

# Flexible sigmoidoscopy test just once greatly reduces life-time risk of bowel cancer

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Associate Professor Brian Cox. Credit: University of Otago

A world expert in cancer screening based at the University of Otago says new evidence from the United Kingdom strongly supports the introduction of flexible sigmoidoscopy screening for bowel cancer in New Zealand rather than the currently planned screening approach.

Associate Professor Brian Cox (Department of Preventive and Social Medicine) says a [flexible sigmoidoscopy](#) screening [test](#) once when aged 55-64 reduces lifelong risk of [bowel cancer](#) by 35 per cent and mortality from bowel cancer by 41 per cent. This 15-minute test once in a person's lifetime provides by far the most cost-effective strategy for reducing

bowel cancer in New Zealand. The markedly reduced risk begins almost immediately if the test does not find cancer present. This is the most cancer-preventing 15 minutes anyone could ever undertake.

The results of the UK trial of flexible sigmoidoscopy recently published in the prestigious journal *The Lancet* confirmed that the reduced bowel cancer incidence and mortality persists for at least 17 years after the flexible sigmoidoscopy test with no evidence that this profound protection from bowel cancer wears off over time. That is the benefit is very likely to persist for the rest of a person's life.

Professor Cox says, "Flexible sigmoidoscopy screening results in thousands of operations for bowel cancer being prevented and major savings in treatment costs that can then be used to fund a national flexible sigmoidoscopy screening programme.

"The earlier results of the trial at 11 years of follow-up were published in 2010 but were not deemed sufficient by the Ministry of Health to guide the development of bowel screening policy in New Zealand and only a pilot study of two-yearly faecal occult blood test (FOBT) screening was pursued. This has been a fundamental impediment to the development of the most cost-effective approach to reducing the incidence of bowel cancer in New Zealand. The evidence from the UK trial clearly indicates the need to completely rethink the approach to bowel screening in New Zealand before an exorbitantly expensive second-rate FOBT program is instituted. As the test only needs to be offered once for the benefit to occur, resulting in many fewer referrals for colonoscopy than the proposed FOBT screening program, a national flexible sigmoidoscopy programme could begin within 12 months covering the entire country. It is now clear that best practice in health care delivery involves the offer of flexible sigmoidoscopy screening. General practitioners are ideally placed to initiate such a [screening](#) programme."

Provided by University of Otago

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