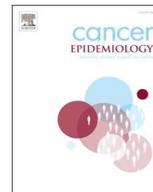




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Is the national Danish colorectal cancer screening programme a success?



Njor et colleagues' commendation of the National Danish Colorectal Cancer Screening Programme, "considered a success", deserved comment [1].

First, the Danish programme was implemented in March 2014 while calls for screening were published as early as 1995 (the results of the two 1996 Lancet's papers being available since 1994) [2]. In France, screening was implemented in 2003 in 23 territories out of 100 and generalisation to all 100 only underwent in the late 2008, using Faecal Occult Blood Test. Why such a delay in Denmark?

Second, the Danish programme is restricted to fecal test. However, colonoscopy every 10 yr ranks first according to World Gastroenterology Organization's colorectal cancer screening cascade while fecal test ranks 6th out of six [3]. The American College of Gastroenterology endorsed colonoscopy as the preferred strategy as soon as 2000. Indeed, for themselves gastroenterologists relied on colonoscopy not on fecal tests and President Obama at age 49 underwent virtual colonoscopy [4]. Screening with colonoscopy or sigmoidoscopy has been available with non-population and population-based programmes since long (Austria, Czech Republic, Germany, Greece, Poland, Italy and England) [5]. Last, whatever ranking could be recommended, the best test is the one having the personal preference, after an fully informed choice about the benefit/risk ratio of each method.

Third, the first randomized controlled trials for CRC screening showed that mortality was reduced at best after 8–13 years of screening in two trials and not until after 15–18 years of screening in another two trials. Accordingly, uptake of the first screening round is a very poor surrogate for efficacy. Similarly, the uptake of colonoscopy when the fecal test is positive is far for quality. The endoscopists' performance

(rate of adenoma detected) is an issue that should not be overlooked [6].

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