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Summary

EFFECTIVENESS OF TAILORED SCREENING INTERVALS BASED ON PRIOR FECAL HEMOGLOBIN CONCENTRATION IN FIT-BASED COLORECTAL CANCER SCREENING: RESULTS OF THE RANDOMIZED CONTROLLED TRIAL PERFECT-FIT

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Primary Care | Oesophagus | Hepatobiliary | Endoscopy | Digestive Oncology | Colorectal

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The PERFECT-FIT randomized controlled trial in the Netherlands found that risk-tailored colorectal cancer screening intervals based on prior fecal hemoglobin concentrations did not significantly increase advanced neoplasia detection compared to standard 2-year intervals, but extended 3-year intervals for low-risk individuals achieved similar yield to standard screening.

KEY POINTS

- Among 20,088 participants aged 57 to 72, detection rate of advanced neoplasia was 1.0% in the intervention group versus 0.8% in the control group (p=0.21, not significant).
- The majority of participants (92.9%) were classified as low-risk with undetectable fecal hemoglobin and assigned to a 3-year screening interval, which yielded a 0.7% detection rate comparable to the 0.8% rate in the uniform 2-year control group.
- High-risk participants with fecal hemoglobin >15 to <47 µg/g assigned to 1-year intervals had a 3.5% detection rate, and intermediate-risk participants assigned to 2-year intervals had a 5.0% detection rate.
- FIT positivity rate was significantly higher in the intervention group (4.4%) than in the control group (3.7%; p=0.03), driven by higher positivity in the high-risk subgroups.
- The findings suggest that screening intervals can be safely extended to 3 years for individuals with undetectable fecal hemoglobin, potentially improving screening efficiency without compromising yield, though interval cancer data are awaited.

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