

# Cost-savings of colorectal cancer screening as treatment costs increase

September 24 2009

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Investing in some colorectal cancer screening programs could cut future, more expensive treatment costs in half, according to a new study published online September 24 in the *Journal of the National Cancer Institute*. The only screening program found not to be cost-saving was colonoscopy.

Governments and insurance companies may invest more in colorectal cancer screening programs -- some of which have proven to reduce colorectal cancer mortality -- if the cost-savings were known, especially as more expensive cancer drugs continue to hit the market.

Iris Lansdorp-Vogelaar, Ph.D., of the Department of Public Health, Erasmus MC, University Medical Center Rotterdam in the Netherlands, and colleagues used a microsimulation model, known as the MISCAN-Colon model, to assess whether the increasing use of new, very costly drugs would affect treatment savings of colorectal [cancer screening](#).

Researchers looked at annual guaiac fecal occult blood testing (FOBT), annual immunochemical FOBT, sigmoidoscopy every 5 years, colonoscopy every 10 years, and the combination of sigmoidoscopy every 5 years and annual guaiac FOBT in the general population for three chemotherapy treatment scenarios: the past, the present, and the near future.

The treatment savings from screening were more than twice as high in the near-future scenario, which included the widespread use of

expensive new chemotherapies, than in the past scenario for all test strategies. This increase in savings makes screening with all strategies except colonoscopy cost-saving, according to the authors.

"The increasingly costly management of colorectal cancer will approximately double the treatment savings from screening," the authors write. "...screening is not only desirable from the perspective of governments and insurance companies to reduce colorectal cancer incidence and mortality, but in addition will also help to contain the increasing costs for the management of colorectal cancer."

Source: Journal of the National [Cancer](#) Institute ([news](#) : [web](#))

Citation: Cost-savings of colorectal cancer screening as treatment costs increase (2009, September 24) retrieved 14 January 2023 from <https://medicalxpress.com/news/2009-09-cost-savings-colorectal-cancer-screening-treatment.html>

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