Supplementary

Appendix 1

Summary points from the NordICC trial in context of other literature

- ❖ The NordICC trial showed the risk for CRC-related death was 0.28% in the intention-to-screen population vs. 0.31% in the control arm; difference was not statistically significant.
- ❖ The primary limitation and most significant observation from the NordICC trial is the low participation rate, which can be attributed to inviting asymptomatic individuals to undergo an invasive test like colonoscopy, leading to suboptimal screening outcomes.
- ❖ Results across a few case control and cohort studies show reductions in colorectal cancer incidence ranging from 31% to 91% and reductions in mortality of 65% to 88%.
- ❖ Uptake of colonoscopy has been poor when compared to other non-invasive screening options.
- ❖ Screening rates were 38% for colonoscopy but rose to 69% when patients could choose between colonoscopy and fecal blood test.
- ❖ Screening adherence is significantly higher for both FIT (40.7%) and colonoscopy outreach (24.6%) than for usual care (12.1%).
- ❖ FIT has consistently similar rates of detection of colorectal cancer to colonoscopy. However, the development of future tumors are prevented by colonoscopy, as a result of the increased proportion of adenomas detected and resected.
- ❖ Advanced adenomas are commonly a precursor for colorectal cancer; therefore, the increased efficacy of colonoscopy to detecting advanced adenomas reduces both the mortality rate from colorectal cancer, but also the incidence of colorectal cancer. This effect is diminished if the participation rate is low for colonoscopy.

https://dx.doi.org/10.21037/tgh-23-20