

IARC Handbooks of Cancer Prevention
Colorectal cancer screening, Volume 17 (2019)

| Screening technique | Strength of evidence ^a | | |
|---------------------------------------------------------------|-----------------------------------|----------------------------|---------------------------------|
| | Reduction in CRC incidence | Reduction in CRC mortality | Benefit–harm ratio ^a |
| Stool-based tests for blood | | | |
| 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> ^b |
| Endoscopic techniques | | | |
| 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> |
| Computed tomography (CT) colonography | | | |
| Single screening with CT colonography | <i>Limited</i> ^c | | <i>Inadequate</i> |

CRC, colorectal cancer; ESLE, evidence suggesting a lack of effect; FIT, faecal immunochemical test; gFOBT, guaiac faecal occult blood test.

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

^b 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.

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

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