EUROPEAN COMMISSION
JOINT RESEARCH CENTRE
Directorate F – Health and Food
Disease Prevention

ECICC – EUROPEAN COMMISSION INITIATIVE ON COLORECTAL CANCER

European guidelines on colorectal cancer prevention, screening and diagnosis:

List of healthcare questions that will likely be included in the European colorectal cancer guidelines

Purpose of the document: for public information

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1. Primary prevention

Healthy lifestyle

- Should physical activity vs. no physical activity be used for primary prevention of colorectal cancer in average risk adults?
- Should reducing alcohol consumption vs. not reducing alcohol consumption be used for primary prevention of colorectal cancer in average risk adults?
- Should quitting smoking vs. not quitting smoking be used for primary prevention of colorectal cancer in average risk adults?
- Should counselling on healthy lifestyles (e.g. being physically active, reduce alcohol, quit smoking) vs. no counselling be used for primary prevention of colorectal cancer in average risk adults?
- Should specific diet patterns (e.g. reduction of red and processed meat, reduction of highly-refined carbohydrates, diet rich in fibre, diet rich in fish, diet rich in milk and dairy products, Mediterranean diet) vs. no specific diet patterns be used for primary prevention of colorectal cancer in average risk adults?

Chemoprevention

- Should aspirin vs. no aspirin be used for primary prevention of colorectal cancer in average risk adults?
- Should non-aspirin NSAID (including other non-selective COX inhibitors, preferential COX-2 inhibitors, COX-2 selective inhibitors) vs. no non-aspirin NSAIDs be used for primary prevention of colorectal cancer in average risk adults?
- Should micronutrients (e.g. vitamin A, B, C, D, E, calcium, magnesium, selenium, folic acid, fibres, prebiotics and probiotics) as supplements in addition to standard diet vs. standard diet be used for primary prevention of colorectal cancer in average risk adults?

2. Screening

Screening ages

- Should screening vs. no screening be used for colorectal cancer in asymptomatic average risk adults aged 50-69?
- Should screening for colorectal cancer in asymptomatic average-risk adults start at age 45 vs. age 50?
- Should screening for colorectal cancer in asymptomatic average-risk adults be stopped at age 74 vs. age 69?
- Should screening for colorectal cancer in asymptomatic average-risk adults be stopped at age 79 vs. age 74?
- Should screening for colorectal cancer in asymptomatic average-risk adults start at age 40 vs. age 44? (to be considered depending on the recommendation on screening start at 45)
- Should screening for colorectal cancer in asymptomatic average-risk adults be stopped at age 85 vs. age 79? (to be considered depending on the recommendation on screening stop at 79)

Screening tests

- Should colonoscopy vs. FIT be used for colorectal cancer screening in asymptomatic average risk adults?
- Should flexible sigmoidoscopy vs. FIT be used for colorectal cancer screening in asymptomatic average risk adults?
- Should flexible sigmoidoscopy + FIT vs. single screening test (to be determined for the protocol) be used for colorectal cancer screening in asymptomatic average risk adults?
- Should flexible sigmoidoscopy vs. colonoscopy be used for colorectal cancer screening in asymptomatic average risk adults?
- Should a DNA stool-based test looking for colorectal cancer biomarkers (e.g. SEPT-9, M2-PK) vs. FIT be used for colorectal cancer screening in asymptomatic average risk adults?
- Should a DNA stool-based test looking for colorectal cancer biomarkers (e.g. SEPT-9, M2-PK) vs. flexible sigmoidoscopy be used for colorectal cancer screening in asymptomatic average risk adults? (to be considered depending on the recommendation on screening with DNA stool-based test vs. FIT)
- Should a DNA stool-based test looking for colorectal cancer biomarkers (e.g. SEPT-9, M2-PK) vs. colonoscopy be used for colorectal cancer screening in asymptomatic average risk adults? (to be considered depending on the recommendation on screening with DNA stool-based test vs. FIT)
- Should FIT every year vs. FIT every two years be used for colorectal cancer screening in asymptomatic average risk adults?
- Should a single colonoscopy vs. colonoscopy every 10 years be used for colorectal cancer screening in asymptomatic average risk adults?
- Should a single flexible sigmoidoscopy vs. flexible sigmoidoscopy every 5 years be used for colorectal cancer screening in asymptomatic average risk adults?
- Should a single flexible sigmoidoscopy vs. flexible sigmoidoscopy every 10 years be used for colorectal cancer screening in asymptomatic average risk adults?

- Should flexible sigmoidoscopy every 5 years vs. flexible sigmoidoscopy every 10 years be used for colorectal cancer screening in asymptomatic average risk adults?
- Should a DNA stool-based test looking for colorectal cancer biomarkers (e.g. SEPT-9, M2-PK) every year vs. DNA based test (stool) every 2 years be used for colorectal cancer screening in asymptomatic average risk adults?
- Should a DNA stool-based test looking for colorectal cancer biomarkers (e.g. SEPT-9, M2-PK) every year vs. DNA based test (stool) every 3 years be used for colorectal cancer screening in asymptomatic average risk adults?
- Should a DNA blood-based test looking for colorectal cancer biomarkers (e.g. SEPT-9, M2-PK) 2 years vs. DNA based test (stool) every 3 years be used for colorectal cancer screening in asymptomatic average risk adults?

Cut-off thresholds

- Should a quantitative FIT vs. qualitative FIT be used for colorectal cancer screening in asymptomatic average risk adults?
- Should a low cut-off threshold vs. a standard cut-off threshold be used as a positivity threshold for FIT tests?
- Should a high cut-off threshold vs. a standard cut-off threshold be used as a positivity threshold for FIT tests?

Invitation strategies

- Should mailing of the self-sampling FIT kit vs. an invitation to pick up the kit be used for inviting asymptomatic adults to organised population-based screening programmes?
- Should a letter with a fixed appointment (i.e. date and/or time) vs. a letter without a fixed appointment (i.e. requiring to make a phone call to book an appointment) be used for inviting asymptomatic adults to organised population-based screening programmes?
- Should a letter followed by a mail reminder vs. a letter alone be used for inviting asymptomatic adults to organised population-based screening programmes?
- Should an advanced notification letter vs. a standard letter be used for inviting asymptomatic adults to organised population-based screening programmes?
- Should a letter with a general practitioner's signature vs. a letter alone be used for inviting asymptomatic adults to organised population-based screening programmes?
- Should a decision aid that explains the benefits and harms of screening vs. a standard letter be used for inviting asymptomatic adults to organised population-based screening programmes?
- Should educational interventions (including the ones involving patient advocacy organisations) in addition to a letter vs. a letter alone be used for inviting asymptomatic adults to organised population-based screening programmes?
- Should a SMS notification vs. a letter be used for inviting asymptomatic adults to organised population-based screening programmes?
- Should social networks vs. a letter be used for inviting asymptomatic adults to organised population-based screening programmes?
- Should national awareness campaigns in addition to a letter vs. a letter alone be used for inviting asymptomatic adults to organised population-based screening programmes?