

The clinical effectiveness of different surveillance strategies to prevent colorectal cancer in people with intermediate-grade colorectal adenomas: a retrospective cohort analysis, and psychological and economic evaluations

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Plain English summary

Effectiveness of different surveillance strategies to prevent colorectal cancer

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This study examined the effects of the number of follow-up colonoscopies and the length of the interval between follow-ups in people with three or four small adenomas (< 10 mm) or one or two adenomas, at least one of which was large (\geq 10 mm). People with these types of adenoma (precancerous growths) are deemed to be at 'intermediate risk' of getting bowel cancer. The aim of this study was to determine the most appropriate frequency and number of follow-up colonoscopies to give this group of people in order to detect large or advanced adenomas and prevent cancer, while also being cost-effective and resource efficient. The study used data from 17 UK NHS hospitals and three bowel cancer screening initiatives and trials. The risk of cancer and severe adenomas was assessed according to the number of follow-ups, the interval between follow-ups, and the number, size and features of adenomas found at first diagnosis. Our results suggest that follow-up reduces the risk of cancer and that an interval of 3–4 years between follow-ups is suitable for the majority of intermediate-risk patients. However, some patients were at lower risk than others, and may not gain anything from having more than one follow-up. A health economist found that a 3-year interval was the most cost-effective follow-up strategy. Follow-up examinations did not cause patients to feel worried, and it gave them reassurance that they did not have cancer.

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