

Risk based screening: When and how to stratify the risk?

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Presentation

Colorectal

Digestive Oncology

Endoscopy

Nurses

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The speaker presented a framework for risk-stratified colorectal cancer screening as an alternative to one-size-fits-all approaches, arguing that screening history and fecal hemoglobin levels may offer a practical method to tailor screening intervals and protocols.

KEY POINTS

- The speaker stated that the current one-size-fits-all screening approach is probably no longer optimal because average-risk populations represent a wide range of risks assessable through demographic, lifestyle, genetic, and other factors.
- Risk stratification aims to increase benefit in high-risk groups and reduce harms in low-risk groups by modifying screening age, interval, test type, or positivity thresholds, according to the speaker.
- The speaker reported that a study in the Netherlands and Italy found never-participants had twice the positivity and three times the detection rate of always-participants at the fourth screening round.
- The speaker described ongoing Italian and Dutch trials randomizing participants by fecal hemoglobin concentration, with the Italian study comparing immediate colonoscopy, one-year, and two-year FIT in high-risk groups and three-year versus two-year intervals in low-risk groups.
- The speaker stated that using prior fecal hemoglobin concentration from screening history is a promising approach with limited organizational impact, good discrimination between risk groups, and likely acceptability because stratification is based on test results rather than individual behavior.
- The speaker cautioned that risk-based screening is complex, may negatively impact participation, has potential to increase disparities, and that risk prediction models using lifestyle or polygenic scores have limited discriminatory accuracy and applicability in population programs.

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