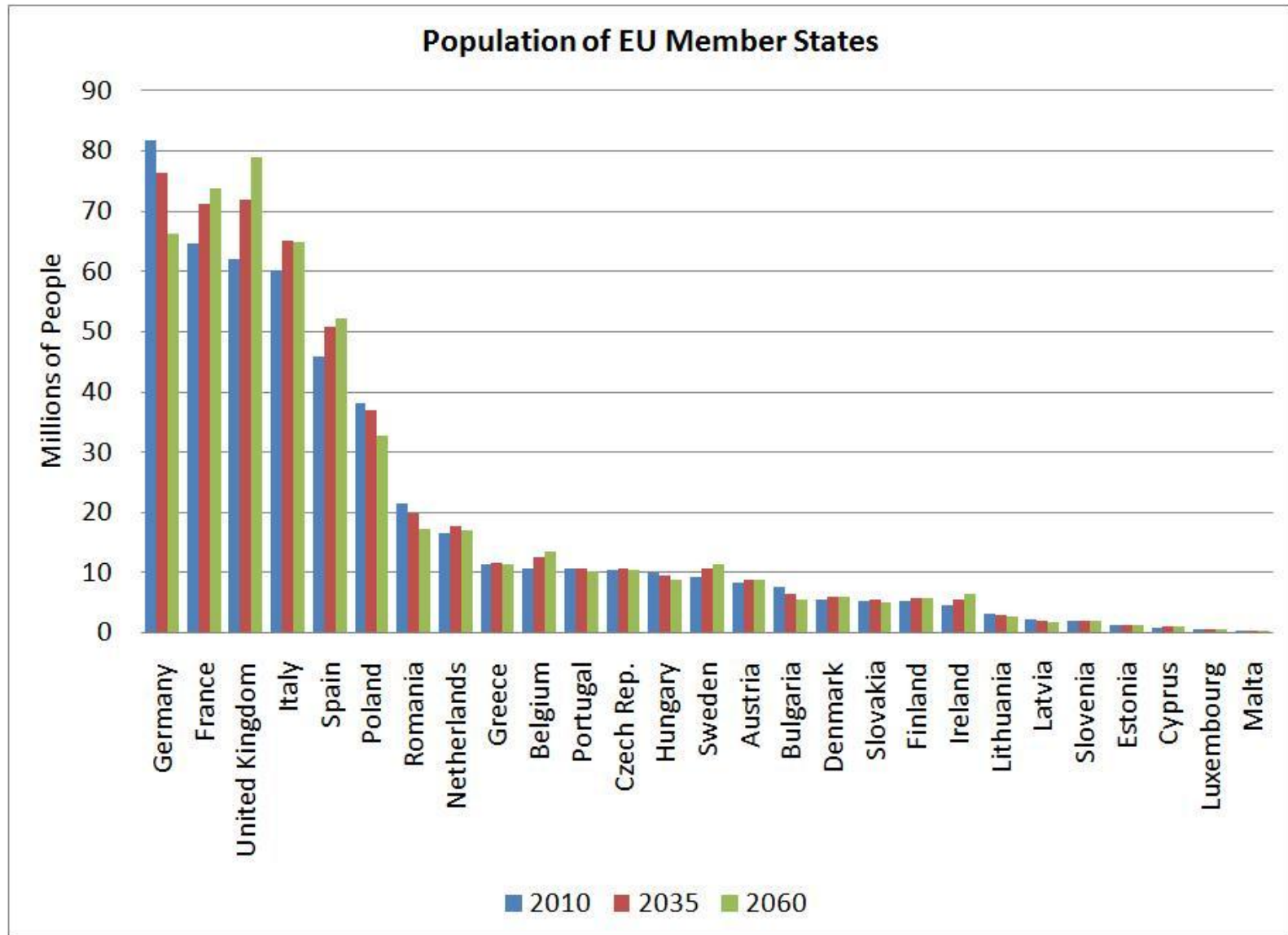
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Availability



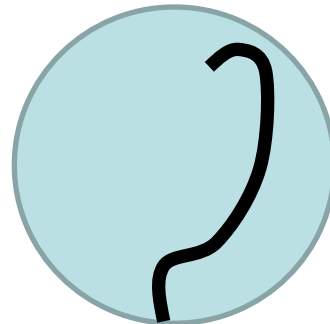
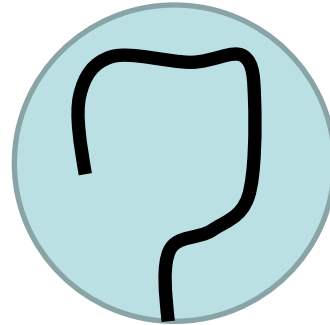
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Cost

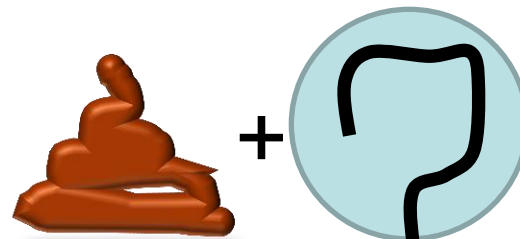
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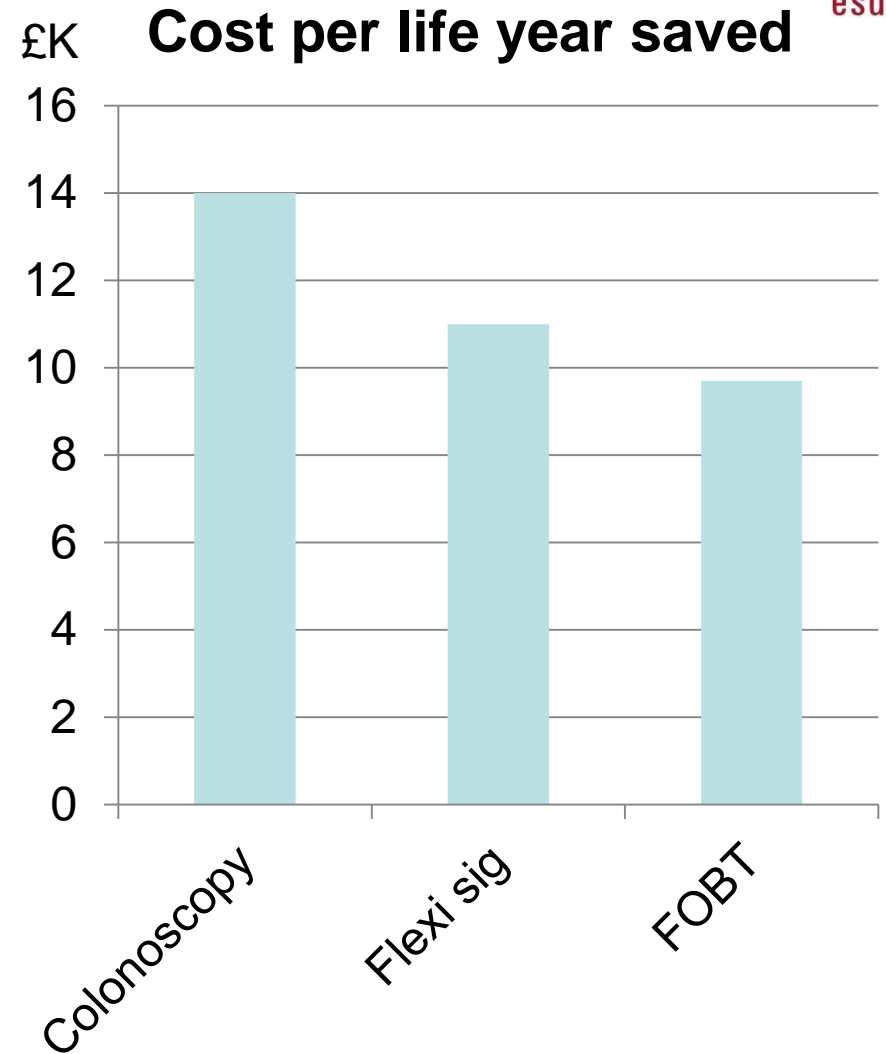
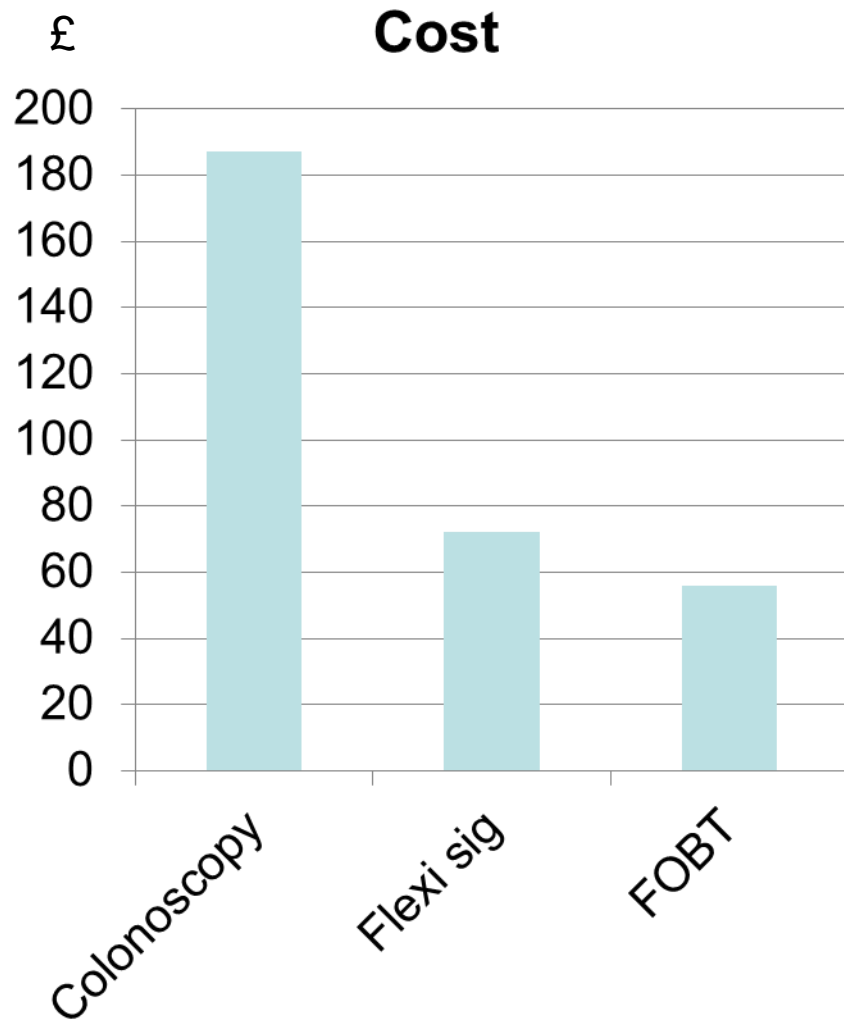


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Cost



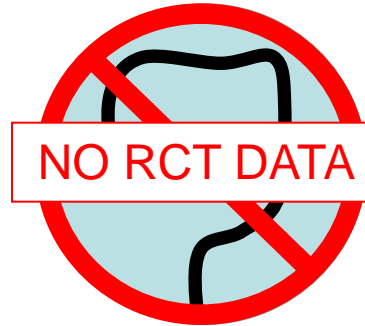
Costs of flexible colorectal cancer screening in the United Kingdom.
 Whynes et al, Int J Tech Assess Health Care. 2003

Quality in Endoscopy: Colonoscopy, Berlin 2012

Effectiveness

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Treatment

- **Effective**
- Available
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Effectiveness

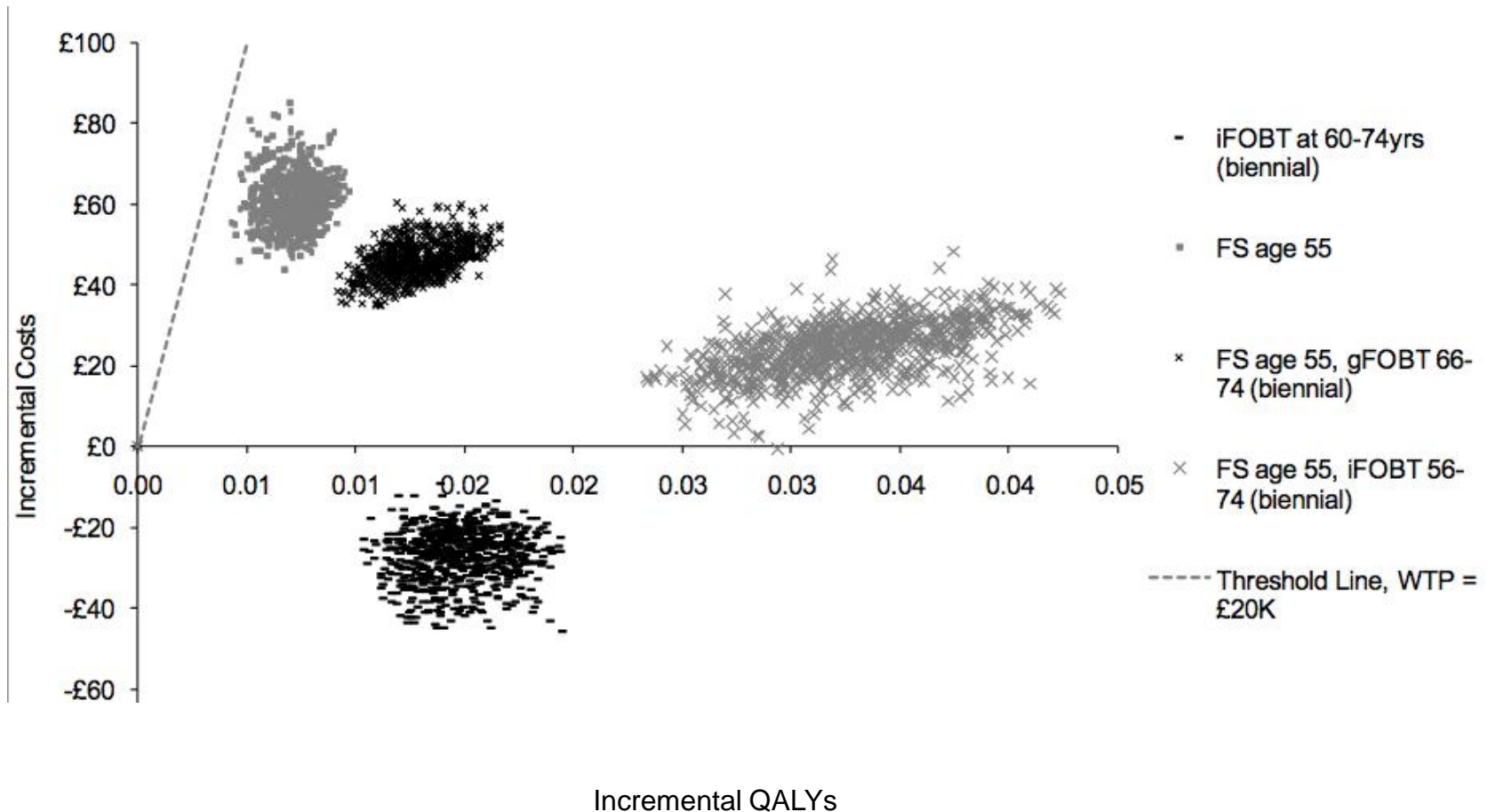
FOBT

Study	Population	Positivity rate	Testing interval	Relative Mortality reduction
Minnesota	48,000	2.4%	Annual	33%
United Kingdom	150,000	2.1%	Biennial	21%
Denmark	62,000	1.0%	Biennial	15%
Sweden	27,000	1.9%	Biennial	18%

Flexible Sigmoidoscopy

Study	Population	Yield	Testing age	Relative Mortality reduction
NORCCAP	55,000	19% polyp or mass	55-64	NS reduction
FlexiScope (UK)	170,000	5% high risk polyps	55-64	43%(PP)
SCORE (Italy)	56,500	-	55-64	38%(PP)
PLCO (USA)	77,000	23%	55-74	TBC

Cost-Effectiveness



Summary

- Flexible sigmoidoscopy for colorectal cancer screening is:
 - Cost-effective
 - Evidence based
 - Feasible
- It should be the first line population screening test

