

CRC screening with flexible sigmoidoscopy reduces risk for death

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A re-analysis of all-cause mortality in the United States Preventive Services Task Force (USPSTF) evidence review for colorectal cancer screening found that flexible sigmoidoscopy reduces risk for death. These findings suggest that the USPSTF guidelines for colorectal cancer screening, which concluded that no colorectal cancer screening methods reduced all-cause mortality, could be reassessed. The brief research report is published in *Annals of Internal Medicine*.

The USPSTF conclusion was partially based on a meta-analysis of four randomized [trials](#) that compared flexible sigmoidoscopy [screening](#) with no screening. The meta-analysis aggregated results from the two age cohorts of the NORCCAP (Norwegian Colorectal Cancer Prevention) trial as if the cohorts were a single trial. This analysis created a Simpson paradox that obscured the reduction in all-cause mortality by changing two statistically nonsignificant reductions into a statistically significant increase. The effect was large enough to nullify the reductions in all-cause mortality of the other trials in the meta-analysis.

Researchers assessed results of the NORCCAP study for this Simpson paradox and repeated meta-analysis of all-cause mortality outcomes for screening flexible sigmoidoscopy using the 2 NORCCAP age cohorts as individual trials. They found that looking at the cohorts as two separate groups, rather than aggregating them, the relative risk for all-cause [mortality](#) favored screening with flexible sigmoidoscopy. The authors conclude that if the goal of screening is to reduce the risk for death, then the evidence supporting flexible [sigmoidoscopy](#) is substantially stronger

than that of other screening methods.

More information: *Annals of Internal Medicine* (2017).
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