

G-BA Fachgruppengespräch Evaluation OKFE
Berlin, 20. Feb 2024

Aktuelle Altersgrenzen in der Darmkrebsfrüherkennung. Erfordernis eines niedrigeren Eintrittsalters ins Screening ?

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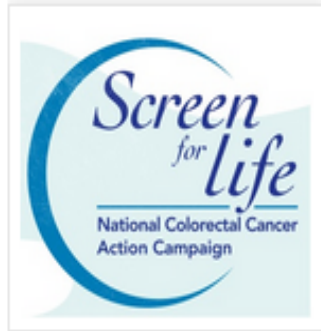
Präsident Netzwerk gegen Darmkrebs e.V.

Kuratoriumsmitglied Felix Burda Stiftung

München



45 Is the New 50 for Colorectal Cancer Screening



You may have heard by now that the new recommended age to start colorectal cancer screening has been lowered from age 50 to 45. When we started to think about messaging around this age change, we jokingly threw out phrases like, "You now get to be screened for colorectal cancer even earlier, starting at age 45—lucky you!" We know colorectal cancer screening isn't anyone's idea of a fun afternoon, regardless of which test option you use. [Read More >](#)

Tuesday, June 8, 2021 by DCPC

US Multi Society Empfehlungen zum Beginn

DOI: <https://doi.org/10.1053/j.gastro.2021.10.007>

GI Societies Member Alert

The MSTF on Colorectal Cancer releases updated screening recommendations, endorsing 45 as the age to start average-risk CRC screening.



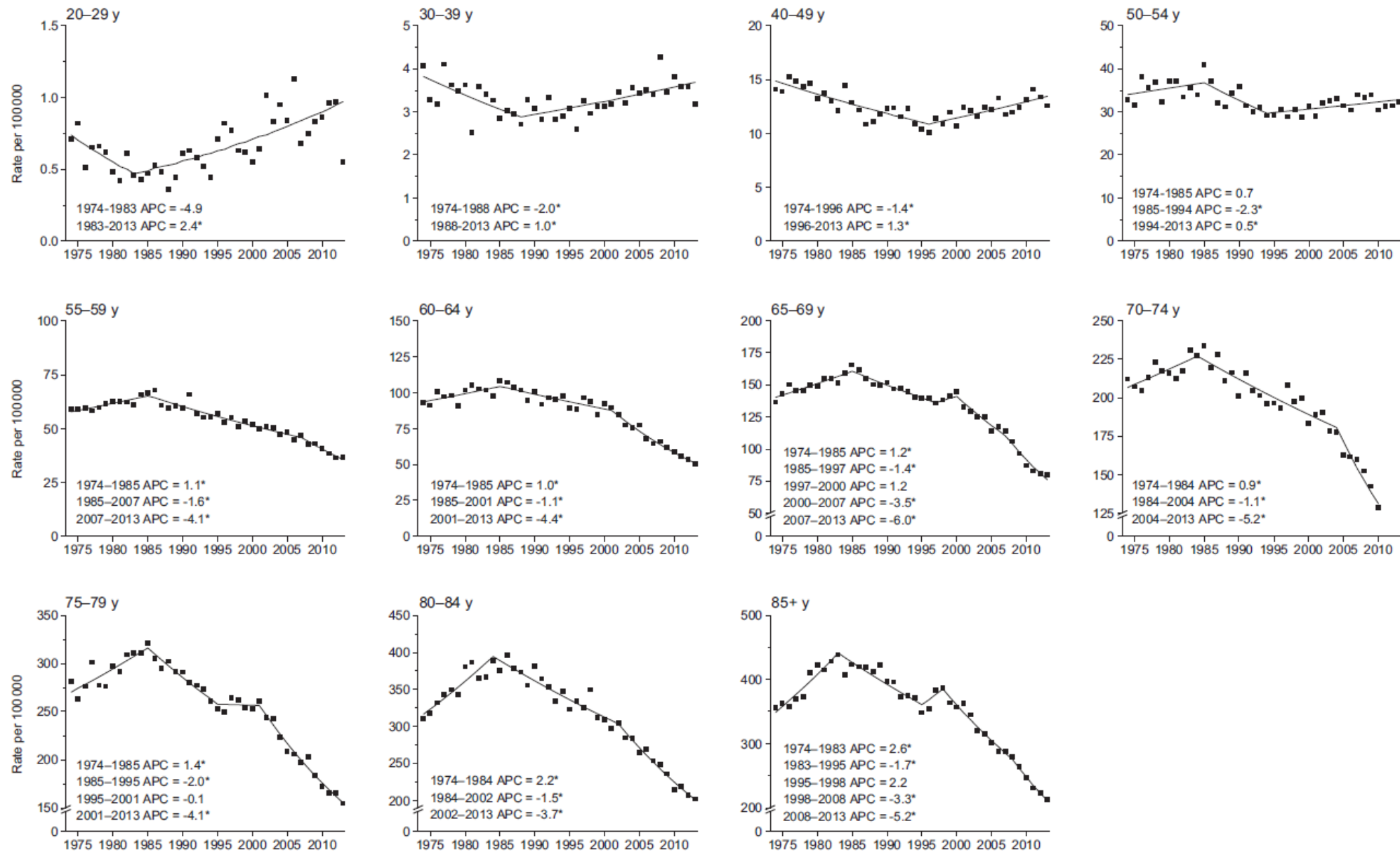
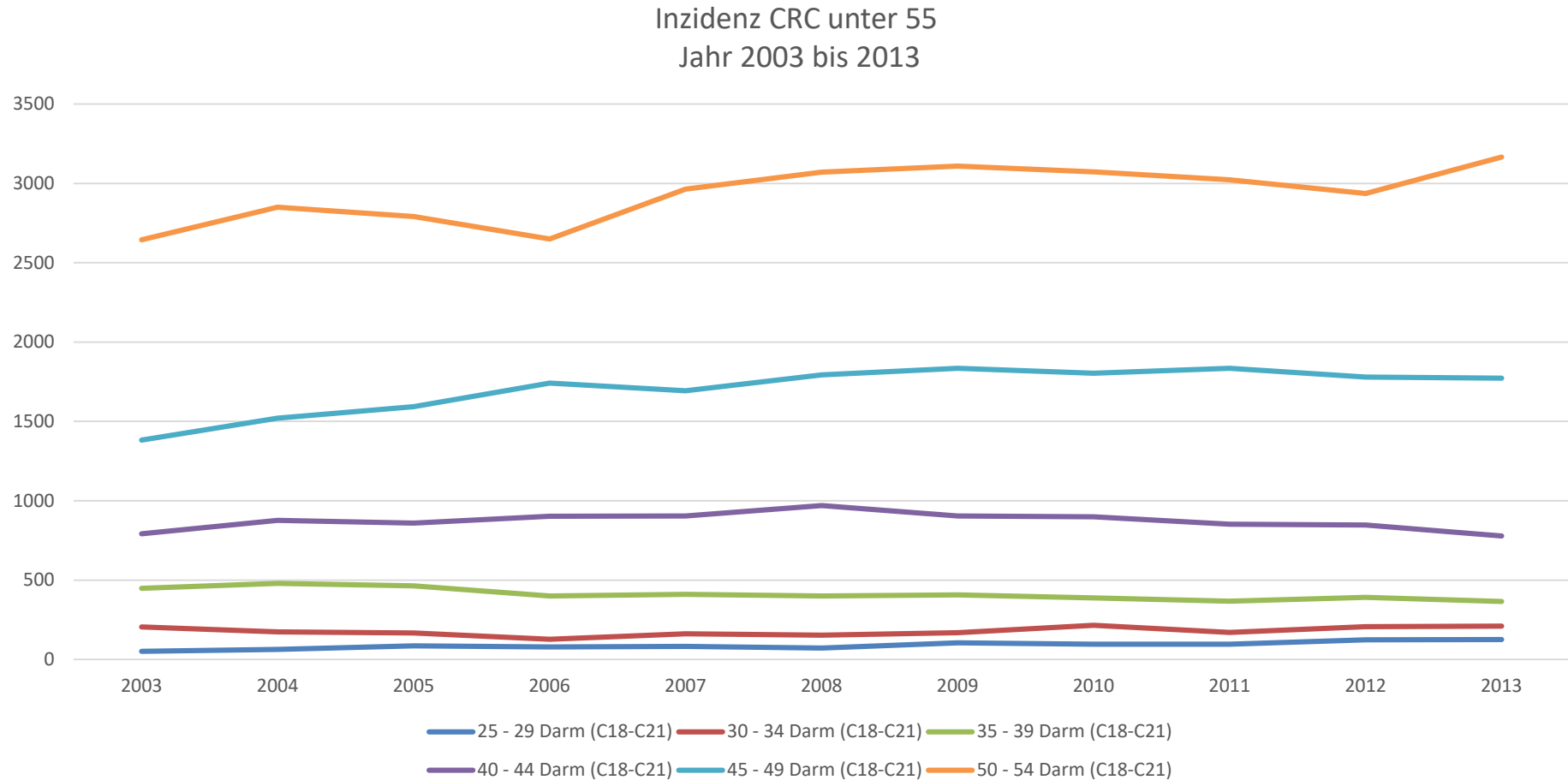


Figure 1. Annual percent change (APC) in age-specific colon cancer incidence rates in the United States, 1974–2013. An asterisk indicates that the APC is statistically significantly different from zero ($P < .05$) using a two-sided test based on the permutation method. In order to highlight trends, the scale of the y-axis varies.

Gesamt Inzidenz Absolutzahlen 2003-2013



RKI, Krebsdaten.de (aufgerufen 21.09.2017)

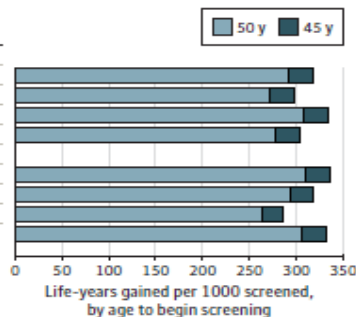
USPSTF Empfehlung

Recommendation Summary

Population	Recommendation	Grade
Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	A
Adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	B
Adults aged 76 to 85 years	The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults aged 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health, prior screening history, and preferences.	C

A Benefit: Estimated life-years gained per 1000 individuals screened^a

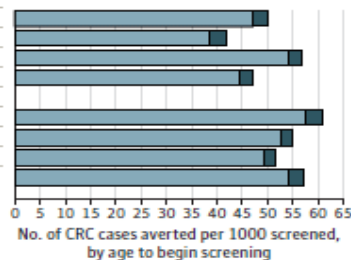
Screening modality and frequency	Mean life-years gained if start screening ^b		Additional life years gained if start screening at age 45 y
	At age 50 y	At age 45 y	
	Stool tests		
FIT every year	292	318	26
HSgFOBT every year ^{c,d}	272	298	26
sDNA-FIT every year	307	333	26
sDNA-FIT every 3 y ^d	278	303	25
Direct visualization tests			
COL every 10 y	310	337	27
CT colonography every 5 y	293	317	24
Flexible SIG every 5 y	264	286	22
Flexible SIG every 10 y plus FIT every year	306	332	26



Zusätzlich gewonnene Lebensjahre

B Benefit: Estimated No. of CRC cases averted per 1000 individuals screened^a

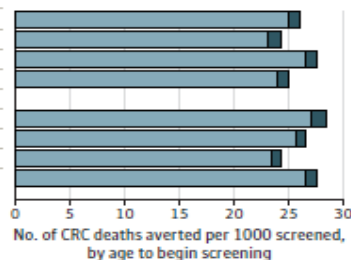
Screening modality and frequency	Mean CRC cases averted if start screening ^b		Additional CRC cases averted if start screening at age 45 y
	At age 50 y	At age 45 y	
	Stool tests		
FIT every year	47	50	3
HSgFOBT every year ^{c,d}	39	42	3
sDNA-FIT every year	54	57	3
sDNA-FIT every 3 y ^d	44	47	3
Direct visualization tests			
COL every 10 y	58	61	3
CT colonography every 5 y	53	55	2
Flexible SIG every 5 y	49	51	2
Flexible SIG every 10 y plus FIT every year	54	57	3



Zusätzlich verhinderte Erkrankungen

C Benefit: Estimated No. of CRC deaths averted per 1000 individuals screened^a

Screening modality and frequency	Mean CRC deaths averted if start screening ^b		Additional CRC deaths averted if start screening at age 45 y
	At age 50 y	At age 45 y	
	Stool tests		
FIT every year	25	26	1
HSgFOBT every year ^{c,d}	23	24	1
sDNA-FIT every year	27	28	1
sDNA-FIT every 3 y ^d	24	25	1
Direct visualization tests			
COL every 10 y	27	28	1
CT colonography every 5 y	26	26	0.9
Flexible SIG every 5 y	23	24	0.9
Flexible SIG every 10 y plus FIT every year	26	28	1

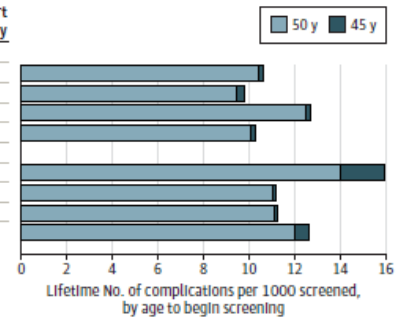


Zusätzlich verhinderte Todesfälle

Komplikationen pro 1000 Screenees

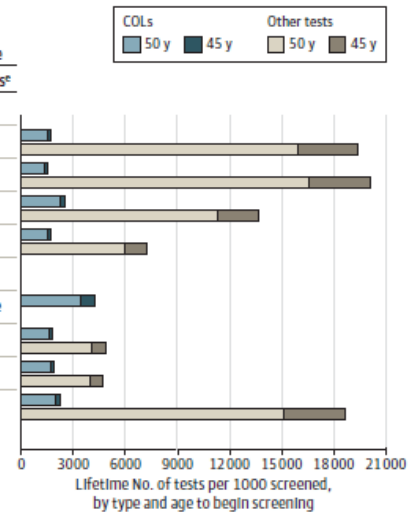
A Harms: Estimated lifetime number of complications (gastrointestinal and cardiovascular) of CRC screening and follow-up procedures per 1000 individuals screened^a

Screening modality and frequency	Mean estimate of complications if start screening ^b		Additional complications if start screening at age 45 y
	At age 50 y	At age 45 y	
Stool tests			
FIT every year	10	11	0.2
HSgFOBT every year ^{c,d}	9	10	0.3
sDNA-FIT every year	12	13	0.2
sDNA-FIT every 3 y ^d	10	10	0.3
Direct visualization tests			
COL every 10 y	14	16	2
CT colonography every 5 y	11	11	0.2
Flexible SIG every 5 y	11	11	0.1
Flexible SIG every 10 y plus FIT every year	12	13	0.6



B Burden: Estimated lifetime number of tests by type per 1000 individuals screened^a

Screening modality and frequency	Mean estimate of lifetime No. of tests by type if start screening at age 50 y		Mean estimate of lifetime No. of tests by type if start screening at age 45 y		Additional tests if start screening at age 45 y by type	
	COLs	Other tests ^c	COLs	Other tests ^c	COLs	Other tests ^c
Stool tests						
FIT every year	1496	15940	1682	19412	186	3472
HSgFOBT every year ^{c,d}	1347	16577	1535	20077	188	3501
sDNA-FIT every year	2221	11303	2531	13693	311	2390
sDNA-FIT every 3 y ^d	1477	6006	1661	7194	184	1188
Direct visualization tests						
COL every 10 y	3464	0	4248	0	784	No change
CT colonography every 5 y	1590	4056	1750	4859	161	803
Flexible SIG every 5 y	1660	3946	1840	4723	179	777
Flexible SIG every 10 y plus FIT every year	1953	15088	2224	18641	270	3553



<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>, aufgerufen

Altersgrenzen oDKFE

- Aktuell: 50 Jahre für iFOBT , Männer = Frauen
- Aktuell: 50 Jahre Männer , 55 Jahre Frauen Wahl Koloskopie
- Neu: 45 Jahre für Alle mit Wahlmöglichkeit ?
- Warum ? Das kommt darauf an