Flexible sigmoidoscopy for colorectal cancer screening

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Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' conclusions
The sources examined are not in complete agreement regarding the effectiveness of FS as a screening tool for CRC. FS screening is a method that incorporates primary prevention by the detection of and removal of adenomas, and secondary prevention by early detection of cancers. Therefore, a successful FS screening program needs to demonstrate a reduction not only in mortality but also in incidence. The study with the longest follow-up and largest patient group (Atkin et al 2010) provided sound evidence of a reduction in CRC incidence and mortality for a group allocated to FS screening compared to a control group who were not offered any screening. The work of Hol and colleagues (2010) indicated that FS was superior in the detection of advanced adenoma and CRC compared with FOBT methods, reportedly with minimal complication. When deciding on a screening method, the clinical effectiveness of each strategy needs to be considered with close reference to issues of safety. If FS is to be promoted over FOBT, then determination of whether the level of invasiveness and adverse outcomes are acceptable for the level of benefit gained will be necessary. Comprehensive comparison of costs also remains an issue, since this will be possible only when age range, frequency of screening and overall number of screenings offered in a lifetime are defined and decided on for each of the screening techniques. It is still too early to know comprehensive costing implications of a program of FS screening, as to the evaluators' knowledge, no such program has been specifically defined at this stage. Based on the high level of evidence it would appear that FS is a screening method that confers significant reduction in incidence of and mortality from CRC when compared to a non-screened population, however resistance to the uptake of this technology is likely due to its invasive nature. The NHMRC are currently in the process of revising the Australian guidelines for the detection of colorectal cancer and therefore HealthPACT have recommended that this document be considered as part of this ongoing process.

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