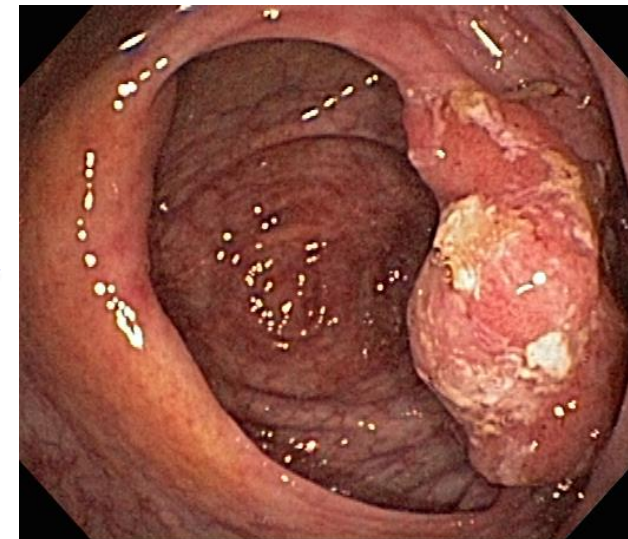
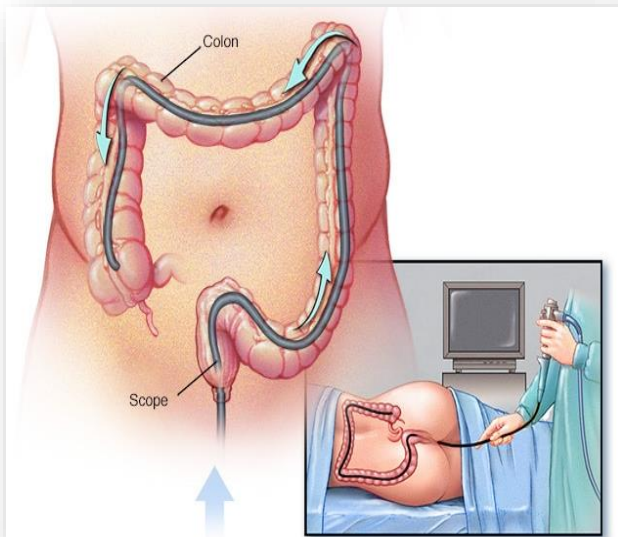


la colonoscopia de tamización SIRVE o NO SIRVE para disminuir la incidencia y la mortalidad por cáncer colorrectal ?



William Otero R MD, FAGA, FACP, FASGE
Profesor Titular de Medicina
Universidad Nacional de Colombia
Hospital Universitario Nacional de Colombia



Càncer colorrectal

USA 2do càncer màs frecuente
3^a causa dse muerte por càncer
45 años tamizaciòn
Colonoscopia **estàndar se oro**
Detecta y previene CCR polipectomia

Siegel RL, CA Cancer J Clin 2022;72:7-33

Almario CV, Teccn Innov Gastrointest Endosc 2022;269-83

Càncer colorrectal

Beneficios de la colonoscopia
Incidenca 31-91%
Mortalidad 65-88%
Estudios analìticos

Shaukat A, Am J Gastroenterol 2021;116:458-79

Ensayo clínico controlado aleatorizado

Población de estudio **500 individuos**

Aleatorización

Tratamiento A
250 individuos

Tratamiento B
250 individuos

Perdidas 20

Análisis por
intención de tratar

Perdidas 3

Éxito 200/250
80%

Éxito 200/250
80%

Análisis por
Protocolo

Éxito 200/230
86%

Éxito 200/245
81%

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VOL. 387 NO. 17

Effect of Colonoscopy Screening on Risks of Colorectal Cancer
and Related Death

M. Bretthauer, M. Løberg, P. Wieszczyn, M. Kalager, L. Emilsson, K. Garborg, M. Rupinski, E. Dekker, M. Spaander,
M. Bugajski, Ø. Holme, A.G. Zauber, N.D. Pilonis, A. Mroz, E.J. Kuipers, J. Shi, M.A. Hernán, H.-O. Adami,
J. Regula, G. Hoff, and M.F. Kaminski, for the NordICC Study Group*

**Nordic European Initiative on Colorectal Cancer
NordICC**

Bretthauer M, N Engl J Med 2022;387:1547-56

NordICC

NordICC Trial

- 84,585 men and women
- 55–64 years of age
- Lived in Poland, Norway, and Sweden
- Not previously undergone screening



Invitation
N=28,220



One-time
colonoscopy
screening

Usual Care
N=56,365



No invitation to screening

Invitation
N=28,220

42%

One-time
colonoscopy
screening

Usual Care
N=56,365

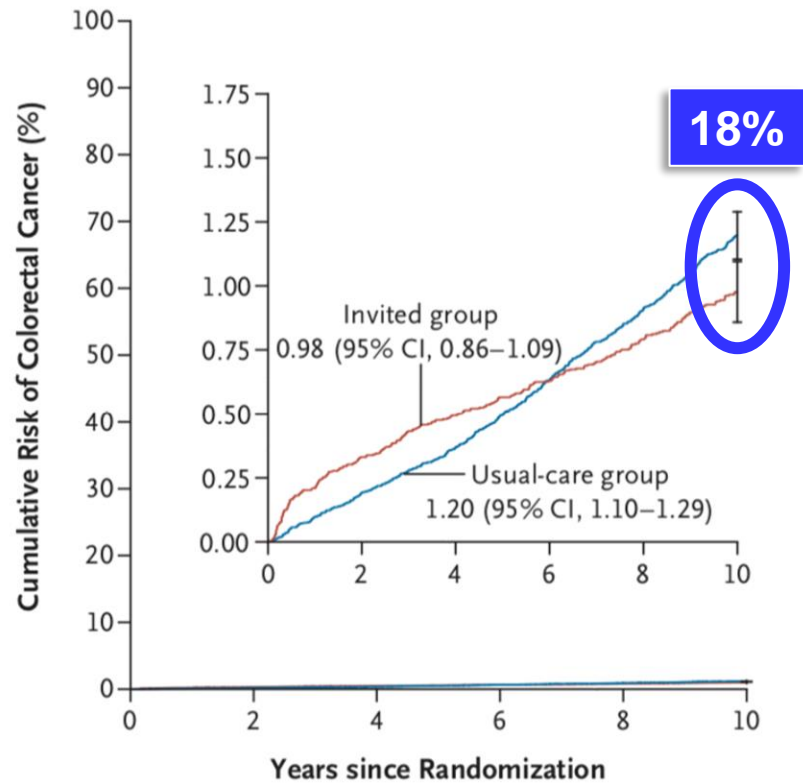


No invitation to screening

Effect of Colonoscopy Screening on Risks of Colorectal Cancer and Related Death

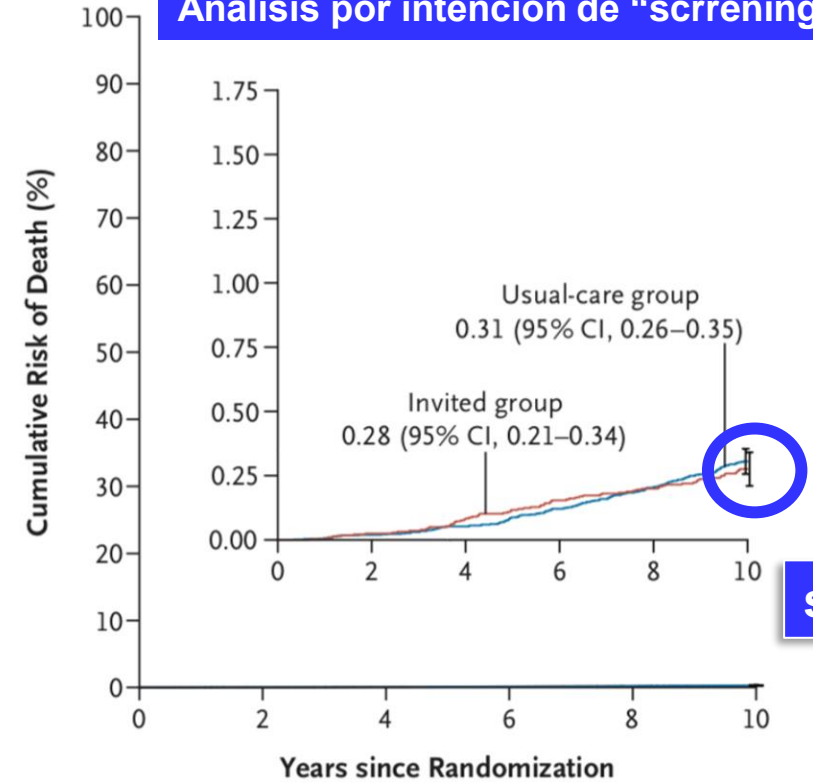
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**Incidencia acumulativa de CCR
Análisis por intención de “screening” (ITT)**



| No. at Risk | 0 | 2 | 4 | 6 | 8 | 10 |
|------------------|--------|--------|--------|--------|--------|--------|
| Invited group | 28,220 | 27,684 | 27,111 | 26,461 | 24,000 | 18,748 |
| Usual-care group | 56,365 | 55,375 | 54,192 | 52,819 | 47,769 | 37,313 |

**Incidencia acumulativa de muerte por CCR
Análisis por intención de “screening” (ITT)**



| No. at Risk | 0 | 2 | 4 | 6 | 8 | 10 |
|------------------|--------|--------|--------|--------|--------|--------|
| Invited group | 28,220 | 27,768 | 27,224 | 26,591 | 25,273 | 18,856 |
| Usual-care group | 56,365 | 55,469 | 54,362 | 53,086 | 50,356 | 37,604 |

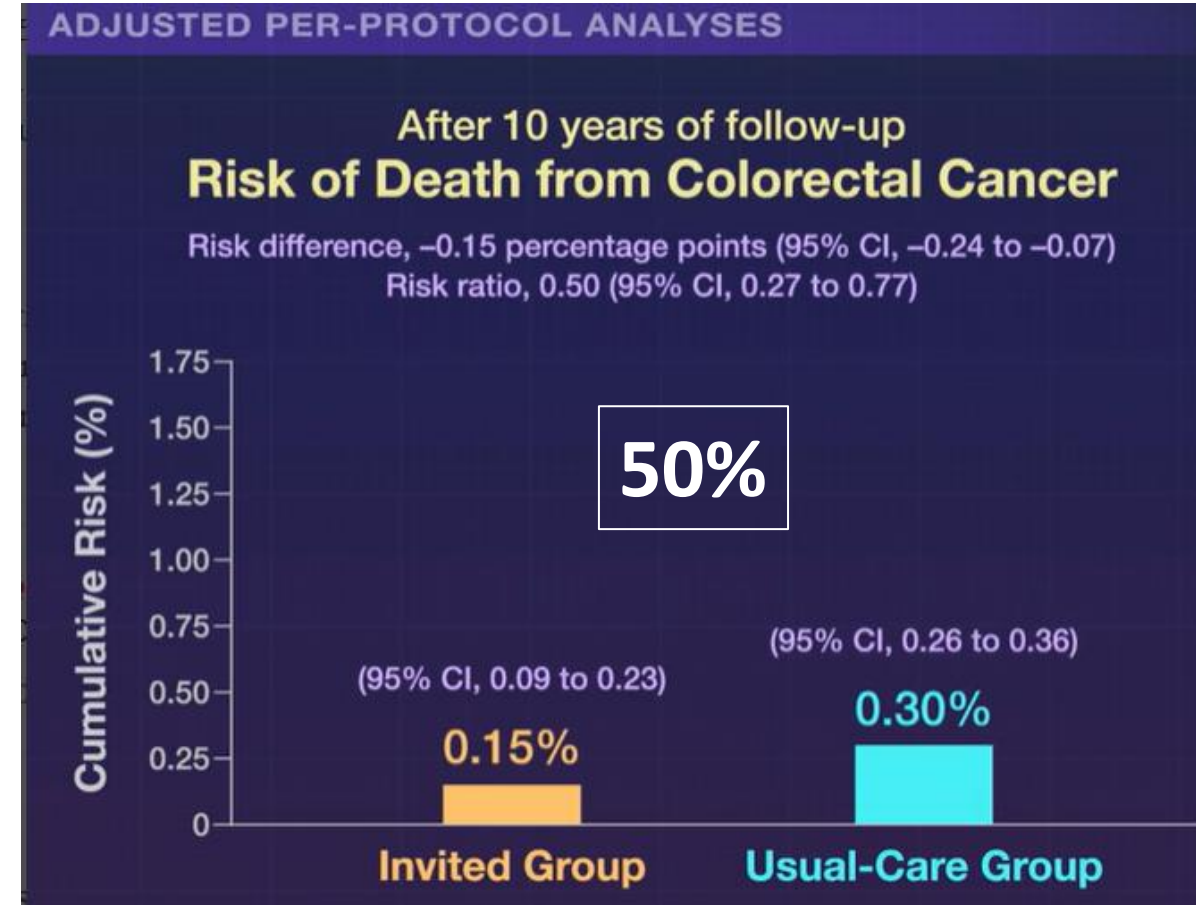
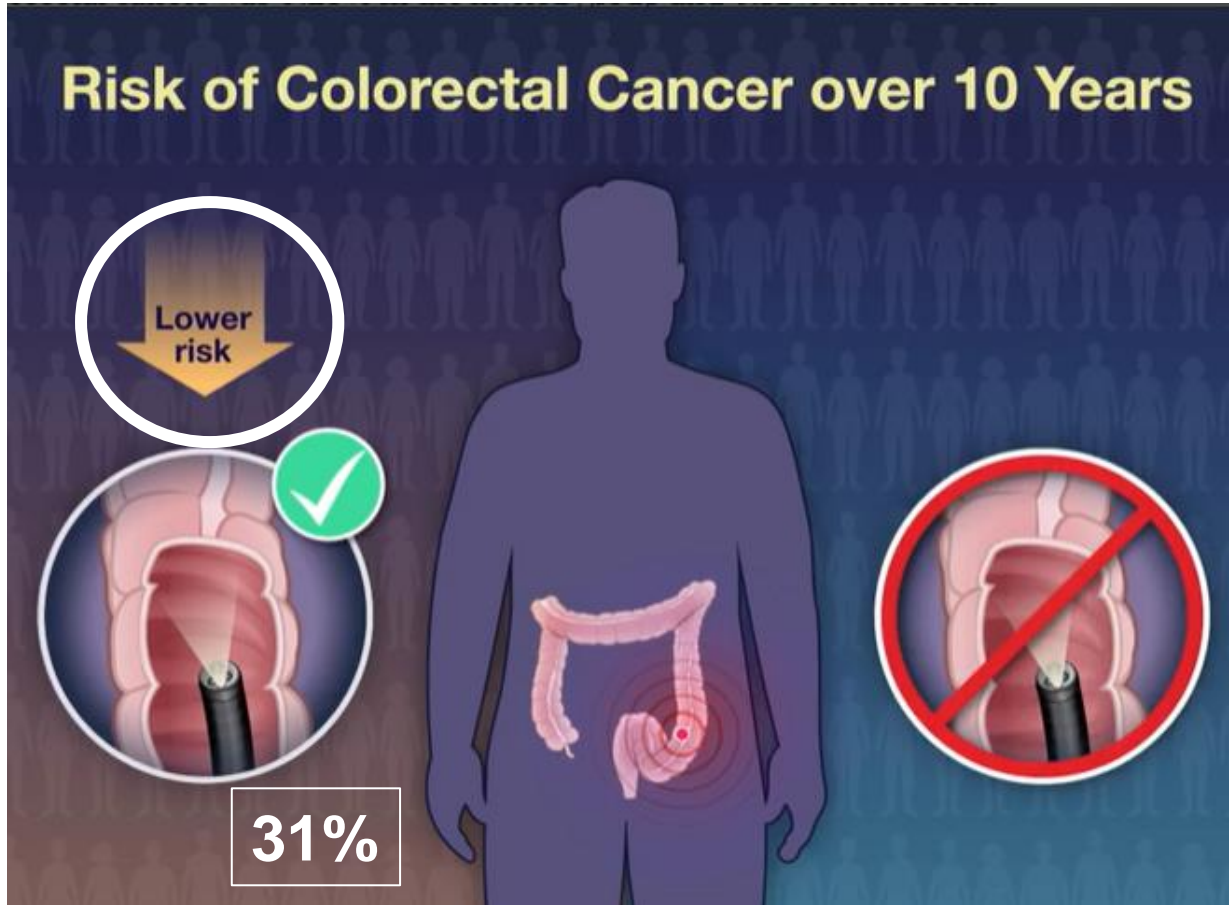


CANCER SCREENING

NEW STUDY QUESTIONS EFFECTIVENESS OF COLONOSCOPIES IN PREVENTING DEATH

**8:14
58'**

Análisis por protocolo



Bretthauer M, N Engl J Med 2022;387:1547-56

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**Tamización acudió
42% invitados**

**29% Endoscopistas
ADR <25%**

**Tasa Intubación del ciego
< Exigido**



Muchas gracias !