Evidence from several studies has shown that colorectal cancer (CRC) screening is effective and cost-effective in average-risk population. Recommended screening strategies fall in two broad categories: stool tests that primarily detect cancer, which include detection of occult blood or exfoliated DNA; and structural exams, that are effective in detecting both cancer and premalignant lesions, which include flexible sigmoidoscopy, colonoscopy, and CT-colonography. In recent years, it has been suggested that programmatic screening with FIT is more effective and less costly than other screening strategies. In addition, two studies showed that FIT is better accepted than flexible sigmoidoscopy or colonoscopy, which could counterbalance its lower neoplastic detection capacity. In such a context, the COLONPREV study was designed to compare colonoscopy and FIT from a population-based perspective, with the working hypothesis that biennial screening with a sensitive FIT would be non-inferior to once-only colonoscopy with respect to CRC-related mortality reduction in average-risk individuals.

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