

# Sigmoidoscopy bowel-screening method promises reductions in mortality and risk

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An effective national bowel screening programme involving a single test, a sigmoidoscopy, could be introduced in New Zealand within 12 months.

In an Editorial in the *New Zealand Medical Journal* today, the University of Otago's Associate Professor Brian Cox, from the Hugh Adam Cancer Epidemiology Unit, describes how this could be achieved.

"This would involve a single test, [flexible sigmoidoscopy](#), just once at about 60 years of age," he says.

"There is very strong evidence this would reduce a person's risk of dying of [bowel cancer](#) by 43 per cent and reduce their risk of future development of bowel cancer by 33 per cent. This is much greater protection from bowel cancer than the proposed programme of the Ministry of Health."

He adds that the Ministry of Health's dogged pursuit of bowel [screening](#) based on two-yearly testing for blood in the faeces is "letting the public down".

"Despite all the evidence over the past six years, they have not even trialled screening by flexible sigmoidoscopy.

"The testing of faeces for blood is designed to detect existing bowel cancers only and not preventing the disease, whereas pre-invasive polyps can be seen and removed at examination by flexible sigmoidoscopy," he

writes.

In addition, the load on gastroenterology services is much lower with one-off flexible sigmoidoscopy and, due to the reduction in the incidence of bowel cancer achieved, results in a much more economical screening programme.

"It seems very odd that, despite being a better screening test that would produce a much more economical screening programme, the Government continues to support the approach of two-yearly faecal occult blood testing.

"The continuing delay in the introduction of once-in-a-lifetime flexible sigmoidoscopy screening is worrying. Why should a general practitioner continue to be denied the opportunity to refer their patients for a 20-minute screening [test](#) that offers the best protection from bowel cancer for their patients?"

Provided by University of Otago

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