

Do not leave FIT positives alone!

We read with interest the protocol of the CONFIRM trial, aimed to compare the performance of colonoscopy versus faecal immunochemical tests (FIT), as screening tests in colorectal cancer (CRC) prevention (1). We would like to focus on that section of the protocol, which suggests leaving the follow-up of the FIT-positive subject to the “usual (follow-up) practice” active at each involved centre.

Based on our experience of a long-term FIT-based CRC-screening program, we would like to point out the critical role of actively calling the FIT-positive patients to the second level, follow-up colonoscopy. In our screening program, in fact, such an active intervention was critical in raising the adherence to the colonoscopy up to 90% of the cases at 3 months after a positive test (2). In our opinion, the “active call” (instead of the “usual practice”) has to be considered crucial in efficiently exploiting the FIT results. In our setting, after 5 FIT-rounds, the cumulative detection rates of CRC and advanced adenoma were comparable with those achieved by one-shot colonoscopy. Moreover, comparable results have been achieved by Kaiser Permanente Northern California, with their follow-up rates of over 80% at 6 months after a positive test (3). In contrast, evidence is available that “non-monitored” FIT-positive patients are frequently lost at the second-level colonoscopy, which significantly affects the expectancies of this preventive strategy (4,5).

In the Italian experience, the positive predictive value of colonoscopy for advanced neoplasia was 32.4% (4.6% for CRC and 27.8% for advanced adenoma): based on these results, 7 neoplastic cases (1 CRC and almost 6 advanced adenomas) would have been missed every 22 FIT-positive patients who skip the expected colonoscopy. These clinically impressive numbers raise important considerations about the ethical use of the economic resources invested in CRC prevention (i.e. cost of the screening program per diagnosed neoplasia).

Thus, we encourage the CONFIRM researchers to implement an active telephone contact with all patients after a positive FIT result, in order to promote the expected colonoscopy. In both the European and USA contexts, the huge investments in the screening programs do require a step further on the simple recommendation of applying “usual practice” (6).

References

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