

Starting colonoscopy every 10 years at age 45 cost-effective for all

12 August 2022



effective at a threshold of \$100,000/quality-adjusted life-year (QALY) gained for all BMI/sex groups. Among men with obesity II and III only, Colo10 starting at 40 years was cost-effective at \$93,300 and \$80,400/QALY gained, respectively. The preference was always for shifting Colo10 to an earlier starting age rather than Colo5 starting at later ages. In a sensitivity analysis, results were robust.

"Our findings have implications for CRC screening in [obese persons](#) specifically, as well as generalizable lessons for CRC screening tailored to risk," the authors write.

One author disclosed financial ties to the biotechnology and medical device industries.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

Initiating colonoscopy every 10 years (Colo10) at age 45 years or an annual fecal immunochemical test (FIT) at 40 years is cost-effective for all body mass index (BMI) and sex groups, according to a study published online Aug. 4 in *Clinical Gastroenterology & Hepatology*.

Aaron Yeoh, M.D., from the Stanford University School of Medicine in California, and colleagues compared [colorectal cancer](#) (CRC) screening starting at age 45 or 40 versus 50 years and/or shortening screening intervals among women and men with a [body mass index](#) (BMI) ranging from normal to grade III [obesity](#). Screening strategies included Colo10, colonoscopy every five years (Colo5), or annual FIT.

The researchers found that sex-specific total CRC deaths were similar for persons with overweight and obesity I to III without screening, reflecting the counterbalance of increased CRC risk by lower life expectancy with increasing BMI. Colo10 starting at 45 years or FIT starting at 40 years were cost-

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APA citation: Starting colonoscopy every 10 years at age 45 cost-effective for all (2022, August 12) retrieved 17 August 2022 from <https://medicalxpress.com/news/2022-08-colonoscopy-years-age-cost-effective.html>

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