

THE ADDED VALUE OF IMMUNOCHEMICAL FOBT FOLLOWING A NEGATIVE SCREENING SIGMOIDOSCOPY

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BACKGROUND

The combination of fecal occult blood test and sigmoidoscopy has been proposed as a potentially effective screening strategy for colorectal cancer (CRC).

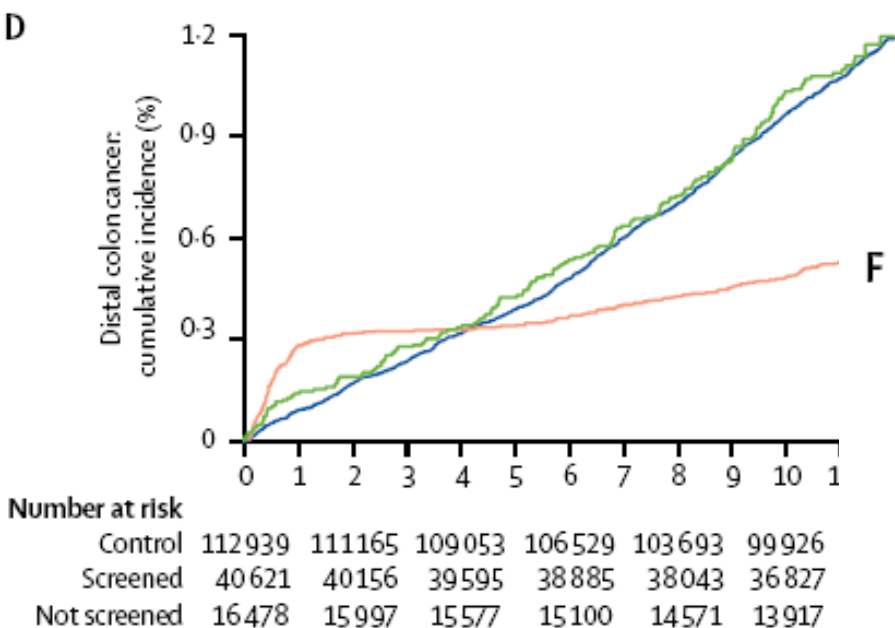
AIMS

To assess the detection rate (DR) of advanced adenomas and CRC and the site and stage distribution of screen-detected CRCs among people examined with FS who were offered biennial FIT starting two years after the FS

Once-only flexible sigmoidoscopy screening in prevention of colorectal cancer: a multicentre randomised controlled trial

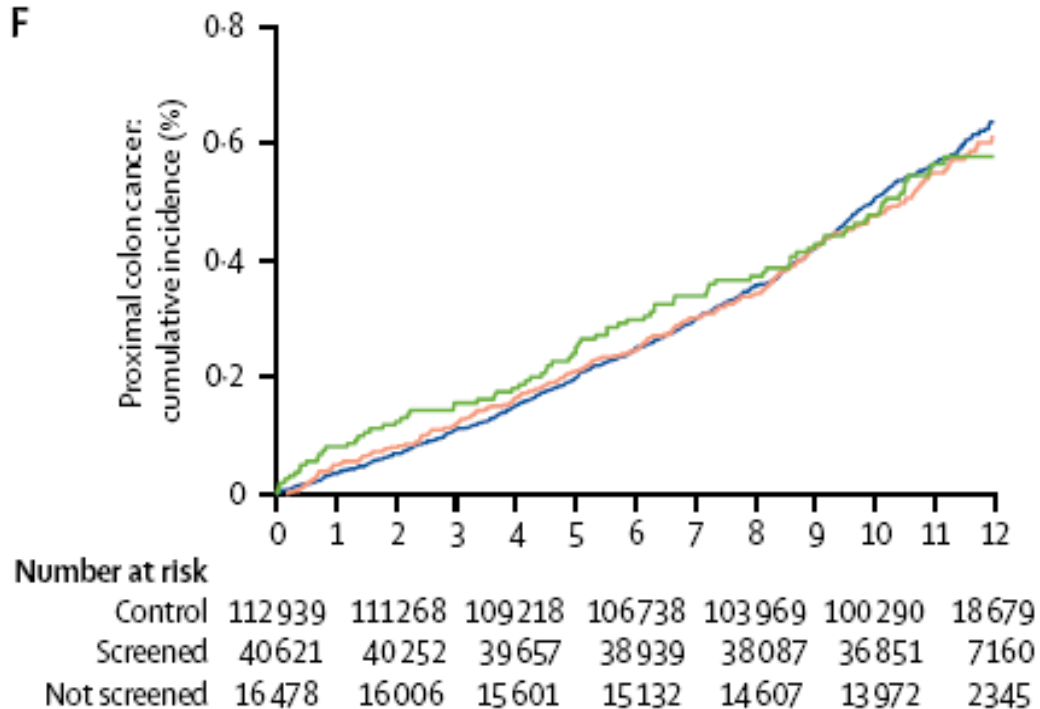
Wendy S Atkin, Rob Edwards, Ines Kralj-Hans, Kate Wooldrage, Andrew R Hart, John M A Northover, D Max Parkin, Jane Wardle, Stephen W Duffy, Jack Cuzick, UK Flexible Sigmoidoscopy Trial Investigators

Incidence of distal CRC



Lancet 2010; 375:1624-33

Incidence of proximal CRC

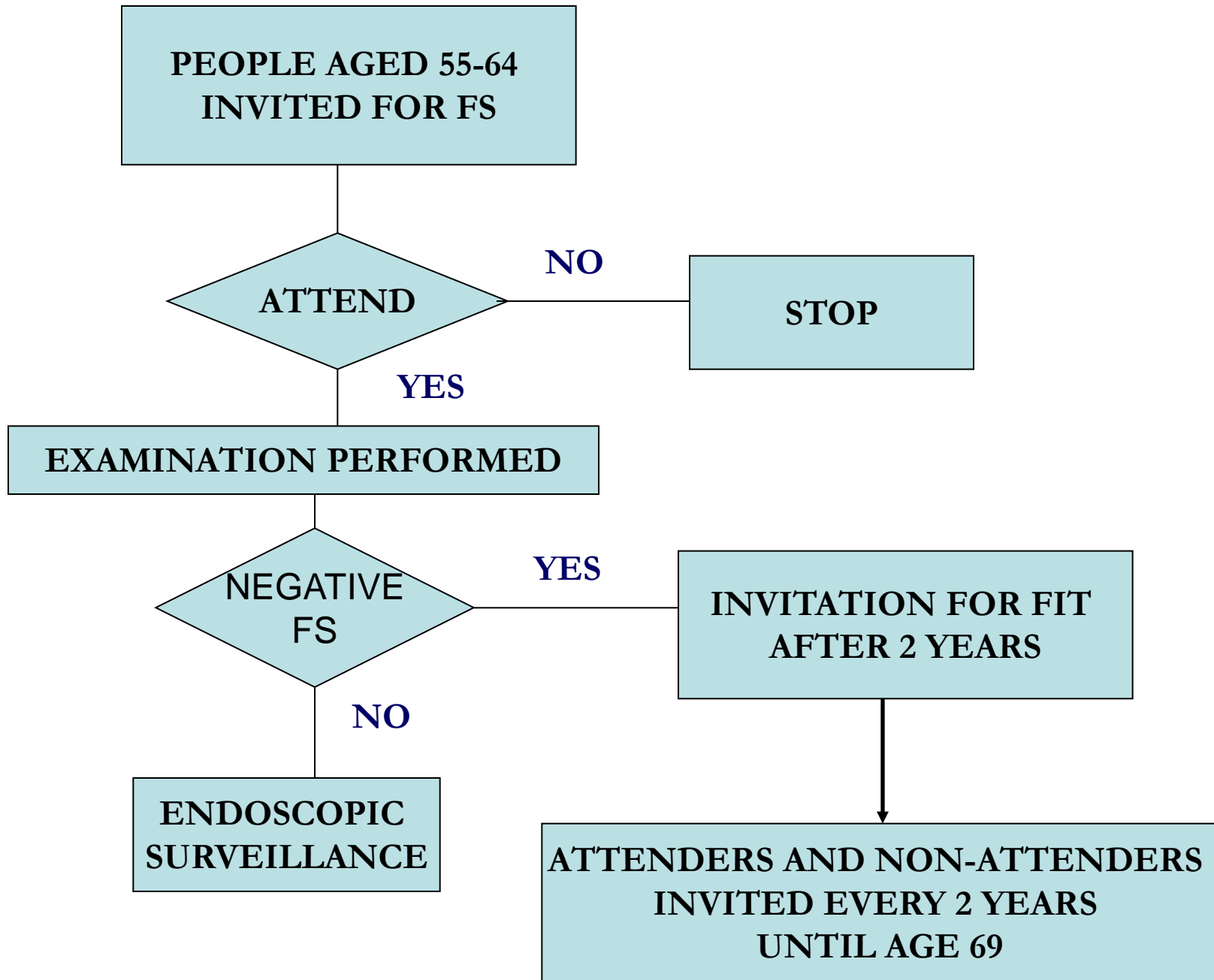


METHODS

We included in this analysis men and women, aged 55 to 64, at average risk of CRC, randomly allocated to FS screening followed by biennial FIT in the context of a randomized controlled trial comparing different screening strategies for CRC.

Segnan et al

Journal of the National Cancer Institute, Vol. 97, No. 5, March 2, 2005



FIT

- **Performed on a single sample**
- **Without dietary restrictions**
- **Automated reading.**

METHODS

**We calculated the DR of
CRC
advanced adenomas
(high-grade dysplasia, or villous
component >20% or size \geq 10 mm)
at each round and by screening history.**

RESULTS

We have completed three FIT screening rounds in three centres and two rounds in the remaining two centres.

Out of 5114 people with negative FS invited for FIT, 3307 (64.7%) attended the first invitation and 4031 (78.8%) had at least one test over the period considered.

RESULTS

Among the 3307 people attending the first FIT screening round, 8 (0.24%) were detected with CRC and 15 (0.45%) with advanced adenomas.

	EXAMS N	FIT+ N %	CRC N %	Adenoma ≥ 10 mm N %	Advanced adenoma < 10 mm N %	PPV
FIRST FIT	3307	127	8*	10	5	20.3%
		3.8%	0.24%	0.30%	0.16%	

* 1 DISTAL (Dukes B2); 7 PROXIMAL (2 Dukes A; 3 Dukes B1, 2 Dukes B2)

DR AND PPV BY GENDER AND AGE

	EXAMS N	FIT+ N %	CRC N %	Adenoma ≥ 10 mm N %	Advanced adenoma < 10 mm N %	PPV
WOMEN	1693	54	5	4	0	19.1%
		3.2%	0.30%	0.24%	0.0%	
MEN	1614	73	3	6	5	21.2%
		4.5%	0.19%	0.37%	0.31%	
55-59 YEARS AT FS	1454	55	1	5	2	16.3%
		3.8%	0.07%	0.34%	0.14%	
60-64 YEARS AT FS	1853	72	7	5	3	23.4%
		3.9%	0.38%	0.27%	0.16%	

SUBSEQUENT SCREENING

2668 people underwent a second FIT, following a previous negative one:

1 was detected with CRC and 21 (0.79%) with advanced adenomas;

6 (0.50%) people were detected with an advanced adenoma and none with a CRC among the 1183 people who underwent FIT following two previous negative tests.

DR AND PPV AT SUBSEQUENT SCREENING

	EXAMS N	FIT+ N %	CRC N %	Adenoma ≥ 10 mm N %	Advanced adenoma < 10 mm N %	PPV
1 NEGATIVE FIT	2668	133	1***	12	9	19.8%
		5.0%	0.04%	0.45%	0.34%	
2 NEGATIVE FITs	1183	44	0	5	1	15.8%
		3.7%	0.0%	0.42%	0.08%	

*** 1 DISTAL (Dukes B2)

	EXAMS N	FIT+ N %	CRC N %	Adenoma ≥ 10 mm N %	Advanced adenoma < 10 mm N %	PPV
FIRST FIT (SUBSEQUENT INVITATIONS)	724	42	1**	9	2	30.0%
		5.8%	0.14%	1.24%	0.28%	

***** 1 DISTAL (Dukes B2)**

RESULTS

The proportion of SD lesions located in the proximal colon was 70.0% for CRC and 56.1% for advanced adenomas.

CONCLUSIONS

One FIT could detect some proximal lesions among people with negative FS.

The optimal interval between FS and FIT and the cost effectiveness ratio of this strategy need to be assessed

THANK YOU
FOR YOUR ATTENTION