

IARC Handbook 17

Colorectal cancer screening

GISCoR
gruppo italiano screening coloretale

**XIII CONGRESSO
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SPECIAL REPORT

The IARC Perspective on Colorectal Cancer Screening

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Table 1. Evaluations of Colorectal Cancer Screening with Stool-Based Tests, Endoscopic Methods, and Computed Tomographic (CT) Colonography.*

Screening Technique	Strength of Evidence Regarding Colorectal Cancer Screening		
	Reduction in Incidence	Reduction in Mortality	Benefit–Harm Ratio
Stool-based tests			
Screening every 2 yr with guaiac test without rehydration	Suggestive of a lack of effect	Sufficient	Sufficient
Screening every 1 or 2 yr with higher-sensitivity guaiac test (with rehydration)	Limited	Sufficient	Sufficient
Screening every 2 yr with FIT	Limited	Sufficient	Sufficient†
Endoscopic techniques			
Single screening with sigmoidoscopy	Sufficient	Sufficient	Sufficient
Single screening with colonoscopy	Sufficient	Sufficient	Sufficient‡
CT colonography			
Single screening with CT colonography	Limited§	Limited§	Inadequate



- *Sufficient evidence for the efficacy or for the effectiveness of screening by a given procedure* will apply when screening by this procedure is consistently associated with a reduction in mortality from the cancer or a reduction in the incidence of invasive cancer, and chance, bias, and confounding can be ruled out. In addition, for the evaluation of effectiveness, the balance of benefits and harms has been taken into account.



- *Limited evidence for the efficacy or for the effectiveness of screening by a given procedure* will apply when screening by this procedure is associated with a reduction in mortality from the cancer or a reduction in the incidence of invasive cancer, or a reduction in the incidence of clinically advanced cancer, and chance, bias, and confounding cannot be ruled out with reasonable confidence. In addition, for the evaluation of effectiveness, the balance of benefits and harms has been taken into



- *Inadequate evidence for the efficacy or for the effectiveness of screening by a given procedure* will apply when data on incidence or mortality are lacking, or when the number or quality of studies does not permit a conclusion.



In cases in which data from randomized trials of the effect of a particular screening test on colorectal cancer mortality and incidence were not available, evidence regarding a similar screening test for which a reduction in colorectal cancer mortality or incidence has been shown (e.g., FIT instead of guaiac testing or colonoscopy instead of sigmoidoscopy) or from comparative studies of test performance (e.g., CT colonography instead of colonoscopy) was considered. Evidence regarding the above-mentioned newer techniques was considered insufficient to make an evaluation.



FIT – limited evidence for Benefit/harm ratio

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Il giudizio è legato al fatto che il rapporto varia in funzione del cut-off adottato



Colonscopia – Sufficient evidence for benefit/harm ratio

Il giudizio non è stato unanime.

Una consistente minoranza dei votanti riteneva che le stime disponibili sugli effetti negativi dello screening con colonscopia siano ancora incerte e che le estrapolazioni a partire dai dati disponibili per lo screening con colonscopia non permettano di superare tale incertezza.



Limited evidence for reduction in incidence and mortality

Il giudizio non è stato unanime.

Una minoranza dei votanti riteneva che l'evidenza disponibile sia inadeguata per la mancanza di dati da studi osservazionali o RCT



Limitazioni

Evidenza di efficacia sufficiente assumendo che lo screening e l'eventuale trattamento e follow-up vengano implementati in un contesto che assicura elevata qualità del percorso

Studi condotti in paesi sviluppati, generalmente su soggetti in fascia di età 50-75 anni. Quindi necessità di tenere conto di questi aspetti nell'estrapolare questi dati ad altri tipi di setting.



Limitazioni

Evidenza da studi di efficacia comparativa dei test giudicata non sufficiente

Informazioni insufficienti per effettuare una valutazione delle prove di efficacia disponibili per i test ematici e per i test per la ricerca del DNA fecale



Conclusioni

Metodologia usata per la valutazione di evidenza potrebbe essere aggiornata

Valutazione limitata alle dimensioni di efficacia e al rapporto tra potenziali benefici e possibili danni

Mancano altre dimensioni che possono orientare la scelta di uno specifico protocollo di screening