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Summary

LONG-TERM COLORECTAL CANCER INCIDENCE, UNPERTURBED BY SURVEILLANCE, AMONG PEOPLE WITH NO POLYPS OR LOW-RISK POLYPS: AN ANALYSIS OF DATA FROM THE UK FLEXIBLE SIGMOIDOSCOPY SCREENING TRIAL

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UEG Week Copenhagen 2023 | Poster

Colorectal

October 15, 2023

In the UK Flexible Sigmoidoscopy Screening Trial with 21-year median follow-up and minimal surveillance, participants with low-risk distal polyps had substantially reduced distal colorectal cancer incidence but elevated proximal cancer incidence compared to the general population.

KEY POINTS

- Among 37,911 participants screened once with flexible sigmoidoscopy (79% no polyps, 21% low-risk polyps), fewer than 1% underwent baseline or surveillance colonoscopy during follow-up.
- Distal colorectal cancer incidence was lower than the general population in both the no-polyps group (standardised incidence ratio 0.27, 95%CI 0.23-0.31) and low-risk polyps group (0.33, 95%CI 0.26-0.42).
- Proximal cancer incidence was not significantly different from the general population in the no-polyps group (standardised incidence ratio 0.91, 95%CI 0.82-1.01) but was elevated in the low-risk polyps group (1.57, 95%CI 1.34-1.82).
- Compared to participants with no polyps, those with low-risk distal polyps had significantly higher proximal cancer incidence (hazard ratio 1.81, 95%CI 1.50-2.18, $p<0.001$).
- The authors conclude that participants with low-risk distal polyps appear to have had a propensity for synchronous or metachronous proximal neoplasia and might have benefited from baseline or surveillance colonoscopy.

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