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Screening the average risk population for colorectal cancer: the Israeli experience 1985-97.

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INTRODUCTION: Five prospective, controlled trials of CRC screening, 4 of them randomized, using the Hemoccult test in large populations, have been reported from Europe and USA. In all the series stage shifting was documented, and mortality from CRC was reduced by 12-33%. In comparison with this large experience, the Israeli screening programs in the average risk population are very modest, started as case findings and expanded to nation-wide recommendation for FOBT in 1999. In this study the Israeli experience between 1985 and 1997 was documented. METHODS: Medline search of the last 22 years for screening programs in Israel was performed, as well as personal contact with all the Israeli investigators. Reports to the Israeli Cancer Association (ICA) were collected, reviewed and summarized. RESULTS: Since 1985 8 papers about faecal occult blood test (FOBT) and 5 papers about flexible sigmoidoscopy (SIG) screening in average risk population have been published. 35 685 people have been screened, 110 cases of CRC and 546 cases of adenoma were found. The yield of SIG was 4 times that of FOBT for CRC. In addition, since 1990 80 084 people were screened according to the reports to the ICA. Five hundred and six cases of CRC and 2714 cases of adenoma were found. In the only prospective, controlled study, CRC incidence and mortality were significantly decreased in participants of a FOBT screening program, an effect lasting 11 years. Refusers were more likely to be male, of Asian-African descent, smokers, and consumers of more coffee and less tea or dairy food. CONCLUSION: FOBT may protect against CRC for prolonged periods. Individuals who refuse FOBT have significantly higher CRC incidence and mortality rates than those who accept testing. The Israeli experience, thus small, supports a comprehensive screening campaign for early detection of CRC in Israel.

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