



Title	Colorectal Cancer Screening: Integrating Colonoscopy/Sigmoidoscopy into the Austrian Preventive Medical Checkup
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Reference	Jonas S, Rafetseder O, Wild C, 2003, Früherkennung von Dickdarmkrebs. Integrierung der Darmspiegelung in die österreichische Gesundenuntersuchung. Ein Kurz-Assessment. Institut für Technikfolgen-Abschätzung, Wien, Dezember. http://www.oeaw.ac.at/ita/ebene5/d2-2b25.pdf

Aim

To evaluate colonoscopies/sigmoidoscopies performed in Austria, to describe and analyze the current Austrian approach to early diagnosis of colorectal cancer, and to develop recommendations for a screening program considering the scientific literature.

Conclusions and results

Colorectal cancer has become the most common type of cancer worldwide. Early detection of colorectal cancer is predestined for a screening program, but screening procedures are carried out in clinically healthy persons and are potentially risky. As of spring 2002, no population-based colorectal cancer screening program on a national basis had yet been established. Now, national screening programs are established in Germany and Italy. In Austria, endoscopic colorectal cancer screening will be part of preventive health checkups. In 2002, over 120 000 endoscopic examinations of the colon were done. Due to traditional circumstances, colonoscopy is preferred over sigmoidoscopy in Austria. Colorectal cancer screening reduces the mortality rate from colorectal cancer. The effectiveness of fecal occult blood testing (FOBT) is best documented scientifically in contrast to endoscopy. Current scientific evidence based on randomly controlled studies does not show whether sigmoidoscopy or colonoscopy should be preferred as a screening method. Cost-effectiveness studies favor screening compared to the cost of no screening.

Recommendations

There is a need to act locally on the following points: The introduction of organized, age-group specific colorectal cancer screening is necessary since a healthcare benefit is only achieved if a describable and measurable health profit for the population arises, and this is not possible with opportunistic screening. Also, a strategic concept needs to be developed for the colorectal cancer screening program considering necessary investments, quality control, documentation, evaluation, and transparent and understandable risk information and communica-

tion. The screening colonoscopies in Austria should be centralized in competent centers at specialized medical practices and hospitals.

Methods

A systematic literature search of medical data banks focused on HTAs, guidelines, and screening programs followed by analyses. In addition, primary data were collected on endoscopy rates in Austria in 2002.

Further research/reviews required

Studies on colorectal cancer screening in daily practice are needed.