

Colorectal screening rates do not differ by 10-year life expectancy in seniors

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Personalized colorectal cancer (CRC) screening based on individual life expectancy may increase the value of CRC screening programs, according to a study published online Oct. 27 in the *American Journal of Gastroenterology*.

Po-Hong Liu, M.D., from the University of Texas Southwestern Medical Center in Dallas, and colleagues examined receipt of past-year CRC screening according to predicted 10-year mortality risk among 25,888 community-dwelling, [older adults](#) (ages 65 to 84 years) who were not up-to-date with screening.

The researchers found that the prevalence of past-year CRC screening was 39.5, 40.6, 38.7, 36.4, and 35.4 percent from the lowest to highest quintile of 10-year mortality risk. There were no significant differences observed in the odds of CRC screening between [adults](#) in the lowest versus highest quintile (adjusted odds ratio, 1.05; 95 percent confidence interval, 0.93 to 1.20).

More than one-quarter (27.9 percent) of past-year CRC screening occurred in adults with [life expectancy](#)

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