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To the Editor:

The American College of Gastroenterology believes that CNN Health's article today, "[New study questions the effectiveness of colonoscopies](#)" (Brenda Goodman, October 10, 2022), is misleading, ignoring major limitations of the Nordic-European Initiative on Colorectal Cancer (NordICC) trial by Bretthauer, *et al.* in *The New England Journal of Medicine*, and doing a significant potential disservice to your audience and to public health. Your reporting ignores the well-established body of evidence that colonoscopy with removal of precancerous polyps reduces the incidence of colorectal cancer (CRC) as first reported in *NEJM* in 1993 with findings from The National Polyp Study by Winawer, *et al.*, and subsequently reported that colonoscopy also reduces the risk of dying from colorectal cancer.

CNN's coverage fails to convey the limitations of the analysis of the NordICC trial and almost entirely ignores the insights in the accompanying editorial by Dr. Jason Dominitz and Dr. Douglas Robertson that put the NordICC findings into perspective. The trial suffers from low adherence to screening, with only 42 percent of those invited to get screened actually getting a colonoscopy. Also, the follow-up period is not long enough to see the reduction in CRC mortality. As Dr. Dominitz and Dr. Robertson explain, "[a]nother explanation for these results is that the benefits of screening colonoscopy take time to be realized..." In assessing the data at only a 5 year follow-up period, the reduction in mortality found in this study is underpowered and it could take 5 or 10 more years for evidence to accrue.

While the NordICC trial findings are discouraging compared to earlier trials aiming to measure the impact of screening on incidence and mortality, the analysis still shows a large advantage for colonoscopy in finding colorectal cancer and preventing colorectal cancer deaths but falls a short of statistical significance.

Reporting that the impact was "meager" at 18 percent among the study population is misleading when the story, only several paragraphs later, explains that "when the study authors restricted the results to the people who actually received colonoscopies – about 12,000 out of the more than 28,000 who were invited to do so – the procedure was found to be more effective. It reduced the risk of colorectal cancer by 31% and cut the risk of dying of that cancer by 50%." The story underplays the critical fact that most of the people who were invited to participate did not actually participate. Low adherence to screening is highly problematic in this analysis.

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CNN

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Another issue with the study that CNN failed to raise is that the quality of the colonoscopies performed by about one-third of the physicians was below what are considered minimum standards in the U.S. There is ample literature that a high-quality colonoscopy is required to be effective at preventing CRC and CRC-related deaths, and that colonoscopy is highly operator-dependent. There are many benchmarks developed and validated as a result, including adenoma detection rate. The benchmark for adequate adenoma detection is 25 percent. In the U.S., the average adenoma detection rate is 39 percent, while in the current study, nearly one-third of endoscopists were below even that 25 percent benchmark.

Characterizing a sophisticated diagnostic medical intervention that can visualize and remove cancers and pre-cancers when performed by trained experts as “awkward” and “invasive” and something to be “dreaded” and “endured” is fear-based reporting that is potentially harmful because it reinforces avoidance among people who need to be screened for highly prevalent pre-cancerous growths (polyps) and cancers of the colon and rectum.

The tone and approach of this coverage are extremely troubling because in the U.S. there is a devastating upward trend in colorectal cancer among younger people, and we face a backlog of patients of various ages who put off colorectal screening during the pandemic. The burden of illness and death from colorectal cancer – especially due to delayed screening – is real. It is irresponsible for CNN to cherry pick research findings under a sensational headline that could put some people at risk by raising doubts and fears that are not supported by the evidence.

The NordICC findings are certainly thought-provoking, and they do raise questions, but by no means are these epidemiological and statistical questions a reason for eligible adults to postpone or forego recommended colorectal cancer screening by colonoscopy. Science moves forward slowly and questioning is at the heart of clinical research. For the American College of Gastroenterology, this research underscores the reality that there is much more work to be done to enroll people in screening if we are to accurately assess its impact on risk of colorectal cancer and death.

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