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Summary

COST-EFFECTIVENESS OF PERSONALIZED SCREENING FOR COLORECTAL CANCER BASED ON PRIOR HEMOGLOBIN LEVELS

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Colorectal

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A microsimulation modeling study of the Dutch colorectal cancer screening program found that personalized screening intervals based on prior fecal hemoglobin concentrations are more cost-effective than uniform biennial screening.

KEY POINTS

- The MISCAN-Colon microsimulation model evaluated personalized screening strategies that assign participants with negative FIT results to low, intermediate, or high risk categories based on prior hemoglobin concentrations (0 µg Hb/g, greater than 0 to 15 µg Hb/g, or greater than 15 to less than 47 µg Hb/g).
- With unlimited colonoscopy capacity, optimal invitation intervals were 1 year for low-risk participants and 6 months for intermediate-risk and high-risk participants, yielding 209 QALYs gained and €19,828 saved per 1,000 individuals compared to no screening.
- With limited colonoscopy capacity, optimal intervals changed to 2.5 years for low-risk, 1 year for intermediate-risk, and 6 months for high-risk participants, yielding 180 QALYs gained and €124,640 saved per 1,000 individuals.
- Uniform biennial screening resulted in 177 QALYs gained and €101,852 saved per 1,000 individuals, while the PERFECT-FIT trial strategy (3-2-1 year intervals) yielded 162 QALYs gained and €111,248 saved.
- This modeling analysis supports the PERFECT-FIT randomized controlled trial in the Dutch national screening program, which is testing personalized intervals based on prior FIT results.

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