Efficacia dello screening con sigmoidoscopia per il carcinoma del colon retto: i risultati del Trial SCORe

Nereo Segnan

CPO Piemonte e AOU S. Giovanni Battista Torino

Osservatorio Nazionale Screening

Firenze, 16 novembre 2011

METHODS

SCREENING TEST

Flexible sigmoidoscopy:

Scope advanced beyond the sigmoiddescending colon junction (complete test).

Small (< 6 mm) polyps removed using coldsnare technique.

BOWEL PREPARATION:

Single enema (133 ml sodium-phosphate) self-administered 2 hours before the test.

REFERRAL FOR COLONOSCOPY

- 1 distal polyp >= 6 mm
- >=3 adenomas < 6 mm
- 1 high risk (severe dysplasia or cancer, villous histology) adenoma < 6 mm

ANALYSIS

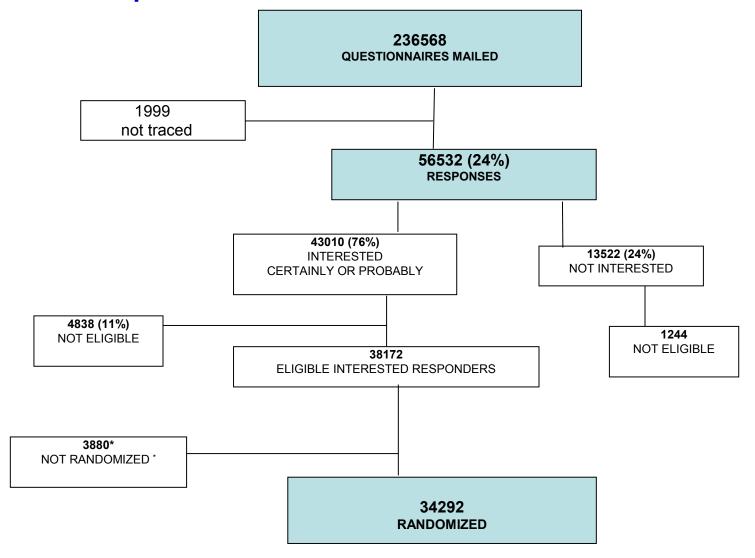
Primary outcomes: CRC incidence and mortality

Intention to treat and per protocol analysis:

- Cumulative incidence & mortality rates per 10⁵ person-years and Rate
 Ratios (RR) with 95% confidence interval (CI)
- We illustrate time to CRC and to death by estimating the Nelson Aalen cumulative hazard function
- We estimate RR adjusted for non-compliance in the per protocol analysis, using the method proposed by Cuzick et al.

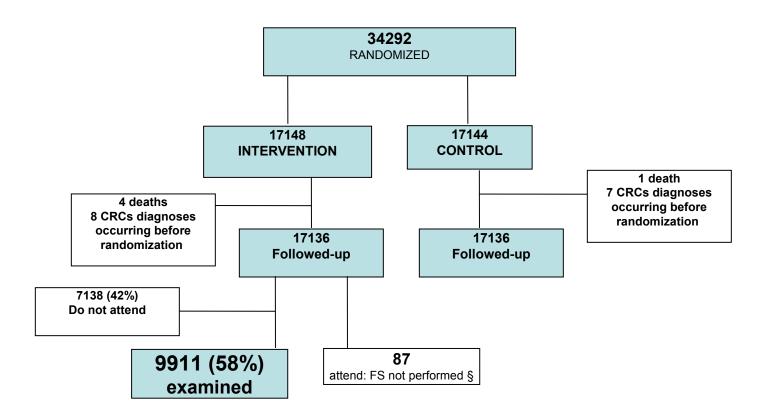
All statistical tests were two-sided and were considered to be statistically significant at p < .05

SCORE Trial profile-1



^{*} Based on the low response rate observed in Genoa among people responding that they would probably have the test if invited, these subjects where no longer randomized in that centre, starting from December 1996.

SCORE Trial profile-2



^{§ 1} patient who refused to repeat the FS following inadequate preparation, had been diagnosed with a CRC prior to randomization. He was therefore excluded from the follow-up analysis.

FOLLOW-UP

Participants were followed-up until

31/12/2007 for incidence

31/12/2008 for mortality

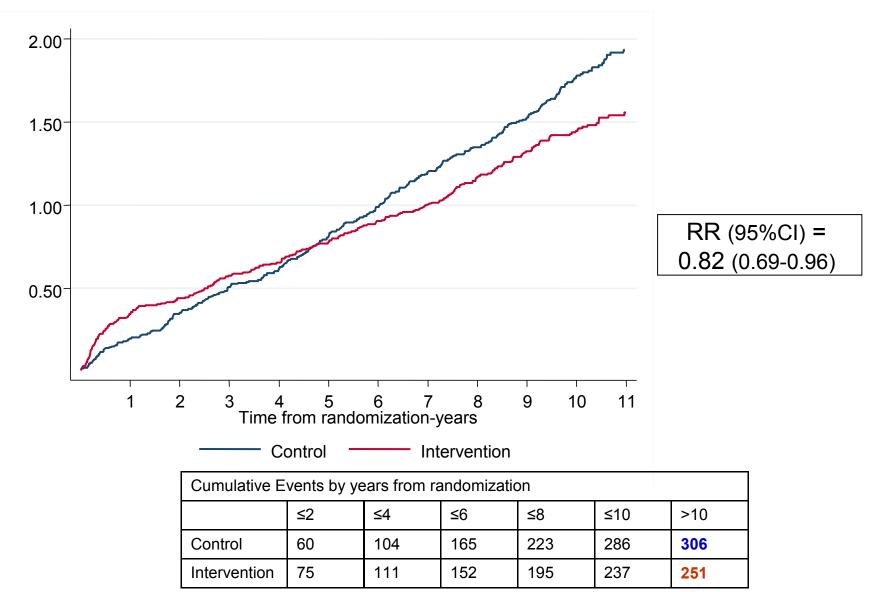
Median follow-up time to death, emigration, or end of follow-up:

10.5 years (IQR=9.9-11.3) for incidence

11.4 years (IQR=10.8-11.9) for mortality

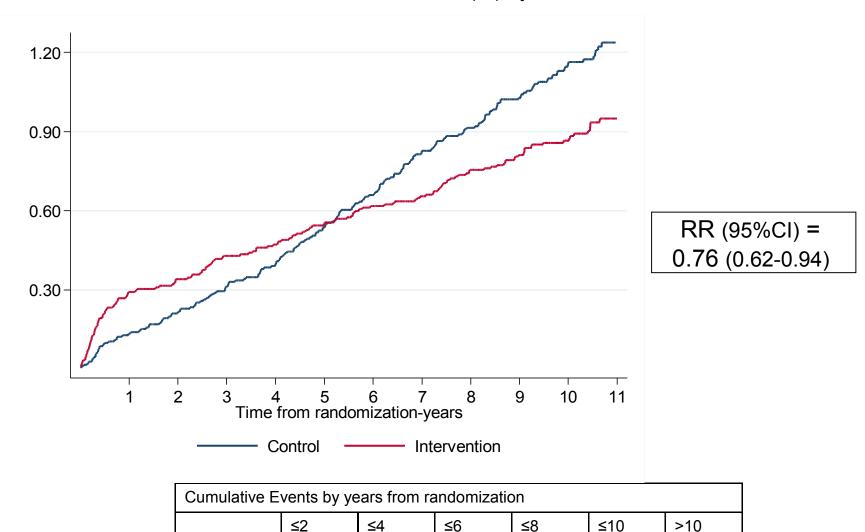
Intention to treat analysis - Colorectal cancer INCIDENCE, ALL SITES

Nelson Aalen Cumulative Hazard (%) by time from randomization



Intention to treat analysis-Colorectal cancer INCIDENCE, Distal&Descendent

Nelson Aalen Cumulative Hazard (%) by time from randomization

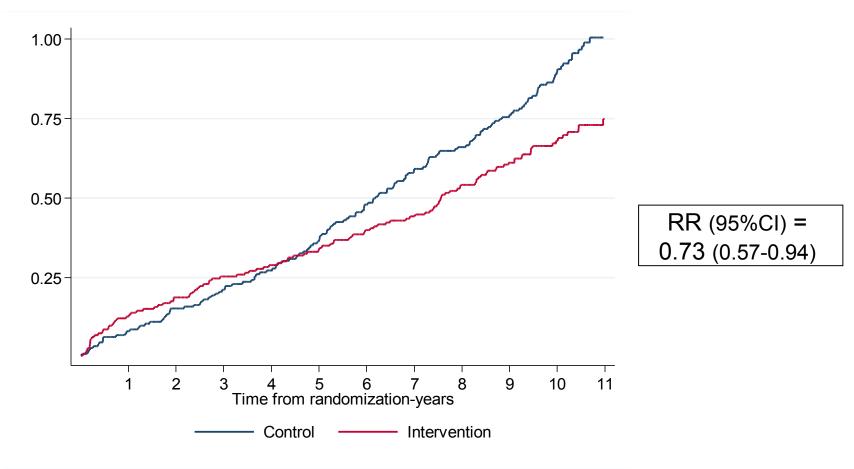


Control

Intervention

Intention to treat analysis-Colorectal cancer INCIDENCE, All sites Advanced

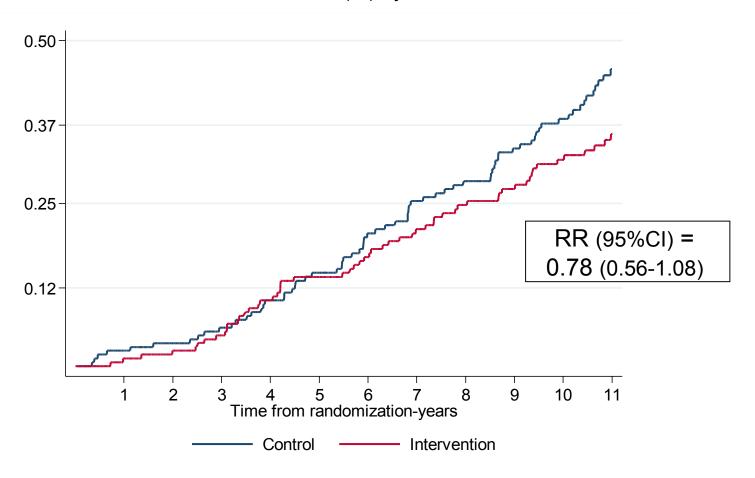
Nelson Aalen Cumulative Hazard (%) by time from randomization



Cumulative Events by years from randomization									
≤2 ≤4 ≤6 ≤8 ≤10 >10									
Control	26	44	77	105	140	152			
Intervention	Intervention 30 46 63 85 104 112								

Intention to treat analysis-Colorectal cancer MORTALITY, ALL SITES

Nelson Aalen Cumulative Hazard (%) by time from randomization



Cumulative Events by years from randomization								
≤2 ≤4 ≤6 ≤8 ≤10 >10								
Control	6	17	34	47	62	83		
Intervention	Intervention 4 17 28 41 52 65							

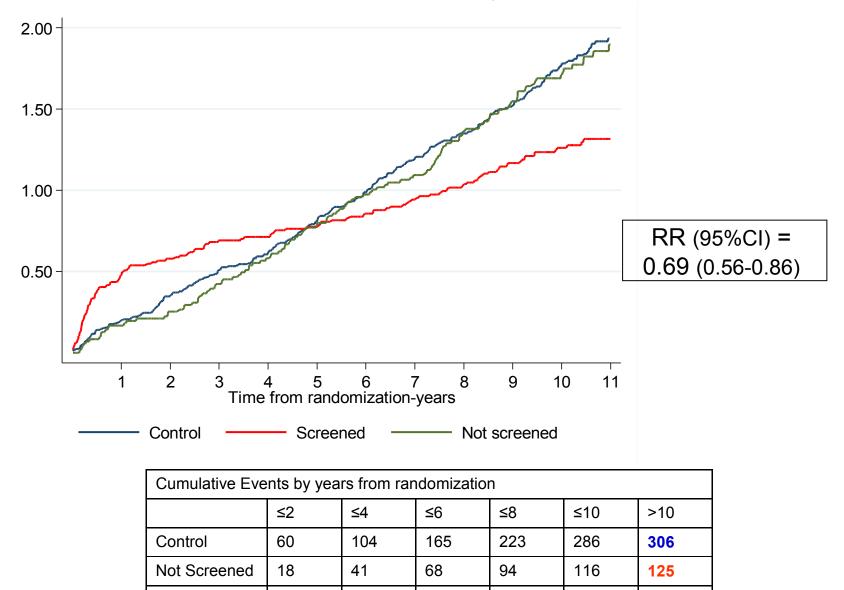
Colorectal cancer MORTALITY by screening arm and colonic site (Number of cases, Persons Years, Rates Ratios and 95% CI)

INTENTION TO TREAT ANALYSIS

	Control	Intervention	Rate ratio (95% CI)					
	Cases	Cases	Intervention vs Control group					
Mortality among patients diagnosed with CRC (all deaths, related or unrelated to CRC)								
	186 745 PY	187 532 PY						
All sites	94	71	0.75 (0.55-1.02)					
Distal & descendent	55	40	0.72 (0.48-1.09)					
CRC Mortality	186 745 PY	187 532 PY						
All sites	83	65	0.78 (0.56-1.08)					
Distal & descendent	48	35	0.73 (0.47-1.12)					
NON CRC MORTALITY	1150	1137	0.98 (0.91-1.07)					

Per protocol analysis-Colorectal cancer INCIDENCE, ALL SITES

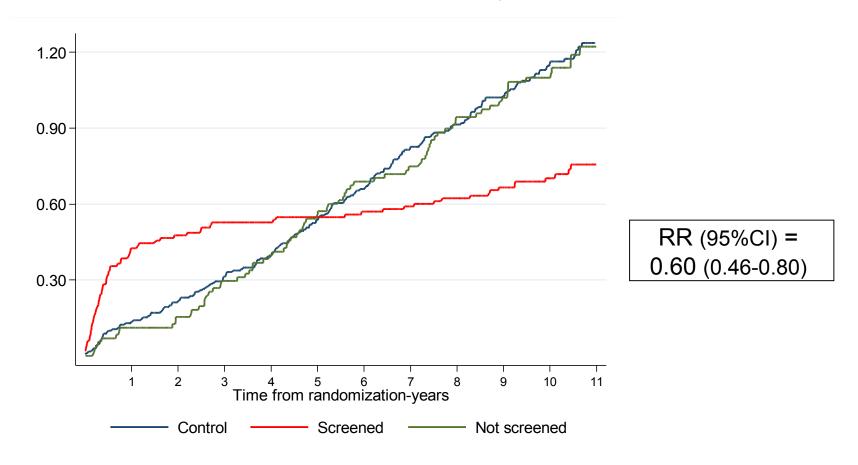
Nelson Aalen Cumulative Hazard (%) by time from randomization



Screened

Per protocol analysis-Colorectal cancer INCIDENCE, Distal&Descendent

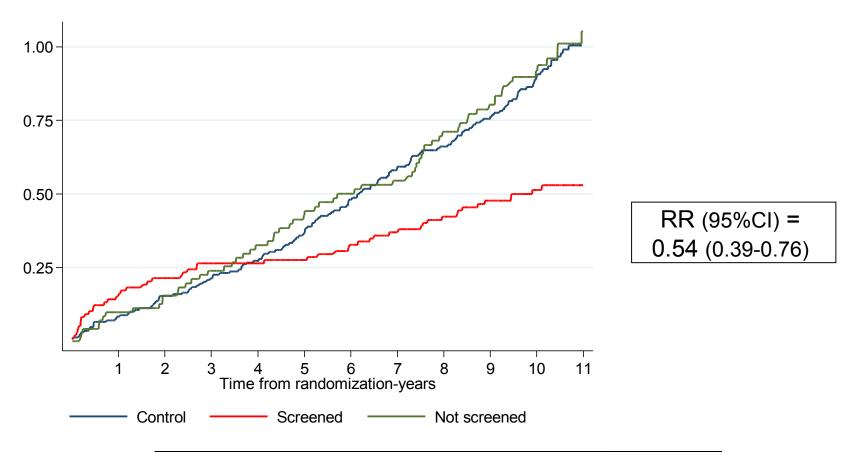
Nelson Aalen Cumulative Hazard (%) by time from randomization



Cumulative Events by years from randomization								
≤2 ≤4 ≤6 ≤8 ≤10 >10								
Control	37	67	110	151	187	198		
Not Screened	11	28	48	65	75	81		
Screened	47	52	56	61	68	71		

Per protocol analysis-Colorectal cancer INCIDENCE, All sites Advanced

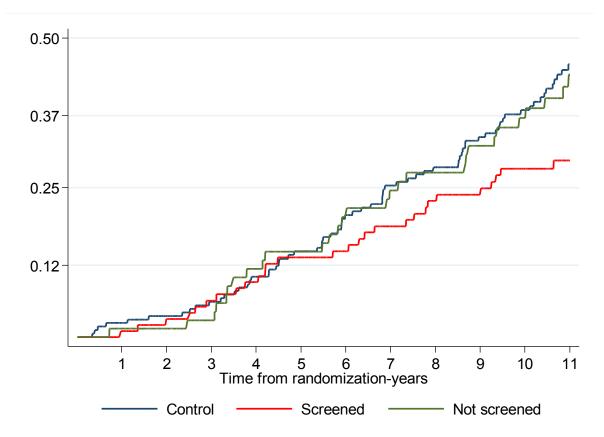
Nelson Aalen Cumulative Hazard (%) by time from randomization



Cumulative Events by years from randomization								
≤2 ≤4 ≤6 ≤8 ≤10 >10								
Control	26	44	77	105	140	152		
Not Screened	9	20	31	45	57	64		
Screened	21	26	32	40	47	48		

Per protocol analysis-Colorectal cancer MORTALITY, ALL SITES

Nelson Aalen Cumulative Hazard (%) by time from randomization



RR (95%CI) = 0.62 (0.40-0.96)

Cumulative Events by years from randomization							
≤2 ≤4 ≤6 ≤8 ≤10 >10							
Control	6	17	34	47	62	83	
Not Screened	1	8	14	19	25	35	
Screened	3	9	14	22	27	30	

Colorectal cancer MORTALITY by screening arm and colonic site (Number of cases, Persons Years, Rates Ratios and 95% CI)

PER PROTOCOL ANALYSIS

	Control	Not screened	Screened	Screened vs Control group					
	Cases	Cases	Cases	Rate ratio (95% CI) adjusted*					
Mortality among patients diagnosed with CRC (all deaths, related or unrelated to CRC)									
	186 745 PY	78 586 PY	108 946 PY						
All sites	94	38	33	0.58 (0.38-0.87)					
Distal & descendent	55	26	14	0.50 (0.26-0.94)					
CRC Mortality	186 745 PY	78 586 PY	108 946 PY						
All sites	83	35	30	0.62 (0.40-0.96)					
Distal & descendent	48	23	12	0.48 (0.24-0.94)					
NON CRC Mortality	1150	603	534	0.97 (0.85-1.09)					

^{*}Cuzick et al method (1997)

THE LANCET

Volume 375, Issue 9726, 8 May 2010-14 May 2010, Pages 1624-1633



• Once-only flexible sigmoidoscopy screening in prevention of colorectal cancer: a multicentre randomised controlled trial

Wendy S Atkin, Rob Edwards, Ines Kralj-Hans, Kate Wooldrage, Andrew R Hart, John M A Northover, D Max Parkin, Jane Wardle, Stephen W Duffy, Jack Cuzick, UK Flexible Sigmoidoscopy Trial Investigators

Summary

Lancet 2010: 375: 1624-33

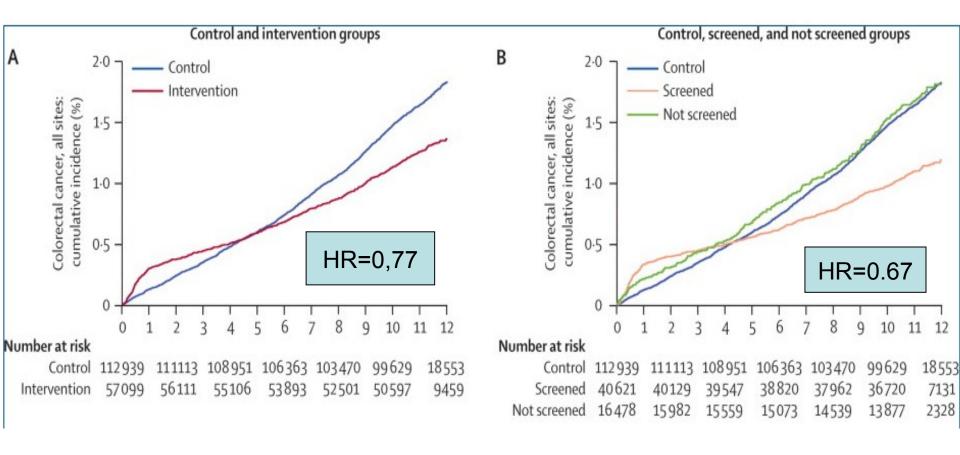
Published Online April 28, 2010 DOI:10.1016/S0140-6736(10)60551-X

See Comment page 1582

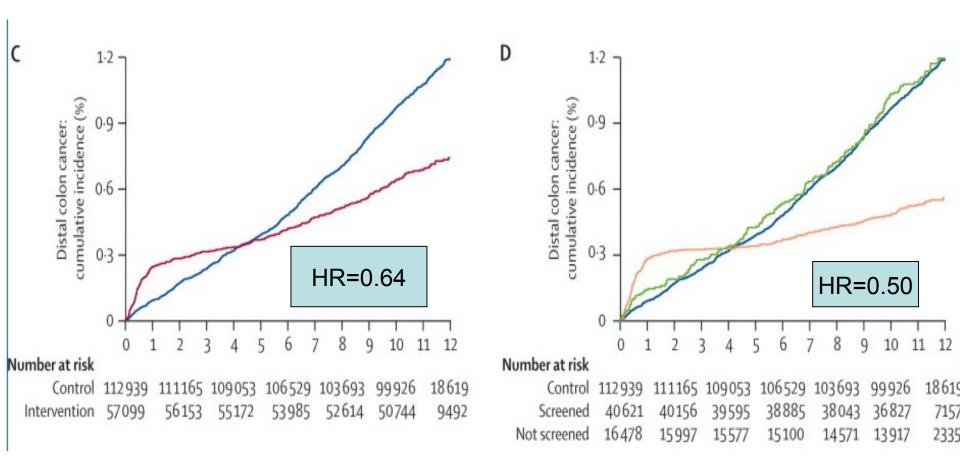
Background Colorectal cancer is the third most common cancer worldwide and has a high mortality rate. We tested the hypothesis that only one flexible sigmoidoscopy screening between 55 and 64 years of age can substantially reduce colorectal cancer incidence and mortality.

Methods This randomised controlled trial was undertaken in 14 UK centres. 170 432 eligible men and women, who had indicated on a previous questionnaire that they would accept an invitation for screening were randomly allocated

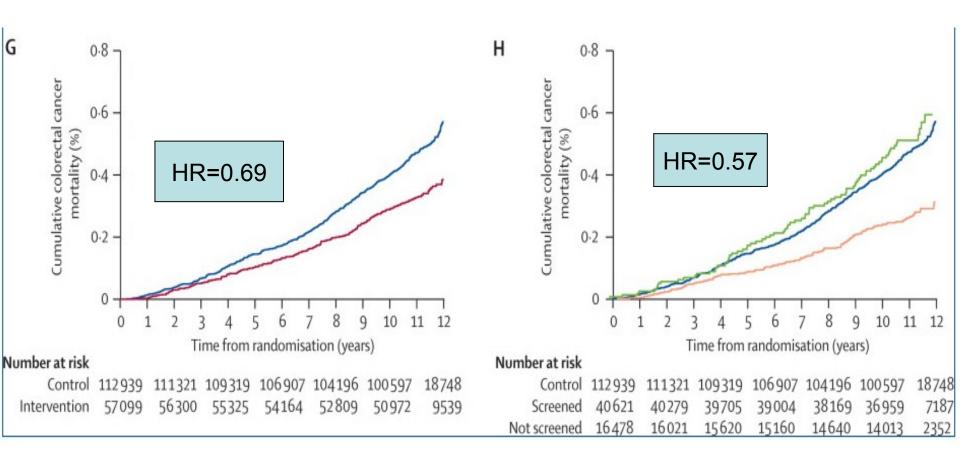
Colorectal cancer incidence (Kaplan-Meier estimates)



Distal cancer incidence (Kaplan-Meier estimates)



Colorectal cancer mortality (Kaplan-Meier estimates)



Conclusions

- The findings of this trial confirm that a single sigmoidoscopy screening between age 55 and 64 can confer a substantial and long-lasting protective effect.
- Overall, CRC incidence was reduced by 31% among those who underwent screening and by 40%% when considering the distal colon only(rectum, sigmoid and descending colon).
- The observed reduction of CRC mortality among screened subjects was just slightly lower in the SCORE than in the UK Flexible Sigmoidoscopy screening trial (38% versus 43%).
- A statistically significant reduction in CRC mortality cannot be observed yet in the intention to treat analysis in the Italian trial.

Conclusions

 The selection process associated with the twostage recruitment procedure was not as important with respect to CRC risk. The cumulative CRC incidence in the control group was about the same (306 cases observed) as it could be expected (316 cases), based on age, gender and calendar period specific incidence rates. This would suggest that the observed effect of screening on CRC incidence might be generalizable to the source population.









European guidelines for quality assurance in colorectal cancer screening and diagnosis First Edition

Editors

N. Segnan

J. Patnick

L. von Karsa

Level of evidence

FOBT I
Sigmoidoscopy II
Colonoscopy III

Estendere la sigmoidoscopia come test di screening per il CCR?

- Costi: circa 4 episodi di FIT per una FS?
- Detection Rate (cumulativa): 4 episodi di FIT ogni FS per adenomi avanzati e cancro?
- Detection di stadi avanzati: FIT > FS?
- Partecipazione cumulativa: a 4 FIT in 6 anni <=> che in 6 anni a 1 FS?
- Preferenze individuali?
- Proporzione di colonscopie: FIT(4 episodi) 20% vs <10% per FS?
- Riduzione incidenza e mortalità (50-80 aa) FS (once only) > che FIT 50-69 aa?

Workshop sullo screening con FS

Torino, Marzo 2012

COLORECTAL CANCER PREVENTION BY ONCE-ONLY SIGMOIDOSCOPY SCREENING: FOLLOW UP FINDINGS OF THE ITALIAN TRIAL—SCORE

Nereo Segnan, Paola Armaroli, Luigina Bonelli, Mauro Risio, Stefania Sciallero, Marco Zappa, Bruno Andreoni, Arrigo Arrigoni, Luigi Bisanti, Claudia Casella, Cristiano Crosta, Fabio Falcini, Mario Fracchia, Franco Ferrero, Adriano Giacomin, Orietta Giuliani, Alessandra Santarelli, Carmen Beatriz Visioli, Roberto Zanetti, Wendy S Atkin, Carlo Senore; SCORE working group collaborators

Contributing members of the SCORE Working Group:

Arezzo: A. Carnevali (Pathology Unit, San Donato Hospital, AUSL 8 Arezzo), A. Agnolucci and P. Ceccatelli (Endoscopy Unit, San Donato Hospital, AUSL 8 Arezzo), F. Mirri (Screening Unit, Valdarno Hospital);

Biella: A. Azzoni (Gastroenterology Unit, Infermi Hospital, ASL Biella), M. Giudici (Pathology Unit, Infermi Hospital, ASL Biella), G. Genta and A. Marutti (E Tempia Foundation);

Genoa: A. Guelfi Screening Unit, National Cancer Institute, Genoa), B. Gatteschi Unit of Pathology, National Cancer Institute, Genova;

Milan: C. Zocchetti (Regional Health Authority- Regione Lombardia), M. Autelitano Epidemiology Unit, ASL Città di Milano), G. Fiori (Endoscopy Unit, European Institutre of Oncology);

Rimini: G. Fabbretti (Pathology Unit, Infermi Hospital, AUSL Rimini), S. Gasperoni (Gastroenterology Unit, S Maria delle Croci Hospital, Ravenna); Turin: A. Bertone, M. Pennazio, M. Spandre (Gastroenterology Unit, San Giovanni AS Hospital, AOU S Giovanni Battista), M.Fracchia (Gastroenterology Unit, Mauriziano Umberto I Hospital), S. Patriarca, and S. Rosso (Piedmont Cancer Registry and CPO Piemonte), D. Brunetti (CPO Piemonte), M. Demaria (ARPA Piemonte)

SCORE TRIAL per protocol analysis

Table 2. CRC incidence and mortality among the SCORE trial subjects by per-protocol analysis*

		Control†		Interve	ention‡			
				Not screened	Screened		Rate ratio (95% CI)	
	173 437 pers	on-years§	72	832 person-years§	1013	45 person-years§)	adjusted	
Incidence	No. of subjects with CRC	Rates per 100 000 person-years (95% CI)	No. of subjects with CRC	Rates per 100 000 person-years (95% CI)	No. of subjects with CRC	Rates per 100 000 person-years (95% CI)	Screened vs control group	
All sites	306	176.43 (157.73 to 197.35)	125	171.63 (144.03 to 204.51)	126	124.33 (104.41 to 148.05)	0.69 (0.56 to 0.86)	
Distal¶	198	114.16 (99.32 to 131.22)	81	111.21 (89.45 to 138.27)	71	70.06 (55.52 to 88.40)	0.60 (0.46 to 0.80)	
Proximal#	108	62.27 (51.57 to 75.19)	44	60.41 (44.96 to 81.18)	55	54.27 (41.67 to 70.69)	0.85 (0.61 to 1.19)	
Advanced CRC**								
All sites	152	87.64 (74.76 to 102.74)	64	87.87 (68.78 to 112.27)	48	47.36 (35.69 to 62.85)	0.54 (0.39 to 0.76)	
Distal¶	90	51.89 (42.21 to 63.80)	46	63.16 (47.31 to 84.32)	23	22.70 (15.08 to 34.15)	0.52 (0.31 to 0.86)	
Proximal#	62	35.75 (27.87 to 45.85)	18	24.71 (15.57 to 39.23)	25	24.67 (16.67 to 36.51)	0.56 (0.36 to 0.87)	

				Interve	ention‡			
		Control†		Not screened		Screened	Rate ratio (95% CI)	
	186	745 person-years††)	(78	586 person-years††)	(10	8946 person-years††)	adjusted	
Mortality	No. of deaths	Rates per 100 000 person-years (95% CI)	No. of deaths	Rates per 100 000 person-years (95% CI)	No. of deaths	Rates per 100 000 person-years (95% CI)	Screened vs control group	
All deaths among sul	ojects diagnose	d with CRC‡‡						
All sites	94	50.34 (41.12 to 61.61)	38	48.35 (35.18 to 66.44)	33	30.29 (21.53 to 42.61)	0.58 (0.38 to 0.87)	
Distal¶	55	29.45 (22.61 to 38.36)	26	33.08 (22.52 to 48.58)	14	12.85 (7.61 to 21.70)	0.50 (0.26 to 0.94)	
Proximal#	39	20.88 (15.26 to 28.58)	12	15.27 (8.67 to 26.88)	19	17.44 (11.12 to 27.34)	0.66 (0.39 to 1.12)	
CRC deaths								
All sites	83	44.45 (35.84 to 55.11)	35	44.54 (31.97 to 62.02)	30	27.54 (19.25 to 39.38)	0.62 (0.40 to 0.96)	
Distal¶	48	25.70 (19.37 to 34.11)	23	29.27 (19.45 to 44.03)	12	11.01 (6.25 to 19.39)	0.48 (0.24 to 0.94)	
Proximal#	35	18.74 (13.45 to 26.10)	12	15.27 (8.67 to 26.89)	18	16.52 (10.41 to 26.22)	0.78 (0.45 to 1.35)	
Non-CRC deaths§§								
	1150	615.81 (581.23 to 652.45)	603	767.31 (708.32 to 830.91)	534	490.15 (450.29 to 533.54)	0.97 (0.85 to 1.09)	

^{*} CRC incidence and mortality were analyzed by all eiter distal, and provimal concers CL - confidence interval: CRC - coloractal concers RR - rate ratio: SCORE - Screening for Color Rectum

Colorectal cancer MORTALITY by screening arm and colonic site (Number of cases, Persons Years, Rates Ratios and 95% CI)

PER PROTOCOL ANALYSIS

	Control	Not screened	Screened	Screened vs Control group					
	Cases	Cases	Cases	Rate ratio (95% CI) adjusted*					
Mortality among patients diagnosed with CRC (all deaths, related or unrelated to CRC)									
	186 745 PY	78 586 PY	108 946 PY						
All sites	94	38	33	0.58 (0.38-0.87)					
Distal & descendent	55	26	14	0.50 (0.26-0.94)					
CRC Mortality	186 745 PY	78 586 PY	108 946 PY						
All sites	83	35	30	0.62 (0.40-0.96)					
Distal & descendent	48	23	12	0.48 (0.24-0.94)					
NON CRC Mortality	1150	603	534	0.97 (0.85-1.09)					

^{*}Cuzick et al method (1997)

		Control† Intervention‡					
				Not screened		Screened	Rate ratio (95% CI)
	173 437 pers	on-years§	72	832 person-years§	1013	45 person-years§)	adjusted Screened vs control
Incidence	No. of subjects with CRC	Rates per 100000 person-years (95% CI)	No. of subjects with CRC	Rates per 100000 person-years (95% CI)	No. of subjects with CRC	Rates per 100 000 person-years (95% CI)	
All sites	306	176.43 (157.73 to 197.35)	125	171.63 (144.03 to 204.51)	126	124.33 (104.41 to 148.05)	0.69 (0.56 to 0.86)
Distal¶	198	114.16 (99.32 to 131.22)	81	111.21 (89.45 to 138.27)	71	70.06 (55.52 to 88.40)	0.60 (0.46 to 0.80)
Proximal#	108	62.27 (51.57 to 75.19)	44	60.41 (44.96 to 81.18)	55	54.27 (41.67 to 70.69)	0.85 (0.61 to 1.19)
Advanced CRC**							
All sites	152	87.64 (74.76 to 102.74)	64	87.87 (68.78 to 112.27)	48	47.36 (35.69 to 62.85)	0.54 (0.39 to 0.76)
Distal¶	90	51.89 (42.21 to 63.80)	46	63.16 (47.31 to 84.32)	23	22.70 (15.08 to 34.15)	0.52 (0.31 to 0.86)
Proximal#	62	35.75 (27.87 to 45.85)	18	24.71 (15.57 to 39.23)	25	24.67 (16.67 to 36.51)	0.56 (0.36 to 0.87)

SCORe TRIAL Age and Gender results

Table 3. CRC incidence by sex and age at randomization by intention-to-treat and per-protocol analysis*

					Intention-to	o-treat analysis	
		Intervention vs control group					
	No. of subjects with CRC	Person- years§	Rate per 100 000 person-years (95% CI)	No. of subjects with CRC	Person- years§	Rate per 100 000 person-years (95% CI)	RR (95% CI)
Sex							
Women	118	86734	136.05 (113.36 to 162.95)	87	88 288	98.54 (79.87 to 121.58)	0.72 (0.55 to 0.96)
Men	188	86703	216.83 (187.95 to 250.15)	164	85 889	190.94 (163.85 to 222.52)	0.88 (0.71 to 1.09)
Age, y							
55-59	157	98773	158.95 (135.93 to 185.86)	131	97 980	133.70 (112.66 to 158.67)	0.84 (0.67 to 1.06)
>60	149	74664	199.56 (169.96 to 234.32)	120	76 197	157.49 (131.69 to 188.34)	0.79 (0.62 to 1.00)

Per-protocol analysis

				Intervention group‡					Screened vs	
	Control group†			Not screened			Screened			control group
	No. of subjects with CRC	Person- years§	Rate per 100 000 person-years (95% CI)	No. of subjects with CRC	Person- years§	Rate per 100 000 person-years (95% CI)	No. of subjects with CRC	Person- years§	Rate per 100 000 person-years (95% CI)	Adjusted RR (95% CI)¶
Sex										
Women	118	86734	136.05 (113.36 to 162.95)	47	40335	116.52 (87.55 to 155.09)	40	47953	83.42 (61.19 to 113.72)	0.55 (0.39 to 0.77)
Men	188	86703	216.83 (187.95 to 250.15)	78	32497	240.02 (192.25 to 299.66)	86	53392	161.07 (130.39 to 198.98)	0.79 (0.60 to 1.06)
Age, y										
55-59	157	98773	158.95 (135.93 to 185.86)	65	39762	163.47 (128.19 to 208.46)	66	58218	113.37 (89.06 to 144.30)	0.73 (0.54 to 0.99)
>60	149	74664	199.56 (169.96 to 234.32)	60	33071	181.43 (140.87 to 233.67)	60	43126	139.13 (108.02 to 179.18)	0.65 (0.48 to 0.89)

Colorectal cancer INCIDENCE by screening arm and colonic site (Number of cases, Persons Years, Rates Ratios and 95% CI)

INTENTION TO TREAT ANALYSIS

	Control	Intervention	Rate ratio (95% CI)
	Cases	Cases	Intervention vs Control group
Incidence	173 437 PY	174 177 PY	
All sites	306	251	0.82 (0.69-0.96)
Distal & descendent	198	152	0.76 (0.62-0.94)
Advanced	173 437 PY	174 177 PY	
All sites	152	112	0.73 (0.57-0.94)
Distal & descendent	90	69	0.76 (0.56-1.04)

Subjects by characteristics of screen-detected lesions in the distal and proximal colon by gender

	Total	Men	Women
	N (%)	N (%)	N (%)
No polyp	8169	4112	4057
	(82.4)	(78.0)	(87.4)
Non- neoplastic polyp	1338	872	466
	(13.5)	(16.5)	(10.0)
High risk adenoma	350	245	105
	(3.5)	(4.6)	(2.3)
Cancer	54	40	14
	(0.5)	(8.0)	(0.3)
Total screened	9911	5269	4642

Modified from Segnan et al. Journal of the National Cancer Institute 2002; 94(23)

Colorectal cancer INCIDENCE by screening arm and colonic site (Number of cases, Persons Years, Rates Ratios and 95% CI)

PER PROTOCOL ANALYSIS

*Cuzick et al method (1997)

	Control	Not screened	Screened	Screened vs Control group
	Cases	Cases	Cases	Rate ratio (95% CI) adjusted*
Incidence	173 437 PY	72 832 PY	101 345 PY	
All sites	306	125	126	0.69 (0.56-0.86)
Distal & descendent	198	81	71	0.60 (0.46-0.80)
Advanced	173 437 PY	72 832 PY	101 345 PY	
All sites	152	64	48	0.54 (0.39-0.76)
Distal & descendent	90	46	23	0.52 (0.31-0.86)

POPULATION

 Males and females aged 55 to 64 years recruited between October 1995 and April 1999 in 6 Italian towns

EXCLUSION CRITERIA

- ✓ Previous CRC, polyps, IBD
- ✓ Endoscopy within previous 2 years
- ✓ 2 first degree relatives with CRC
- ✓ Severe disease
- ✓ Severe psychiatric symptoms

Persons at risk at the beginning of the period by years from randomization

Intention to treat analysis						Per prof	tocol analy	/sis					
Years from randomization	≤2	≤4	≤6	≤8	≤10	>10	Years from randomization	≤2	≤4	≤6	≤8	≤10	>10
INCIDENCE													
Persons at risk a	at the begin	ning of the	period b	y years fror	n randomiz	ation							
Control	17136	16833	16540	16220	15914	11795	Control	17136	16833	16540	16220	15914	11795
Intervention	ntervention 17136 16836 16582 16273 15984 12	16582	582 16273	15984	12048	Not screened	7225	7066	6924	6762	6134	5098	
	1		1	1			Screened	9911	9772	9659	9512	9373	6950
MORTALITY													
Persons at risk a	at the begin	ning of the	period b	y years fror	n randomiz	ation							
Control	17136	16884	16623	16363	16081	14557	Control	17136	16884	16623	16363	16081	14557
Intervention	17136	16906	16671	16410	16133	14710	Not screened	7225	7082	6955	6823	6686	6277
	1		1	1			Screened	9911	9825	9717	9587	9448	8434

FUNDING

This work was supported by a grant from the Italian Association for Cancer Research (AIRC: 1995-1997), Italian National Research Council (CNR - grant n. 95.00539.PF39; n.96.00736.PF39). The Istituto Oncologico Romagnolo (IOR), the Fondo "E Tempia", the University of Milano and the Local Heath Unit ASL-Torino supported the implementation of the study in Rimini, Biella, Milano and Torino respectively.

Number (%) of people with polyps or cancer detected in the PROXIMAL COLON by gender - SCORE Trial

	TOTAL	Men	Women
	N (%)	N (%)	N (%)
Underwent colonoscopy	747	509	238
Any polyp	174	129	45
	(23.3)	(25.3)	(18.9)
Adenomas	116	86	30
	(15.5)	(16.9)	(12.6)
2 3 adenomas	21	14	7
	(2.8)	(2.8)	(2.9)
Tubulo-villous / villous	27	24	3
histology severe dysplasia	(3.6)	(4.7)	(1.3)
Cancers	7	6	1
	(0.9)	(1.2)	(0.4)
Advanced pathology	35	29	6
	(4.7)	(5.7)	(2.5)

Colorectal cancer INCIDENCE by screening arm and colonic site (Number of cases, Persons Years, Rates Ratios and 95% CI)

INTENTION TO TREAT ANALYSIS

	Control	Intervention	Rate ratio (95% CI)
	Cases	Cases	Intervention vs control group
Incidence	173 437 PY	174 177 PY	
Proximal	108	99	0.91 (0.69-1.20)
Advanced	173 437 PY	174 177 PY	
Proximal	62	43	0.69 (0.47-1.02)

Colorectal cancer MORTALITY by screening arm and colonic site (Number of cases, Persons Years, Rates Ratios and 95% CI)

INTENTION TO TREAT ANALYSIS

	Control	Intervention	Rate ratio (95% CI)
	Cases	Cases	Intervention vs control group
Mortality among patients	s diagnosed with	CRC (all deaths, re	elated or unrelated to CRC)
	186 745 PY	187 532 PY	
Proximal	39	31	0.79 (0.49-1.27)
CRC Mortality	186 745 PY	187 532 PY	
Proximal	35	30	0.85 (0.52-1.39)

Colorectal cancer INCIDENCE by screening arm and colonic site (Number of cases, Persons Years, Rates Ratios and 95% CI)

PER PROTOCOL ANALYSIS

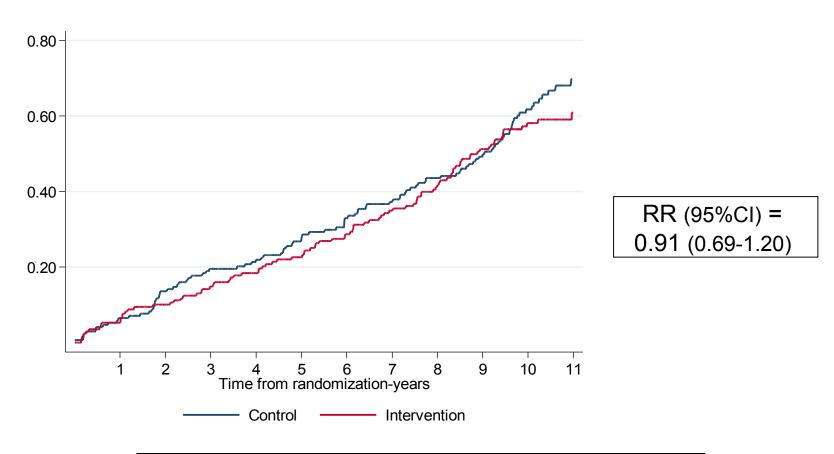
	Control	Not screened	Screened	Screened vs Control group
	Cases	Cases	Cases	Rate ratio (95% CI) adjusted
Incidence	173 437 PY	72 832 PY	101 345 PY	
Proximal	108	44	55	0.85 (0.61-1.19)
Advanced	173 437 PY	72 832 PY	101 345 PY	
Proximal	62	18	25	0.56 (0.36-0.87)

Colorectal cancer MORTALITY by screening arm and colonic site (Number of cases, Persons Years, Rates Ratios and 95% CI)

PER PROTOCOL ANALYSIS

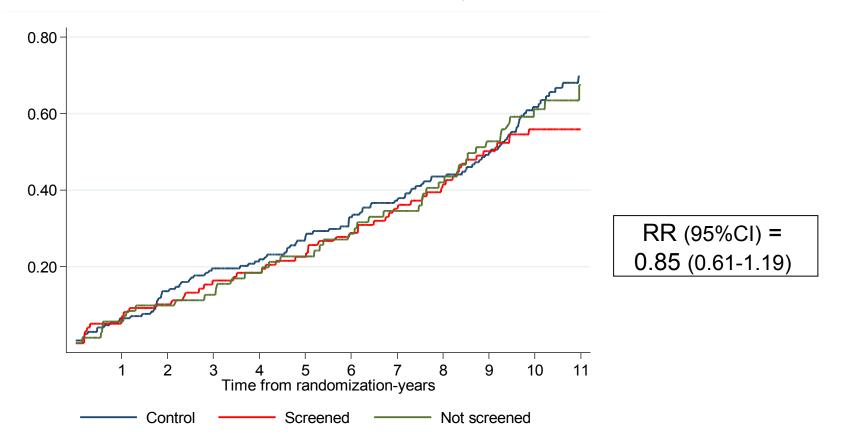
	Control	Not screened	Screened	Screened vs Control group					
	Cases	Cases	Cases	Rate ratio (95% CI) adjusted					
Mortality among patie	Mortality among patients diagnosed with CRC (all deaths, related or unrelated to CRC)								
	186 745 PY	78 586 PY	108 946 PY						
Proximal	39	12	19	0.66 (0.39-1.12)					
CRC Mortality	186 745 PY	78 586 PY	108 946 PY						
Proximal	35	12	18	0.78 (0.45-1.35)					

Intention to treat analysis - Colorectal cancer INCIDENCE, PROXIMAL



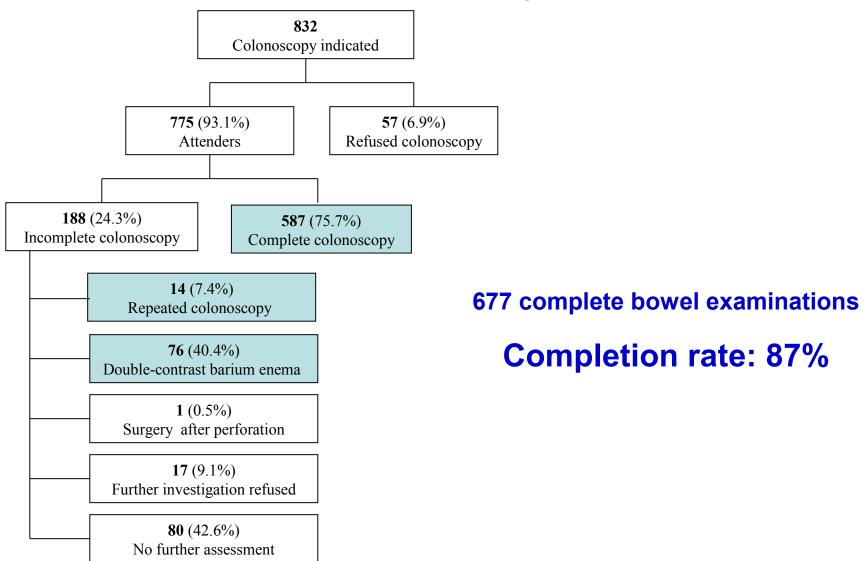
Cumulative Events by years from randomization						
≤2 ≤4 ≤6 ≤8 ≤10 >10						
Control	23	37	55	72	99	108
Intervention	17	31	48	69	94	99

Per protocol analysis - Colorectal cancer INCIDENCE, PROXIMAL



Cumulative Events by years from randomization							
≤2 ≤4 ≤6 ≤8 ≤10 >10							
Control	23	37	55	72	99	108	
Not Screened	11	28	48	65	75	81	
Screened	47	52	56	61	68	71	

Trial Profile showing indication to colonoscopy after screening sigmoidoscopy, and management of subjects who received colonoscopy



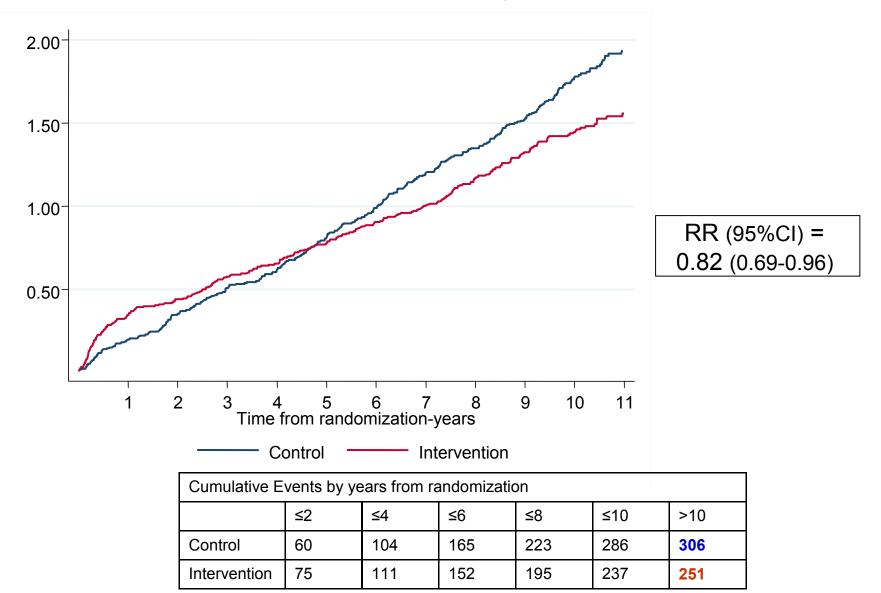
Segnan et al. Journal of the National Cancer Institute 2002; 94(23)

Characteristics of screen-detected lesions in the DISTAL COLON by gender

	Total	Men	Women
	N (%)	N (%)	N (%)
No polyp	8169	4112	4057
	(82.4)	(78.0)	(87.4)
Non- neoplastic polyp	515	358	157
	(5.2)	(6.8)	(3.4)
High risk adenoma	341	239	102
	(3.44)	(4.54)	(2.20)
Cancer	47	34	13
	(0.5)	(0.6)	(0.3)
Total screened	9911	5269	4642

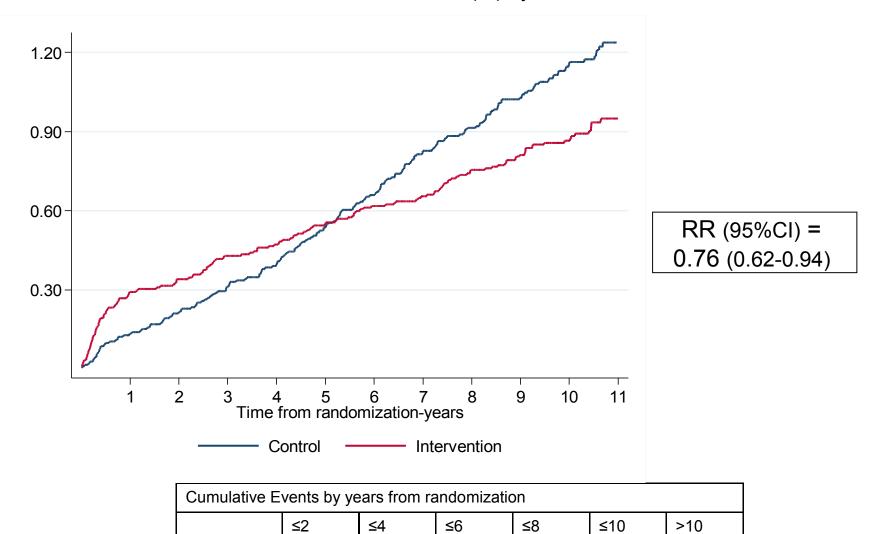
Segnan et al. Journal of the National Cancer Institute 2002; 94(23)

Intention to treat analysis - Colorectal cancer INCIDENCE, ALL SITES



Intention to treat analysis-Colorectal cancer INCIDENCE, Distal&Descendent

Nelson Aalen Cumulative Hazard (%) by time from randomization



Control

Intervention

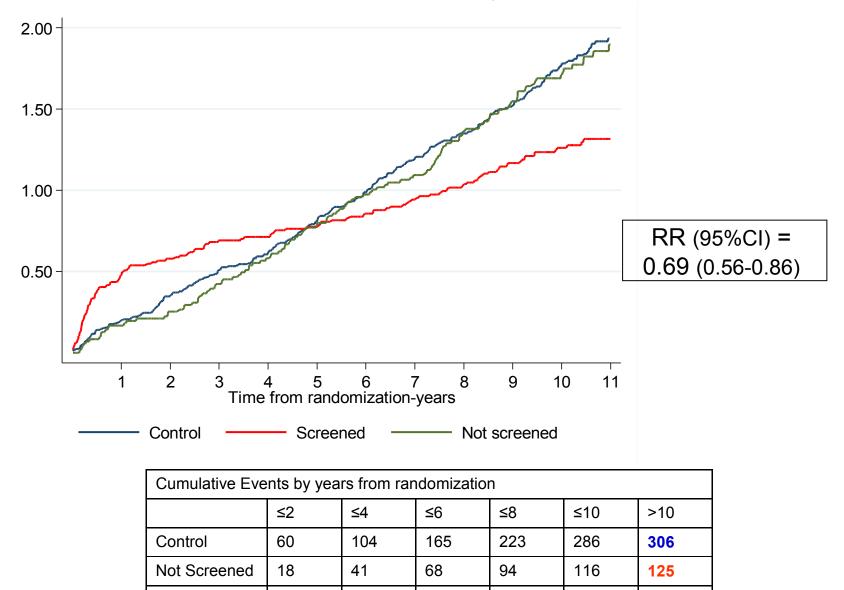
Colorectal cancer MORTALITY by screening arm and colonic site (Number of cases, Persons Years, Rates Ratios and 95% CI)

INTENTION TO TREAT ANALYSIS

	Control	Intervention	Rate ratio (95% CI)				
	Cases	Cases	Intervention vs Control group				
Mortality among patients diagnosed with CRC (all deaths, related or unrelated to CRC)							
	186 745 PY	187 532 PY					
All sites	94	71	0.75 (0.55-1.02)				
Distal & descendent	55	40	0.72 (0.48-1.09)				
CRC Mortality	186 745 PY	187 532 PY					
All sites	83	65	0.78 (0.56-1.08)				
Distal & descendent	48	35	0.73 (0.47-1.12)				
NON CRC MORTALITY	1150	1137	0.98 (0.91-1.07)				

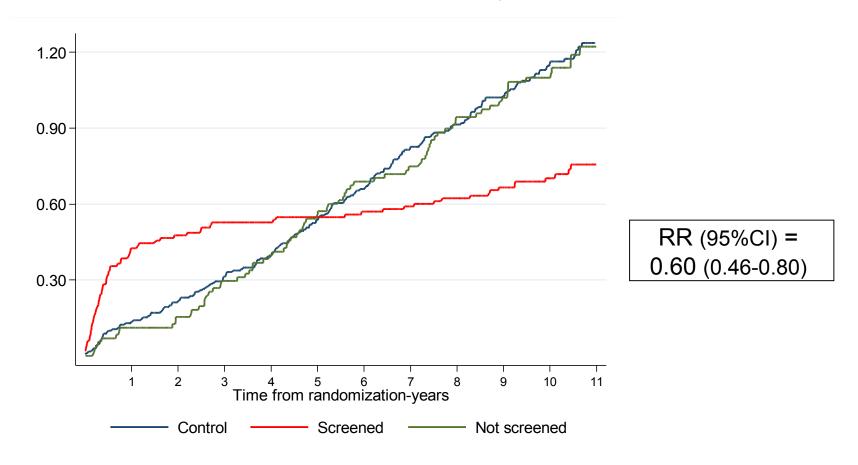
Per protocol analysis-Colorectal cancer INCIDENCE, ALL SITES

Nelson Aalen Cumulative Hazard (%) by time from randomization



Screened

Per protocol analysis-Colorectal cancer INCIDENCE, Distal&Descendent



Cumulative Events by years from randomization							
≤2 ≤4 ≤6 ≤8 ≤10 >10							
Control	37	67	110	151	187	198	
Not Screened	11	28	48	65	75	81	
Screened	47	52	56	61	68	71	



European guidelines for quality assurance in colorectal cancer screening and diagnosis First Edition

