

Lasting drop seen in CRC incidence, death after negative colonoscopy

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0.10 versus 0.32 and 0.22, respectively). The hazard ratios for CRC incidence after high- versus low-quality colonoscopy were 0.55, 0.54, and 0.46 for zero to five, 5.1 to 10, and 10.1 to 17.4 years, respectively, in a multivariable analysis. The SIR and standardized mortality ratio for 10.1 to 17.4 years of follow-up did not differ compared with earlier observation periods after high-quality colonoscopy only.

"These results suggest that the currently recommended 10-year interval for screening colonoscopy is safe and could potentially be extended, provided that quality metrics are universally assessed and the baseline examination meets recommended standards," the authors write.

More information: [Abstract/Full Text](#)

(HealthDay)—Colorectal cancer (CRC) incidence and mortality are reduced for a period of 17.4 years following a single negative screening colonoscopy, according to a study published online May 26 in the *Annals of Internal Medicine*.

Nastazja Dagny Pilonis, M.D., from the Maria Skłodowska-Curie National Research Institute of Oncology in Warsaw, Poland, and colleagues examined the long-term risk for CRC and death from CRC after a high- and low-quality single negative screening [colonoscopy](#) among average-risk individuals aged 50 to 66 years. A total of 165,887 individuals were followed for up to 17.4 years.

The researchers found that compared with the [general population](#), CRC incidence and [mortality](#) were 72 and 81 percent lower, respectively, in the study population. Compared with low-quality examination, high-quality examination resulted in twofold lower CRC incidence and mortality (standardized incidence ratios [SIRs], 0.16 and

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