

**IARC Handbooks of Cancer Prevention**  
Colorectal cancer screening, Volume 17 (2018)

Screening technique	Strength of evidence <sup>a</sup>		
	Reduction in CRC incidence	Reduction in CRC mortality	Benefit–harm ratio <sup>a</sup>
<b>Stool-based blood tests</b>			
Biennial screening with gFOBT without rehydration	<i>ESLE</i>	<i>Sufficient</i>	<i>Sufficient</i>
Annual or biennial screening with gFOBT of higher sensitivity	<i>Limited</i>	<i>Sufficient</i>	<i>Sufficient</i>
Biennial screening with FIT	<i>Limited</i>	<i>Sufficient</i>	<i>Sufficient</i> <sup>b</sup>
<b>Endoscopic techniques</b>			
Single screening with sigmoidoscopy	<i>Sufficient</i>	<i>Sufficient</i>	<i>Sufficient</i>
Single screening with colonoscopy	<i>Sufficient</i>	<i>Sufficient</i>	<i>Sufficient</i>
<b>Computed tomographic colonography (CTC)</b>			
Single screening with CTC	<i>Limited</i> <sup>c</sup>		<i>Inadequate</i>

CRC, colorectal cancer; CTC, computed tomographic colonography; ESLE, evidence suggesting a lack of effect; FIT, faecal immunochemical test; gFOBT, guaiac-based faecal occult blood test.

<sup>a</sup> *Sufficient evidence* applies only with the assumption that screening can be delivered with high quality and follow-up ensured.

<sup>b</sup> A variety of qualitative and quantitative FIT tests are available, with wide ranges of sensitivity and specificity. The net balance of benefits and harms will depend on the cut-off level for positivity.

<sup>c</sup> The evaluation of *limited evidence* applies to the reduction in incidence and/or mortality (one single evaluation).

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