A SYSTEMATIC REVIEW AND META-ANALYSIS OF TEST PERFORMANCE IN RANDOMIZED CONTROLLED TRIALS FOR COLONOSCOPY SCREENING FOR COLORECTAL CANCER

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A systematic review and network meta-analysis of 17 randomized controlled trials found that total colonoscopy screening had significantly lower participation rates but higher single-round detection rates for advanced neoplasia and colorectal cancer compared to fecal immunochemical testing, though cumulative effectiveness across screening intervals remains unclear.

KEY POINTS

- Total colonoscopy screening had median participation of 21.5% compared to 50.4% for fecal immunochemical testing and 32.3% for flexible sigmoidoscopy in 341,123 screening invitees across 17 trials
- Single-round advanced neoplasia detection was significantly higher for total colonoscopy versus fecal immunochemical testing (RR=2.18, 95%CI:1.46-3.26) and colorectal cancer detection was also higher (RR=1.80, 95%CI:1.04-3.12)
- A quasi-experimental study with extended follow-up found cumulative detection rates after four rounds of fecal immunochemical testing (advanced neoplasia 4.5%, colorectal cancer 0.5%) were higher than one-time colonoscopy (2.2% and 0.2% respectively)
- The authors conclude that single-round colonoscopy performance may be superior but cumulative effectiveness comparisons accounting for different screening intervals (two years for fecal immunochemical testing, ten years for colonoscopy) are needed
- This review is relevant for policymakers and gastroenterologists evaluating colorectal cancer screening strategies and interpreting ongoing randomized controlled trials of colonoscopy screening

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