Nordic-European Initiative on Colorectal Cancer Trial (NordICC Trial) Advanced Practice Provider Fact Sheet

Introduction

- This study *does not detract* from the fact that there is overwhelming data demonstrating screening colonoscopy saves lives. It saves lives by both detecting adenomas and early cancers, and by removing them during the same procedure.
- Colonoscopy is the *only* colorectal cancer screening test that not only detects adenomas but also removes and eliminates adenomas and early cancers.
- Colonoscopy requires *far less frequent* screening than any other colorectal cancer screening test.

What APPs Should Know

- Only 42% of the participants in the NordICCtrial who were invited to undergo screening colonoscopy actually underwent colonoscopy, as compared with 58% to 87% in the sigmoidoscopy trials that demonstrate benefit. Screening colonoscopy is only effective *if performed*.
- In the adjusted per-protocol analysis of the NordICC trial, colonoscopy was estimated to reduce the incidence of colorectal cancer (CRC) by 31% and the risk of CRC related death by 50%. These findings approximate those of prior cohort studies.
- Nearly 30% of the endoscopists included in the NordICC trial did not meet the adenoma detection rate (ADR) of 25% that is recommended in the US. The average ADR in the US is 40%.
- Colonoscopy is highly operator dependent. In one study, every 1% increase in ADR is associated with a 3% reduction in future incidence of CRC and a 5% reduction in CRC-related death.
- Patients with family history of colon cancer and/or advanced adenomas, certain hereditary syndromes, personal history of colon adenomas, or personal history of colon cancer should discuss screening and/or surveillance strategies with their gastroenterologists. These patients should not undergo FIT or stool DNA (Cologuard) testing.

What Your Patients Should Know

- Nearly 30% of endoscopists in the study did not meet the minimum required pre-cancerous polyp (adenoma) detection rate of 25%. In the US, the average pre-cancerous polyp (adenoma) detection rate is 40%.
- Colonoscopy is highly operator dependent. The higher the pre-cancerous polyp detection rate (adenoma), the lower the risk of future colorectal cancer.
- Colonoscopy is the only screening test for detection and prevention of colon cancer with removal of pre-cancerous polyps (adenomas) performed at the same appointment.
- If you are average-risk for colorectal cancer, and your colonoscopy is negative for pre-cancerous colon polyps (adenomas) and colorectal cancer, you undergo colonoscopy *every 10 years* until age 75.
- In average risk screening for colorectal cancer, if your stool test for blood (FIT) is negative, you undergo *yearly* testing until age 75.
- Alternate colon cancer screening test include stool test for blood (FIT) and stool DNA test (combination stool DNA +/- FIT trade named Cologuard). If you do not or cannot undergo a colonoscopy, you should discuss these options with your healthcare provider.
- In average risk screening for colorectal cancer, if your stool DNA test (combination stool DNA +/- FIT, trade named Cologuard) is negative, you undergo stool DNA testing (Cologuard) *every 3 years* until age 75.
- Patients with family history of colon cancer and/or advanced adenomas, certain hereditary syndromes, personal history of colon adenomas, or personal history of colon cancer should discuss screening and/or surveillance strategies with their gastroenterologists. These patients should not undergo FIT or stool DNA (Cologuard) testing.

What You Should Share with Your Referral Network

- Colonoscopy is highly operator dependent. In one study, every 1% point increase in ADR is associated with a 3% reduction in the future incidence of CRC and a 5% reduction in CRC related death.
- Nearly 30% of the endoscopists included in the NordICC trial did not meet the adenoma detection rate (ADR) of 25% that is recommended in the US. The average ADR in the US is 40%.
- In the adjusted per-protocol analysis of the NordICC trial, colonoscopy was estimated to reduce the incidence of colorectal cancer (CRC) by 31% and the risk of CRC related death by 50%, findings that approximate those of cohort studies.
- Colonoscopy is the only test that detects and removes adenomas at the same appointment.
- In average-risk screening for colorectal cancer, if the colonoscopy is negative for adenomas and colorectal cancer, patients undergo colonoscopy *every 10 years* until age 75.
- All patients who test positive by stool based FIT or DNA tests must undergo colonoscopy to confirm or exclude the presence of cancer or high-risk polyps.
- In average-risk screening for colorectal cancer, if FIT is negative, patients undergo *yearly* testing until age 75. If FIT is positive, refer for colonoscopy.
- In average-risk screening for colorectal cancer, if stool DNA test (stool DNA +/- FIT, trade named Cologuard) is negative, repeat stool DNA testing (Cologuard) *every 3 years* until age 75. If the stool DNA (Cologuard) is positive, referral for colonoscopy.
- Patients with family history of colon cancer and/or advanced adenomas, certain hereditary syndromes, personal history of colon adenomas, or personal history of colon cancer should discuss screening and/or surveillance strategies with their gastroenterologists. These patients should not undergo FIT or stool DNA (Cologuard) testing.

Sources

Bretthauer M, Loberg M, Wieszczy P, et al. Effect of colonoscopy screening on risks of colorectal cancer and related death. N Eng J Med 2022:387;1547-56.

Dominitz JA, Robertson DJ. Understanding the Results of a Randomized Trial of Screening Colonoscopy. N Engl J Med 2022:387;1609-1611.

Colonoscopy remains best and proven way to detect and prevent colorectal cancer and colorectal cancer deaths. asge.org. https://www.asge.org/home/about-asge/newsroom/news-list/2022/10/10/colonoscopy-remains-best-and-proven-way-to-detect-and-prevent-colorectal-cancer-and-colorectal-cancer-deaths. Published October 22, 2022. Accessed December 7, 2022.