



<b>Title</b>	<b>Diagnosis and Screening of Colorectal Cancer</b>
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<b>Reference</b>	Kræft i tyktarm og endetarm. Diagnostik og screening. Medicinsk Teknologivurdering 2001;3(I) ISBN 87-90951-56-3 (print); ISBN 87-90951-57-3 (online): www.cemtv.dk/publikationer/docs/Kolorektal/marts2001/index.html

## Aim

Colorectal cancer mortality is higher in Denmark than in comparable countries except Great Britain. Against this background an assessment was initiated. The diagnostic strategy employed until now has been rectoscopy combined with x-ray. This strategy should be assessed in relation to:

1. Sigmoidoscopy combined with x-ray examination of the colon
2. Colonoscopy compared with sigmoidoscopy and x-ray examination
3. Sigmoidoscopy combined with fecal blood testing, and
4. Description of a model for screening.

## Conclusions and results

Rectoscopy was found to be obsolete and should not be used to diagnose patients with colorectal symptoms. Sigmoidoscopy should be used as the primary endoscopic method combined with fecal occult blood testing. If the blood test is positive, colonoscopy is recommended. Colonoscopy is the method of examination that has the highest sensitivity to colorectal cancer and adenomas, but is expensive and is performed by specialists.

Periodic fecal blood screening every second year or every year was found to be effective in detecting age-related cases of intestinal cancer at early stages. Danish population (5.2 million) screening was estimated to reduce mortality from colorectal cancer by 360 to 500 cases per year.

## Recommendations

Changing the diagnostic strategy over the next 5 years is recommended. The possible presence of colorectal cancer should be considered in patients over 40 years of age who experience bleeding, changes in bowel habits, or other intestinal symptoms. Initial examinations should be performed by a general practitioner. Specific diagnostic examinations (sigmoidoscopy and colonoscopy)

should be handled centrally by endoscopic entities to secure a high-quality standard.

## Methods

The study, carried out by DACEHTA and an interdisciplinary expert group, included systematic literature reviews on clinical evidence and evaluations of patient-related aspects, organizational aspects, and economic consequences.

## Further research/reviews required

Feasibility studies are needed before a final national screening program can be recommended.