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Summary

THE ASSOCIATION OF A POSITIVE FECAL IMMUNOCHEMICAL TEST WITH THE RISK OF GASTROESOPHAGEAL CANCER: A MATCHED COHORT STUDY AND COST-EFFECTIVENESS ANALYSIS

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Oesophagus

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In a matched cohort study from Israel, individuals with positive fecal immunochemical test results had a 39% increased risk of gastroesophageal cancer within 36 months compared to FIT-negative individuals matched by age, sex, and H. pylori status.

KEY POINTS

- Among 151,500 individuals aged 50-75 in the matched cohort, gastroesophageal cancer occurred in 0.2% of FIT-positive individuals versus 0.1% of FIT-negative individuals over 36 months, with an adjusted hazard ratio of 1.39 (95% CI 1.03-1.87).
- The study matched each FIT-positive person with three FIT-negative individuals based on age, sex, and H. pylori status to control for confounding factors identified in prior research from the Netherlands, United States, and Korea.
- Risk factors significantly associated with gastric cancer included age, male sex, H. pylori exposure, country of birth, proton-pump inhibitor usage, smoking status, and anemia.
- A one-time esophago-gastro-duodenoscopy priced at $400 was determined to be cost-effective (using a $50,000 threshold) in a range of ages and rates of localized disease at time of endoscopy.
- This research may be relevant to clinicians considering upper endoscopy protocols for individuals with positive colorectal cancer screening results.

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