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Summary

Panel discussion: Screening for colorectal cancer

UEG Week Berlin 2025 | Presentation

Colorectal | Digestive Oncology | Endoscopy | Nurses

October 6, 2025

Panel discussion addressed practical controversies in colorectal cancer screening, including the discrepancy between cited lifetime risk (4-5%) and observed trial control-group incidence (0.2-0.5%), emphasizing that screening should be offered but participation remains a personal decision based on informed preferences.

KEY POINTS

- The speaker noted that commonly cited 4-5% lifetime colorectal cancer risk derives from older cohorts, while randomized trial control groups show much lower 0.2-0.5% risk over 10-15 years, and colorectal cancer mortality in control groups is approximately 0.2-0.3%.
- Panelists stated that screening should be offered by healthcare systems, but informed refusal is acceptable when patients understand absolute risks and make decisions based on personal values.
- The speaker recommended that choice between colonoscopy and FIT should depend on local service quality: high-quality colonoscopy where available, or regular FIT where colonoscopy access requires long travel.
- Panelists reported that the European Commission initiative will conditionally recommend against starting screening at age 45 due to lack of evidence and low absolute risk in early-onset colorectal cancer, despite societal burden in working-age patients.
- The speaker stated that FIT-based risk stratification is feasible because necessary information exists after 1-2 screening rounds, and offering alternative tests to non-participants may marginally increase coverage.
- Panelists emphasized that adequate treatment capacity must exist before introducing screening in low-middle income countries, and that lifestyle interventions reduce risk independent of genetic factors without requiring stratification.

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