

FIT or colonoscopy, who is the winner?

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A debate on colorectal cancer screening strategies presented data from a Spanish randomised trial comparing one-time colonoscopy versus FIT every two years, showing no statistically significant difference in colorectal cancer mortality, incidence, or all-cause mortality at ten years.

KEY POINTS

- The speaker presenting for FIT stated that the Spanish nationwide study found colorectal cancer mortality at ten years was not statistically different between one-time colonoscopy and FIT every two years in intention-to-treat analysis.
- The speaker stated that FIT screening adherence was about 40% compared to 32% for colonoscopy in intention-to-screen analysis, and that 37% of people assigned to colonoscopy switched to FIT, resulting in only 20% per-protocol participation in the colonoscopy arm.
- The speaker reported that only one-third of colonoscopies had to be undertaken in the FIT group compared to the colonoscopy group, potentially saving two-thirds of colonoscopy procedures.
- The speaker presenting for colonoscopy distinguished preventive screening (colonoscopy/sigmoidoscopy, which detect and remove precursors to prevent cancer incidence) from early detection screening (FIT, which detects early cancer to reduce mortality but not incidence).
- The speaker stated that in per-protocol analysis of the Spanish study, the risk of getting cancer and dying from it appeared smaller in the colonoscopy group compared to the FIT group over ten years, and that colonoscopy reduced ten-year risk from about 1.2% to about 0.8% while FIT kept risk about the same.
- The speaker stated that sigmoidoscopy is the only colorectal cancer screening test shown to prolong life by a couple of months, while there is not yet sufficient data to demonstrate this for colonoscopy or FIT.

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