# High-intensity surveillance colonoscopy reduces CRC risk, is cost-effective for patients with colorectal adenomas

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High-intensity surveillance colonoscopy is effective and cost-effective for managing patients who have had precancerous adenomas found during screening, suggests a cost-effectiveness analysis published in *Annals of Internal Medicine*. These findings support current but contended U.S. guidelines for surveillance colonoscopy.

Robust evidence suggests that screening substantially reduces colorectal cancer death through removal of precancerous adenomas and early detection. However, few outcome data exist to inform appropriate management of patients in whom adenomas have been removed.

Researchers from Erasmus MC University Medical Center, the Netherlands, and Stanford University used a U.S. cancer registry, cost data, and published literature to develop a microsimulation model comparing the lifetime benefits and costs of high-versus low-intensity surveillance of patients aged 50, 60, or 70 years with low-risk adenomas (LRA) or high-risk adenomas (HRA) removed after screening with colonoscopy or fecal immunochemical testing (FIT). Patients either had no further screening or surveillance, routine screening after 10 years, low-intensity surveillance (10 years after low-risk adenoma removal and 5 years after high-risk adenoma removal), and high-intensity surveillance (5 years after LRA removal and 3 years after HRA removal). Based on the computer model, incidence of colorectal cancer would be reduced by roughly 40 to 60 percent. The more frequent surveillance schedules of every 3 years rather than every 5 years for high-risk adenomas and every 5 versus every 10 years for low-risk adenomas achieved incremental benefit at acceptable cost (

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