

# Fecal immunochemical testing best and most cost-effective method for screening for colorectal cancer

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a test that detects blood in the stool, has high sensitivity and specificity, and might improve participation rates through increased patient acceptability—reduces the risk of colorectal cancer and colorectal cancer related deaths, and reduces healthcare costs in comparison to all other screening strategies and to no screening. These are the conclusions of a complete economic evaluation performed by Braden Manns and colleagues from the University of Calgary, Alberta, Canada, and published in this week's *PLoS Medicine*.

Clinical guidelines recommends screening for colorectal cancer in average risk individuals from 50 years old, yet some countries, such as the UK, do not currently have population-based colorectal [cancer screening](#). Also, many countries with colorectal cancer screening programs do not offer a choice of screening method. In order to inform health policy decision making, the authors used an incremental cost utility analysis, a sophisticated modelling technique, and two hypothetical patient cohorts (individuals with an "average risk", ie no family history of colorectal cancer, aged 50-64 and 65-75) to compare different colorectal cancer screening methods. In their analysis, the authors considered all costs, such as treatment costs, and non-medical costs (such as costs of travelling to the screening centre), associated with each colorectal cancer screening method. The modelling was based on assumptions concordant with a North American context.

The authors found that annual fecal immunochemical testing was more effective and less costly compared to all strategies (including no screening). Using this screening modality, among the lifetimes of 100,000 average-risk patients, the number of deaths from colorectal cancer was reduced from 1393 to 457. Even after the authors accounted for many different scenarios, screening for colorectal cancer with fecal immunochemical testing remained the most cost effective screening option.

The authors conclude: "Health policy decision makers should consider prioritizing funding for [colorectal cancer](#) screening using fecal immunochemical testing."

**More information:** Heitman SJ, Hilsden RJ, Au F, Dowden S, Manns BJ (2010) Colorectal Cancer Screening for Average-Risk North Americans: An Economic Evaluation. PLoS Med 7(11): e1000370. [doi:10.1371/journal.pmed.1000370](https://doi.org/10.1371/journal.pmed.1000370)

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