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Summary

DIFFERENCES IN TREATMENT OF STAGE I CRCS: A POPULATION-BASED STUDY OF CRCS DETECTED WITHIN AND OUTSIDE SCREENING

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Colorectal

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Screen-detected stage I colorectal cancers in the Netherlands are more likely to be treated with local excision than non-screen-detected cancers, partly due to a higher proportion of T1 tumors and independent screening detection effects.

KEY POINTS

- Analysis of Netherlands Cancer Registry data from 2008-2020 showed screen-detected stage I colorectal cancers were more often T1 than T2 compared to non-screen-detected cancers (66.9% versus 53.3%, p<0.0001).
- Among T1 colon cancers, screen-detected tumors had 2.19-fold higher odds of local excision only compared to non-screen-detected tumors (95% CI 1.93-2.49), after adjusting for sex, tumor location, lymphovascular invasion status, and tumor differentiation.
- Among T1 rectal cancers, screen-detected tumors had 1.29-fold higher odds of local excision only compared to non-screen-detected tumors (95% CI 1.05-1.59), adjusted for the same factors.
- Lymphovascular invasion presence was associated with lower likelihood of local excision for both T1 colon cancers (OR 3.15, 95% CI 2.61-3.81 for resection) and T1 rectal cancers (OR 1.55, 95% CI 1.17-2.03 for resection).
- This population-level study is relevant to clinicians and policymakers evaluating treatment patterns and outcomes in colorectal cancer screening programs.

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