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Summary

Update on colorectal cancer screening: Comparison of different national systems

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Organised population-based colorectal cancer screening programs are superior to opportunistic screening, with the speaker reporting that countries with long-standing programs show the largest mortality decreases correlating with screening duration and uptake.

KEY POINTS

- The speaker stated that organised screening programs are system-wide coordinated approaches that maximise population health impact, reduce inequities, and ensure high quality through systematic invitation, centralised follow-up, and measured quality indicators, whereas opportunistic programs rely on individual clinical practice with variable uptake and significant loss to follow-up.
- A recent study reported by the speaker randomised invitees to biennial FIT or one-time colonoscopy and found that FIT achieves higher participation and is not inferior to colonoscopy on intention-to-screen basis, though colonoscopy is superior per protocol if the test is actually done.
- The speaker stated that FIT has better adherence while colonoscopy has slightly better performance, and suggested offering both if possible, noting that FIT-based programs require more than five years to show mortality and incidence benefits.
- EEG recommends organised population-based screening using FIT for ages 50 to 75, with colonoscopy or sigmoidoscopy as alternatives if FIT is not implemented, while the EU Commission recommends FIT every two years for ages 50 to 69 as the preferred approach.
- Among 22 EU member societies with established organised programs, the speaker reported that screening methodologies are diverse, quality assurance supervision is highly variable, and this variability in quality remains the biggest problem even among countries with organised programs.

– In the Q&A, the speaker expressed the opinion that organised screening is a must and noted that Greece does not have an organised program, while stating that FIT cut-off should be adjusted based on local colonoscopy resources to avoid overwhelming endoscopy capacity.

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