



Evaluating Test Strategies for Colorectal Cancer Screening - Age to Begin, Age to Stop, and Timing of Screening Intervals: A Decision Analysis of Colorectal Cancer Screening for the U.S. Preventive Services Task Force

By U. S. Department of Health and Human Services

Createspace. Paperback. Condition: New. This item is printed on demand. 66 pages. Dimensions: 11.0in. x 8.5in. x 0.1in. Despite recent declines in both incidence and mortality, colorectal cancer (CRC) remains the second most common cause of cancer death in the United States. Screening for CRC reduces mortality through the detection of malignancies at earlier, more treatable stages, as well as through the identification and removal of adenomatous polyps (asymptomatic benign precursor lesions that may lead to CRC). There are a number of tests currently available for screening, such as fecal occult blood testing (FOBT), flexible sigmoidoscopy, and colonoscopy. Screening with FOBT (Hemoccult II) has been shown to reduce CRC mortality by 15 to 33 in randomized controlled trials and screening with more sensitive FOBTs, flexible sigmoidoscopy, colonoscopy or combinations of these tests may reduce the burden of CRC even more. In the absence of adequate clinical trial data on several recommended screening strategies, microsimulation modeling can provide guidance on the risks, benefits, and testing resources required for different screening strategies to reduce the burden of CRC. In July 2002, the US Preventive Services Task Force (USPSTF) concluded that there was sufficient evidence to recommend strongly that all average-risk adults 50 years...



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