

LONG-TERM TREATMENT OF PATIENTS WITH SCREEN-DETECTED COLORECTAL CANCER IS LESS STRENUOUS - A RETROSPECTIVE COHORT STUDY

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UEG Week Copenhagen 2023

Poster

Colorectal

October 15, 2023

A Danish nationwide cohort study found that screen-detected colorectal cancer was associated with 38% reduced hospitalization, 66% less emergency surgery, and reduced oncological treatment compared with non-screen-detected colorectal cancer during the two years after diagnosis.

KEY POINTS

- The study included 4,708 patients with screen-detected CRC and 7,332 with non-screen-detected CRC diagnosed between January 2014 and March 2018 in Denmark among residents aged 50-75 years.
- Screen-detected CRC was associated with significantly lower rates of emergency surgery (RR=0.34, 95%-CI:0.28-0.41), oncological outpatient visits (RR=0.35, 95%-CI:0.33-0.37), chemotherapy (RR=0.57, 95%-CI:0.56-0.59), and radiotherapy (RR=0.50, 95%-CI:0.49-0.52).
- Hospitalization was shorter for screen-detected CRC across all UICC stages in stratified analyses.
- There was no difference between groups in rates of surgery for lung and liver metastasis, and overall no difference in contacts with primary healthcare providers, though UICC stage I and III screen-detected patients had fewer primary care contacts.

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