

Is Colorectal Cancer Screening Indicated in Previously Unscreened Elders?

By [Jamaluddin Moloo, MD, MPH](#)

Edited by [David G. Fairchild, MD, MPH](#), and [André Sofair, MD, MPH](#)

Screening previously unscreened elders for colorectal cancer (CRC) can be cost-effective as late as age 86, according to an *Annals of Internal Medicine* study.

Using modeling, researchers evaluated to what age colorectal cancer screening should be considered in unscreened, average-risk elders (age range, 76–90). Strategies included one-time colonoscopy, sigmoidoscopy, or fecal immunochemical testing (FIT).

Compared with no screening, CRC screening at age 80 prevented 4.2 (FIT) to 10.7 (colonoscopy) CRC-related deaths for every 1000 people screened. Screening was cost-effective in those without comorbid conditions until ages 83 (colonoscopy), 84 (sigmoidoscopy), and 86 (FIT). In elders with severe comorbidities, screening was cost-effective until ages 77, 78, and 80, respectively.

Nearly a quarter of people older than 75 have never undergone colorectal cancer screening. Although we shouldn't base clinical decisions solely on simulation models, this study suggests that one-time screening for CRC in people older than 75 is cost-effective and probably should be considered in elders without comorbid conditions.

Dr. Moloo is an associate editor with NEJM Journal Watch General Medicine, from which this article is adapted.

[Annals of Internal Medicine article](#) (Free abstract)