



WEO

The voice of world  
endoscopy

# Incorporating demographic information

Patrick M Bossuyt



# Disclosures

No conflicts to disclose



# Take-home Message

Using different FIT positivity thresholds,  
based on demographic information

would reduce differences in FIT performance and  
restore equity and efficiency in CRC screening.



# Demographic information is known: Age and Sex

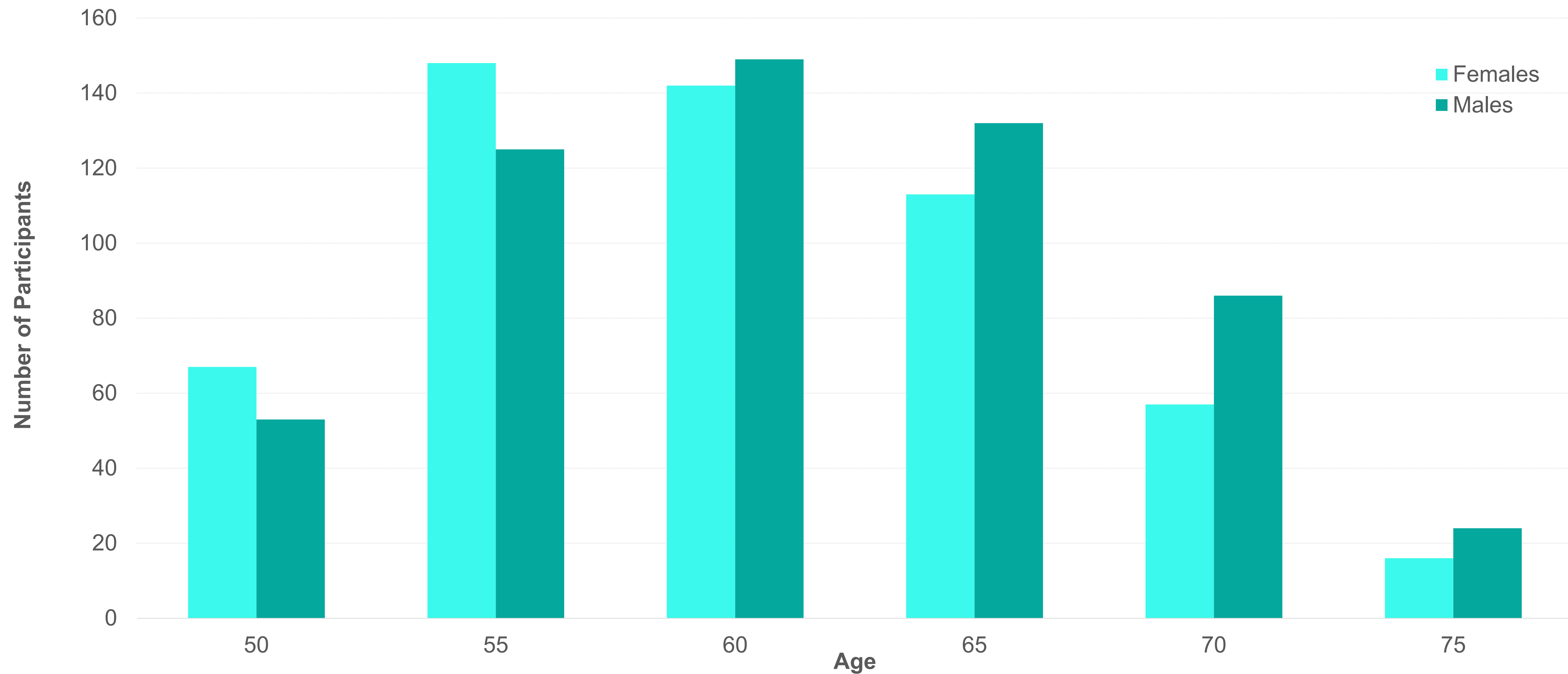


# Age and Sex in FIT screening: Illustration

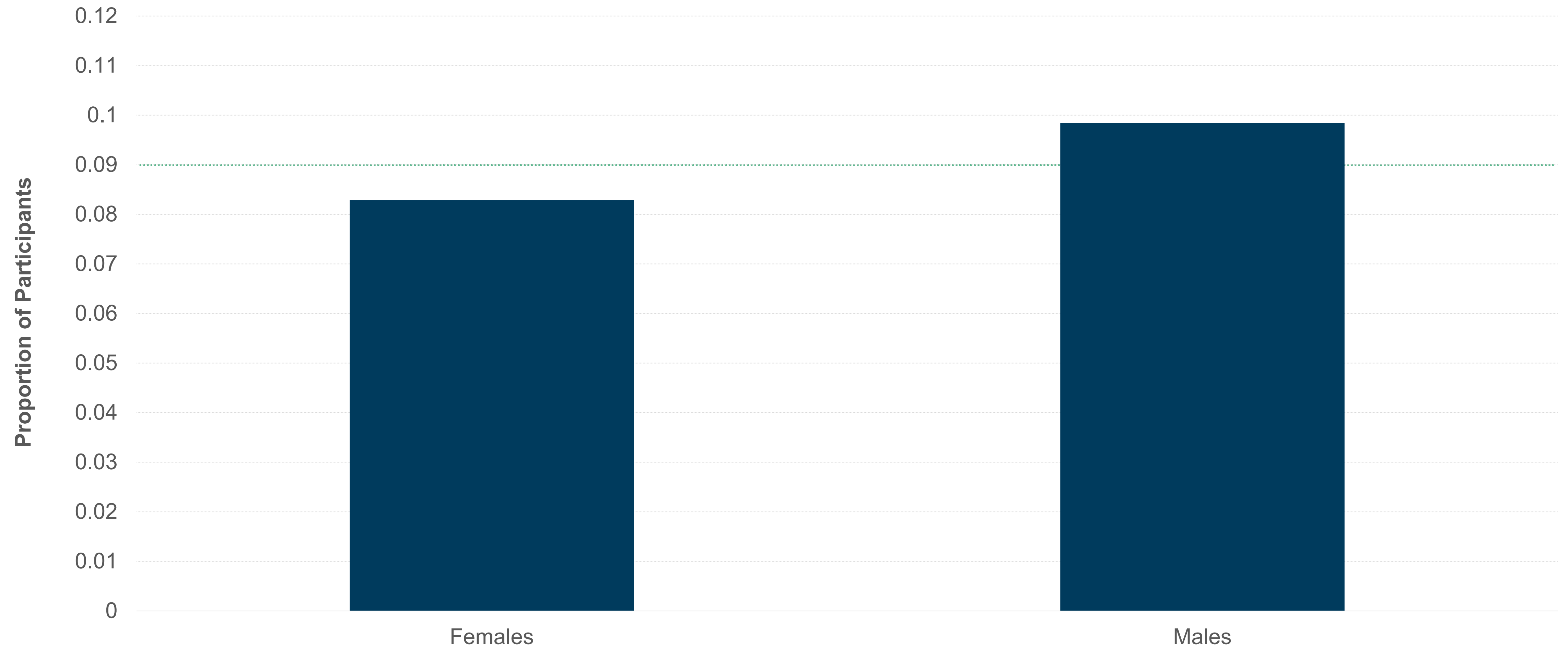
- population-based invitational screening pilot
- 1,121 asymptomatic screen-naïve participants (50-75 years)
  - Screening Colonoscopy
  - One sample FIT (OC-Sensor)
- Blinded evaluation
- Advanced Neoplasia: Carcinoma & Advanced Adenoma ( $\geq 10$  mm, villous histology ( $\geq 25$  % villous), high-grade dysplasia)



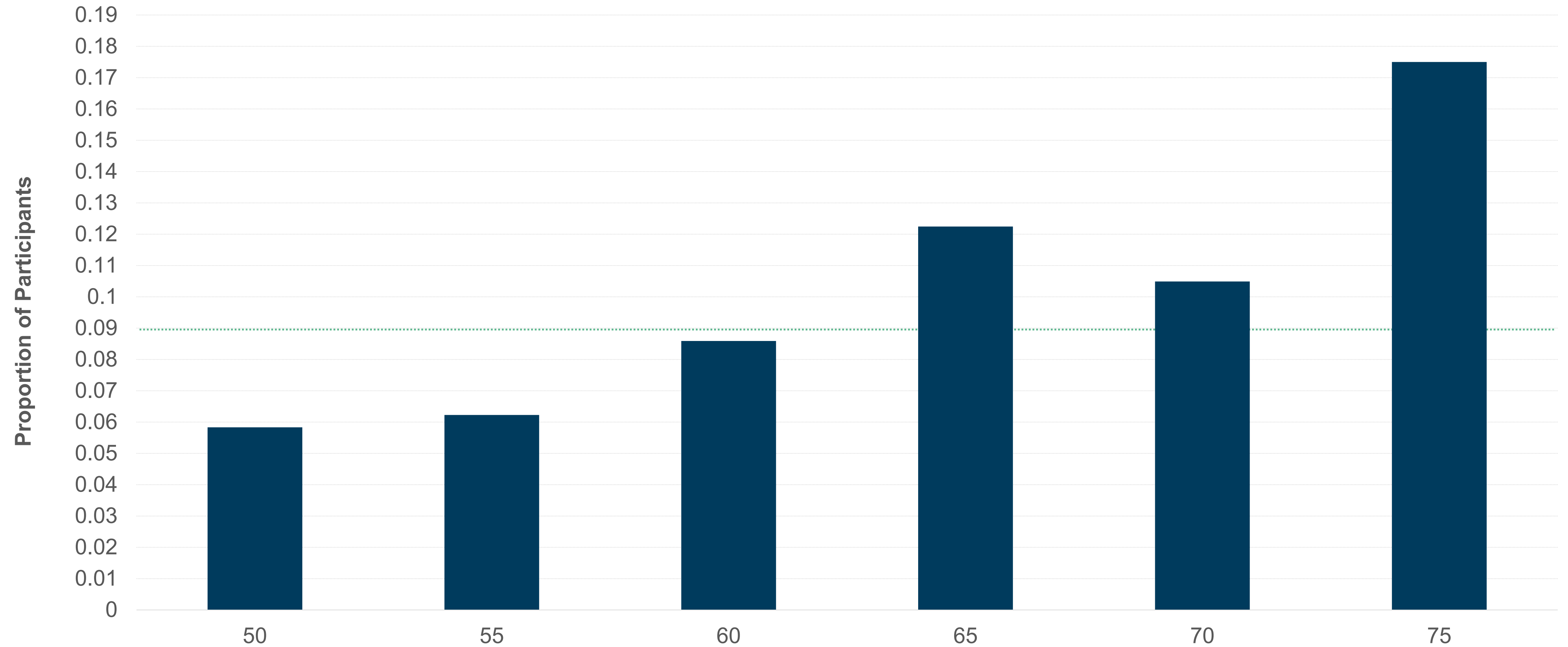
# Participants: Age and Sex



# Participants with Advanced Neoplasia by Sex

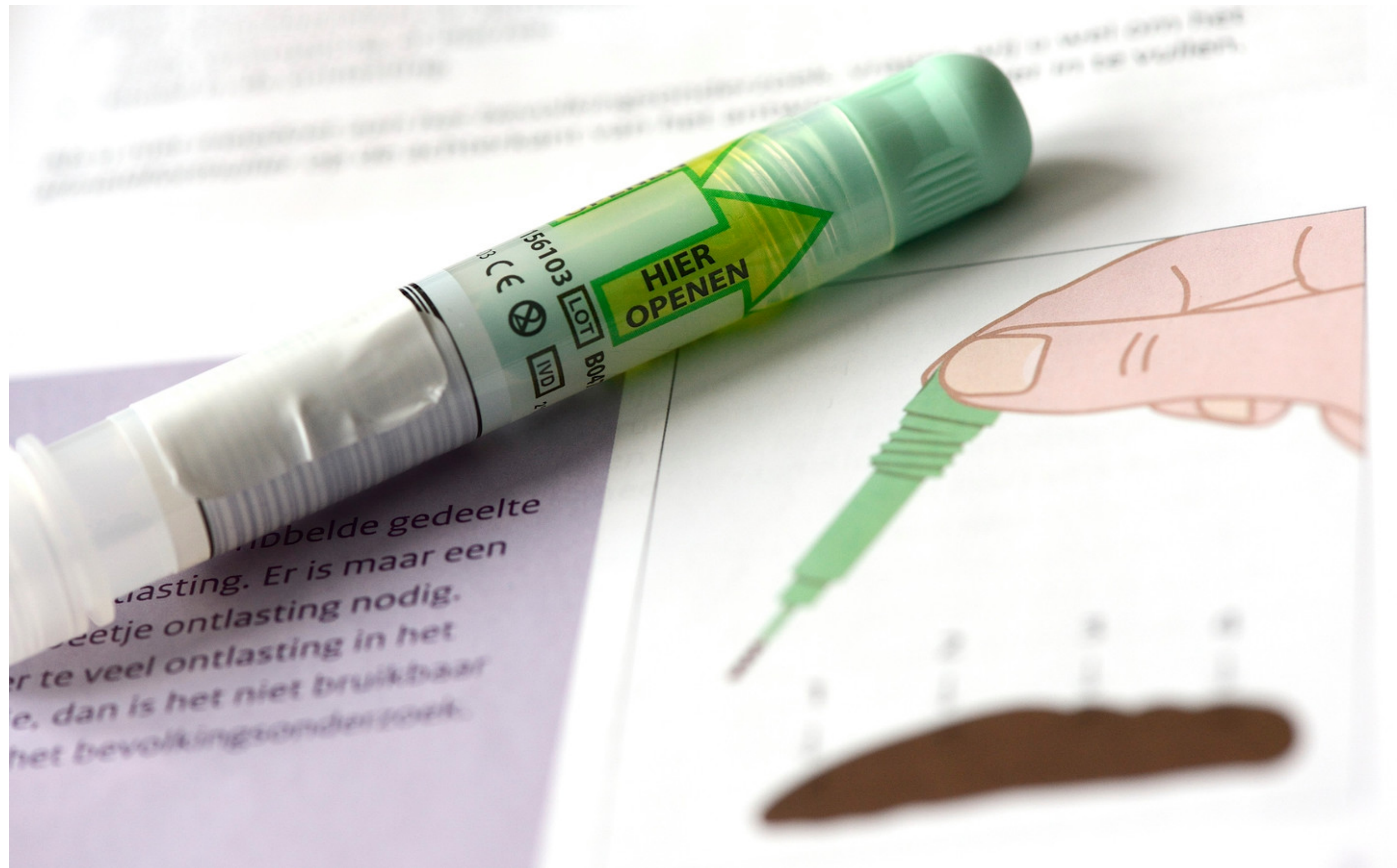


# Participants with Advanced Neoplasia by Age

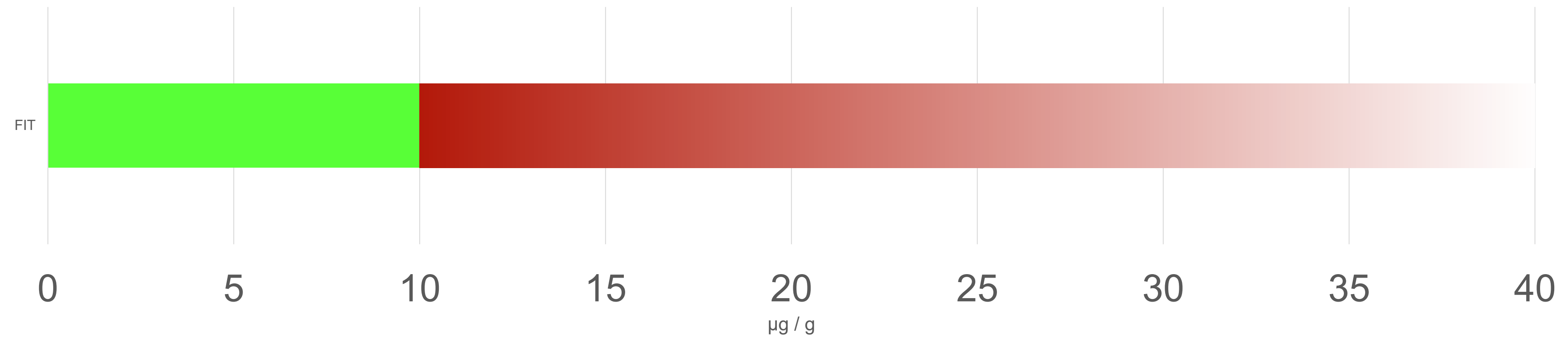




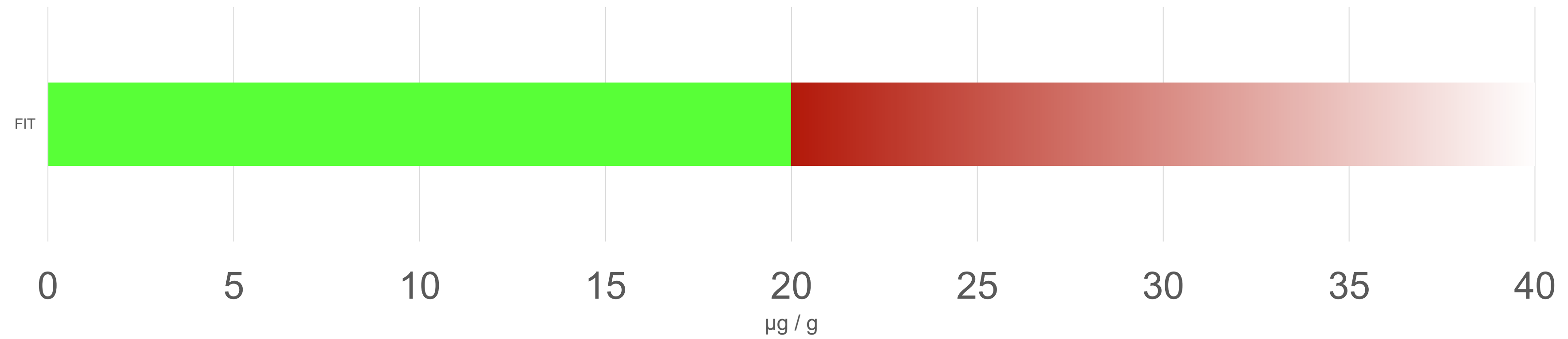
# Quantitative FIT



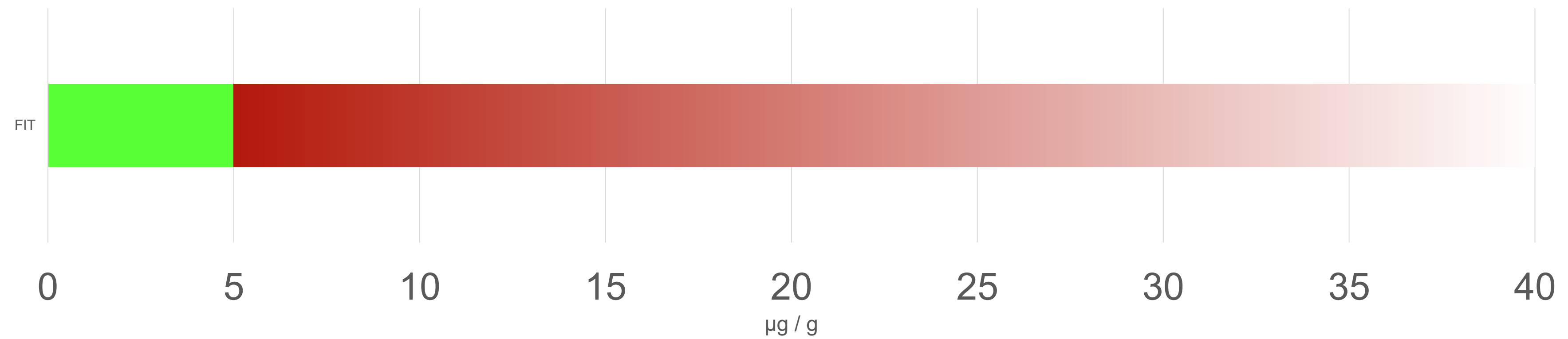
# FIT: Single Positivity Threshold



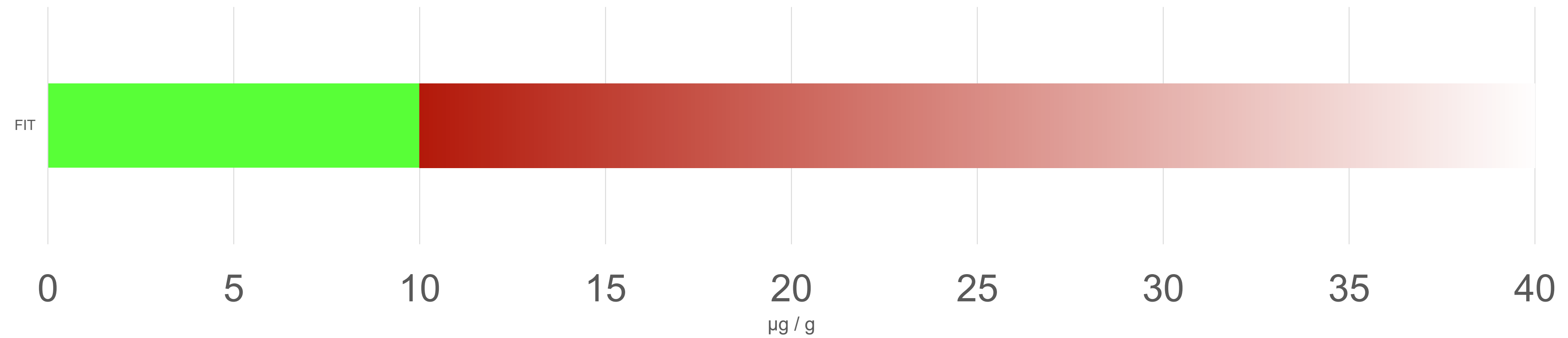
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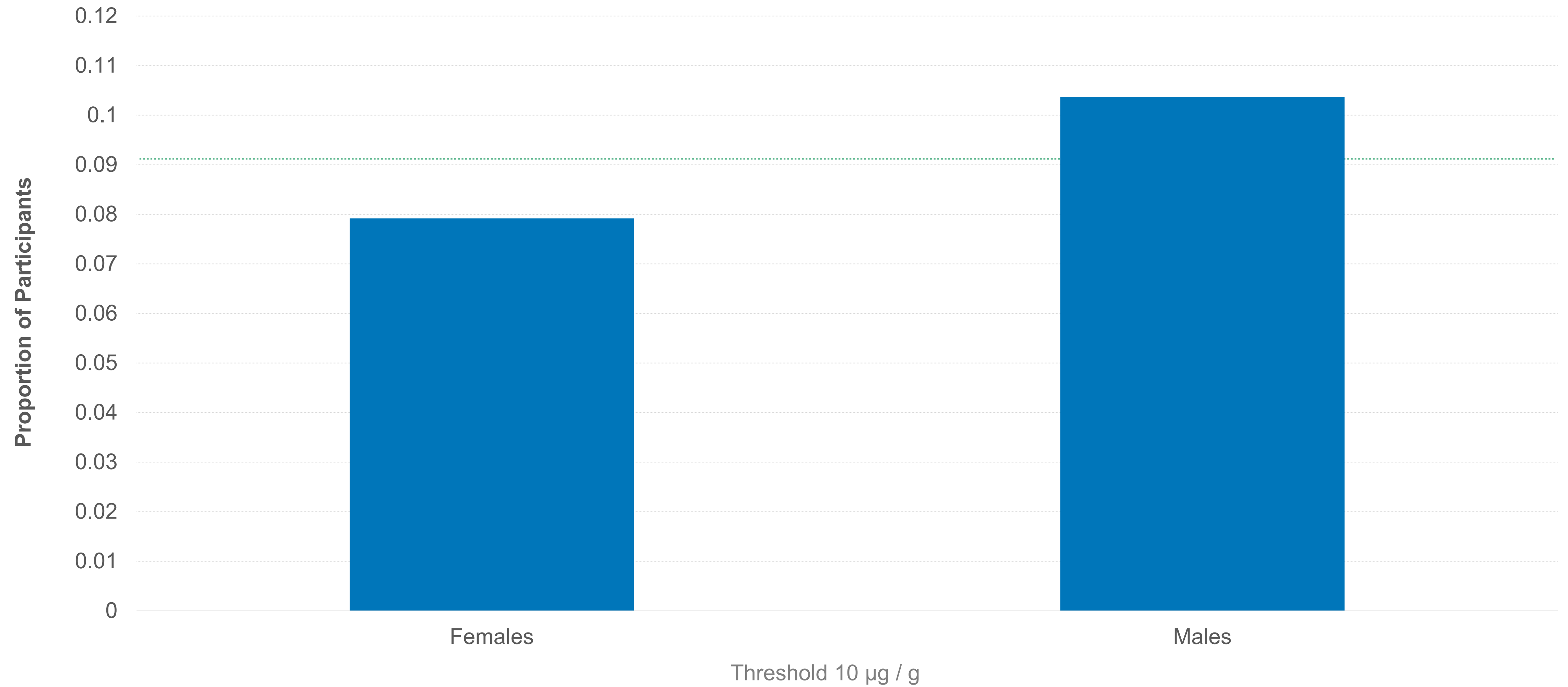
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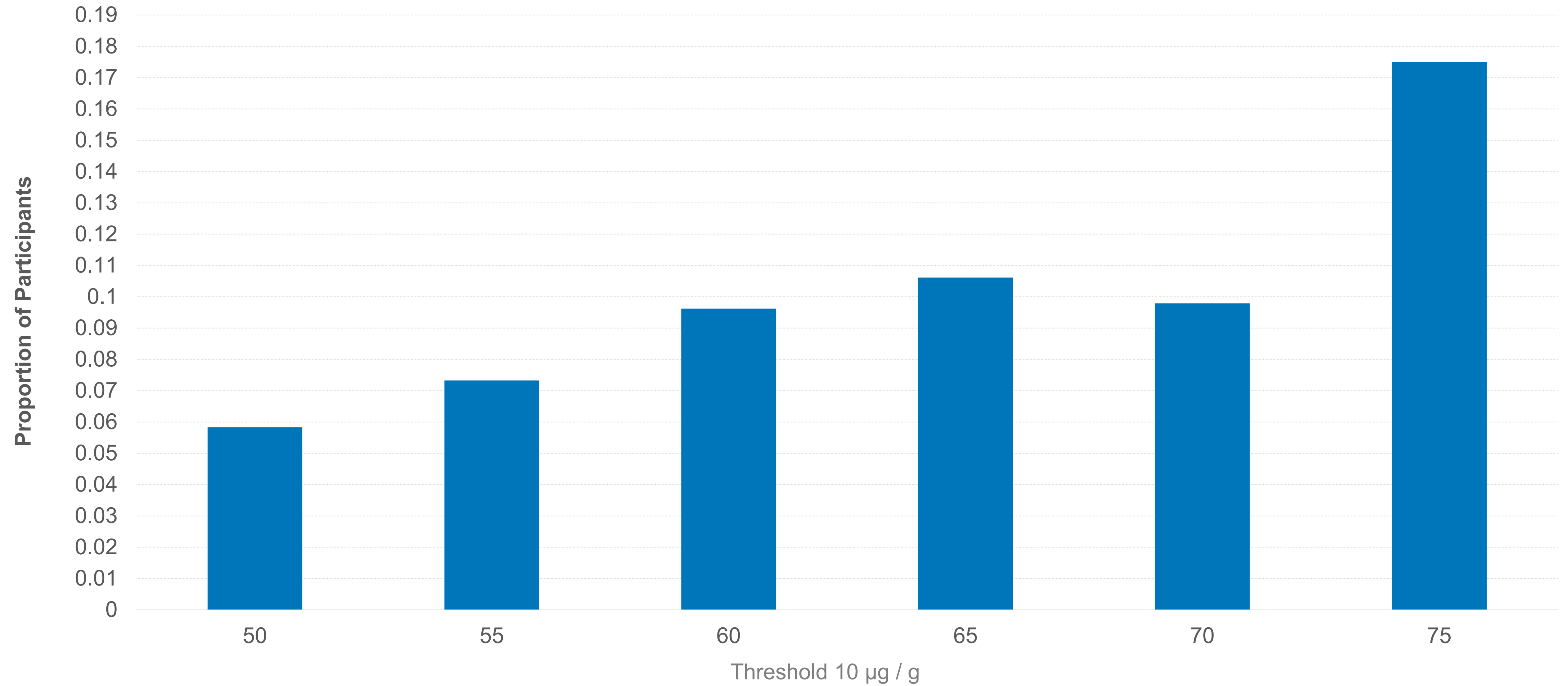
**ONE SIZE  
FITS ALL**



# FIT positivity by Sex

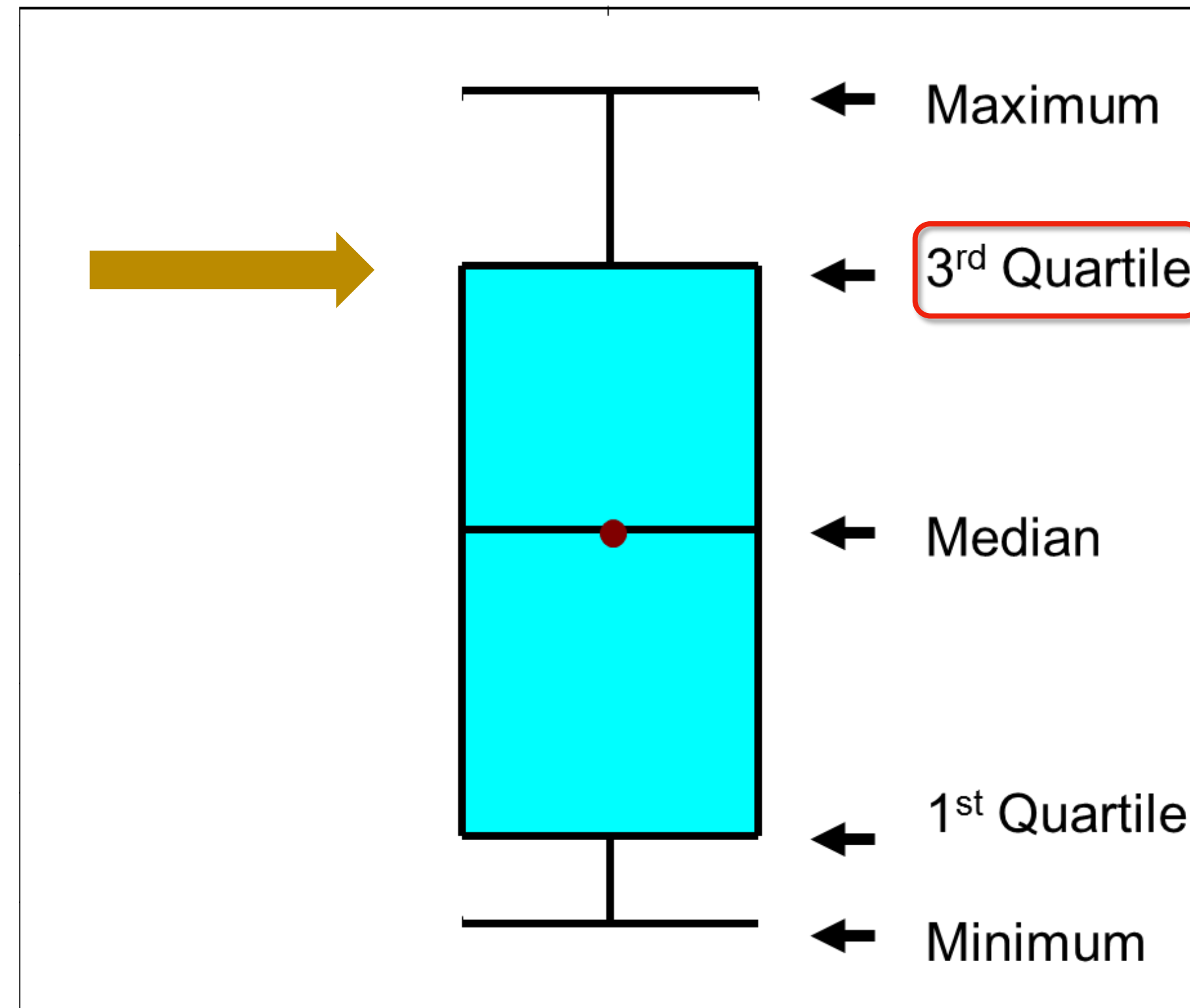


# FIT positivity by Age

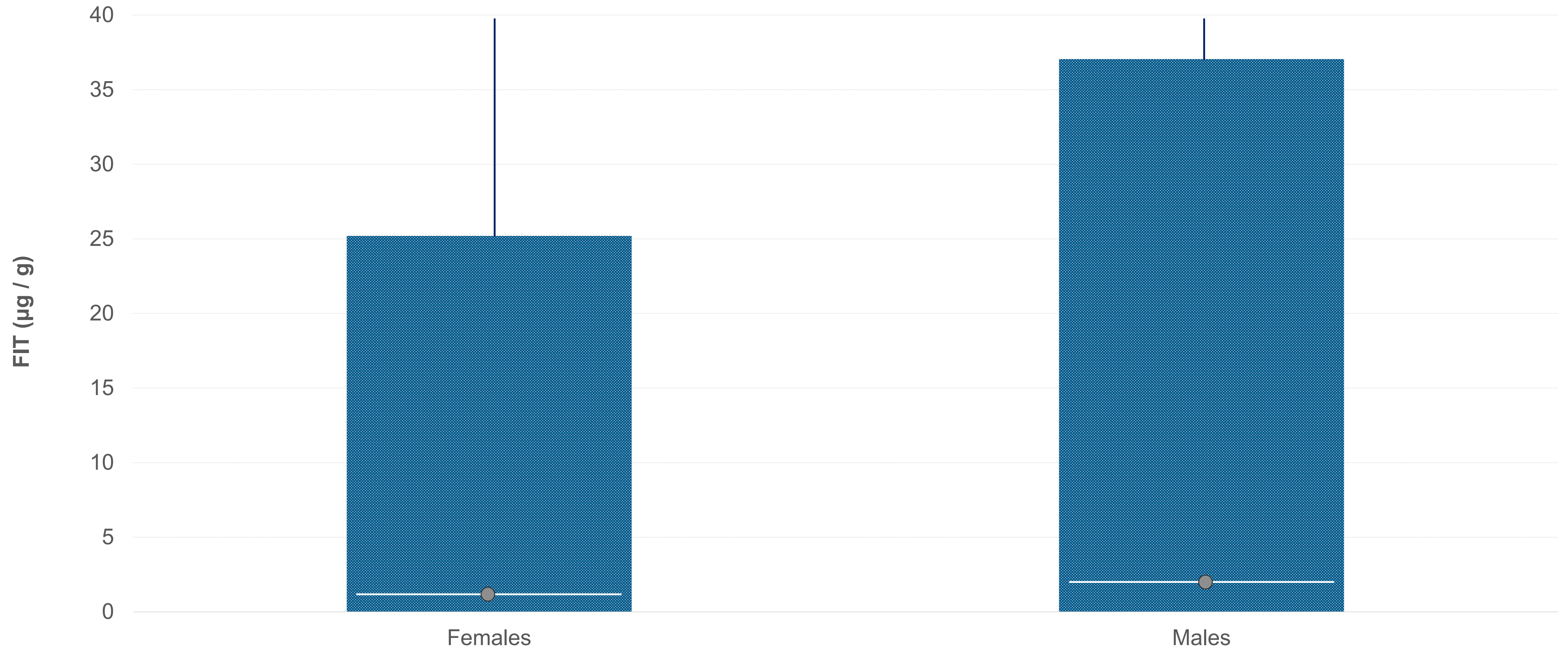




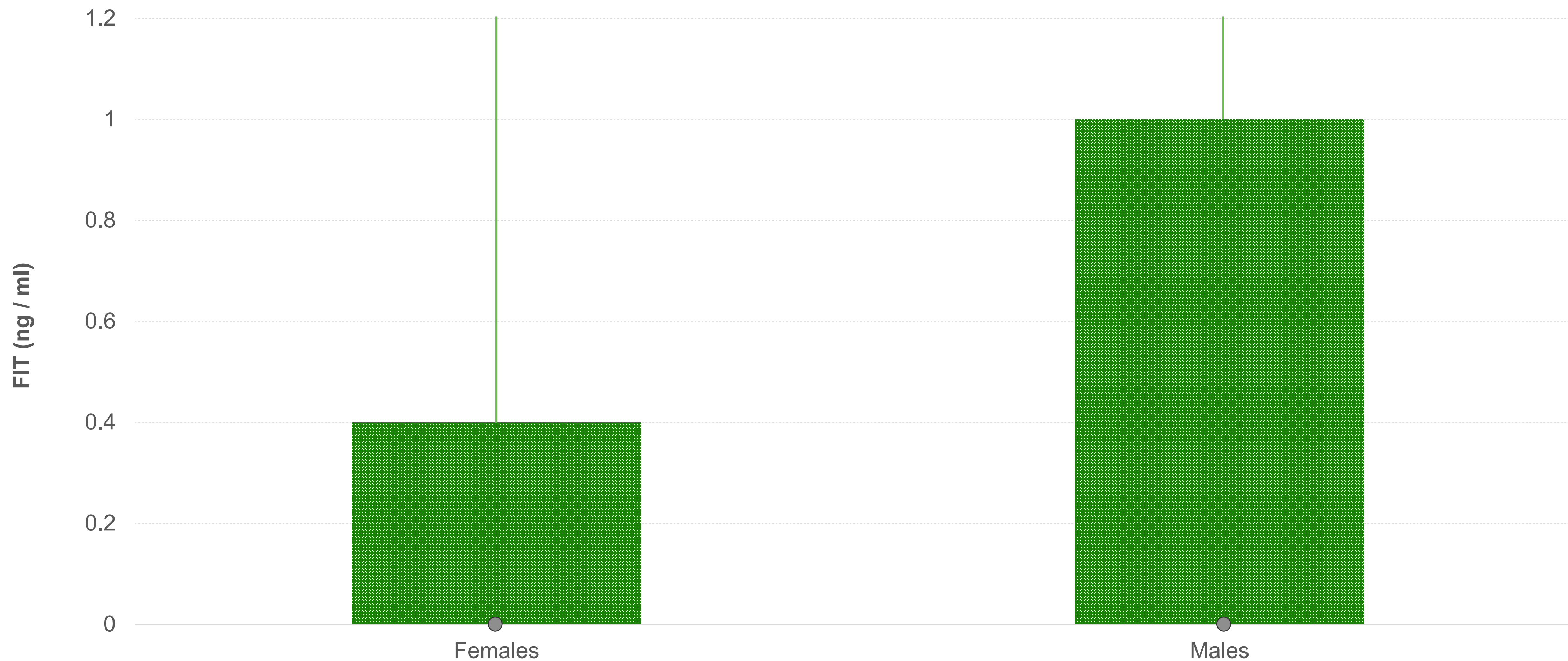
# Distribution of FIT results



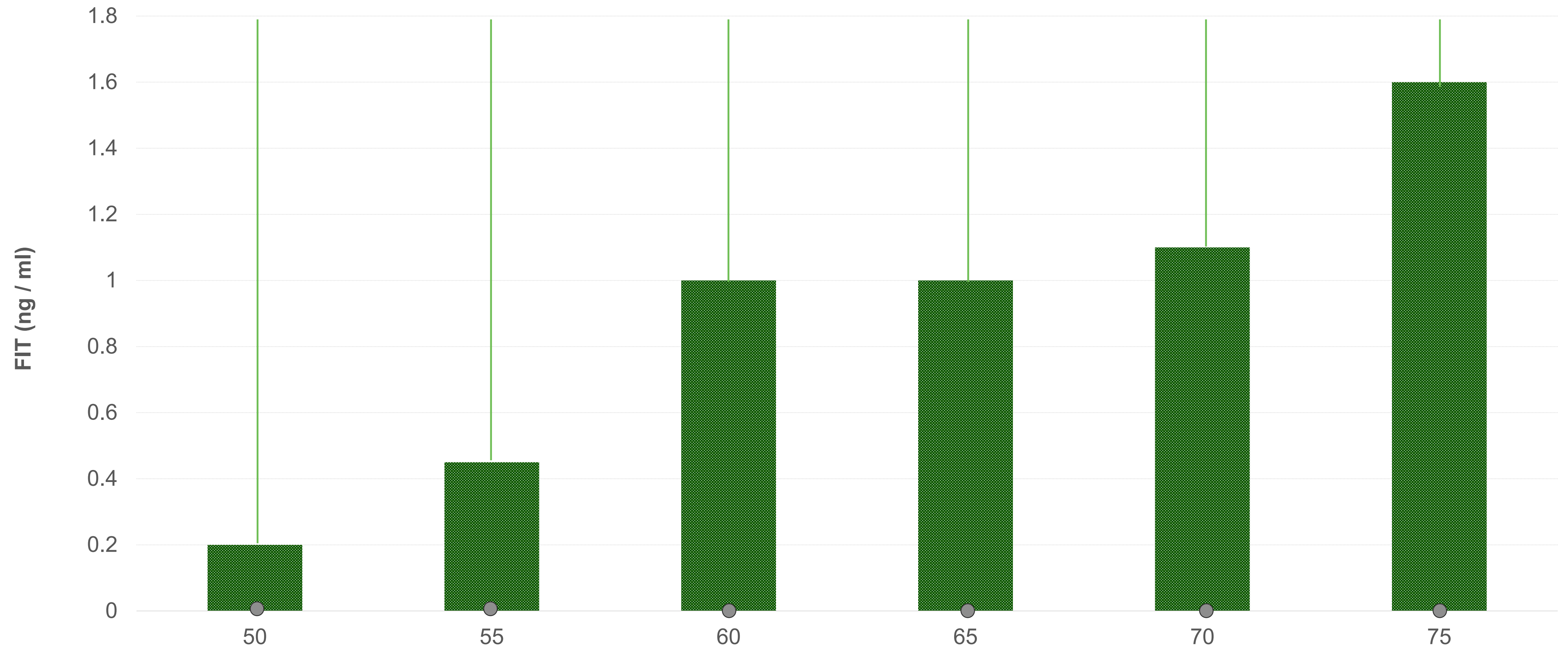
# Participants *with* advanced neoplasia: Q3 by Sex



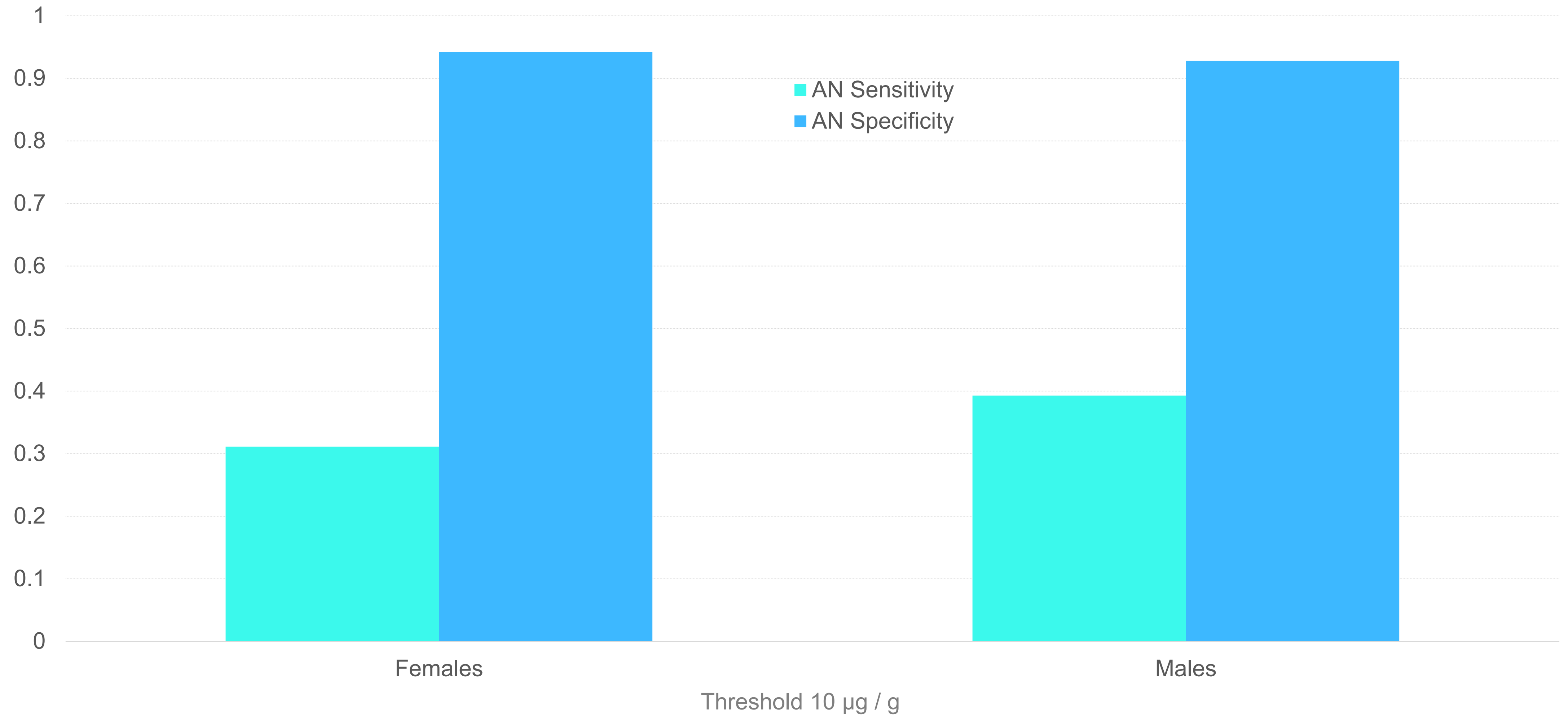
# Participants *without* advanced neoplasia: Q3



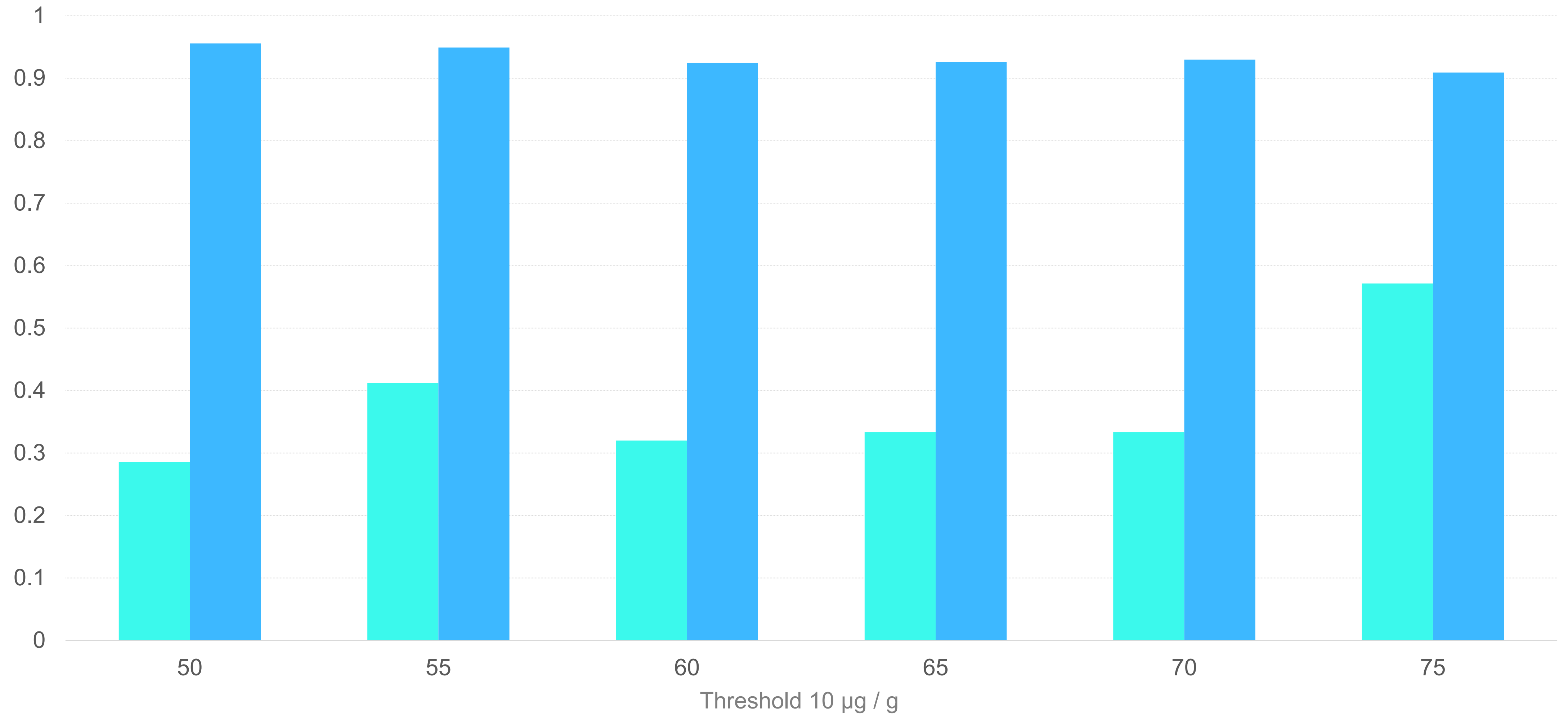
# Participants *without* advanced neoplasia: Q3



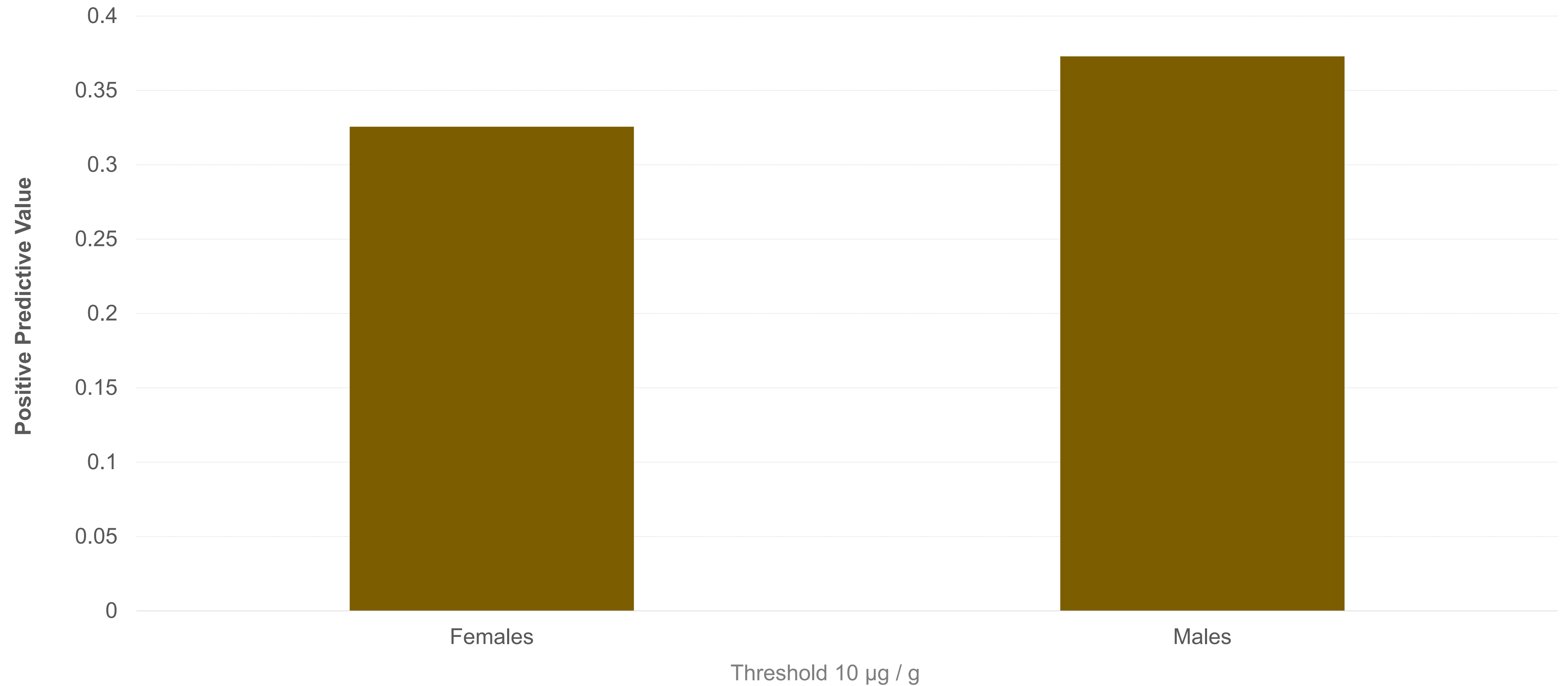
# FIT: Sensitivity & Specificity by Sex



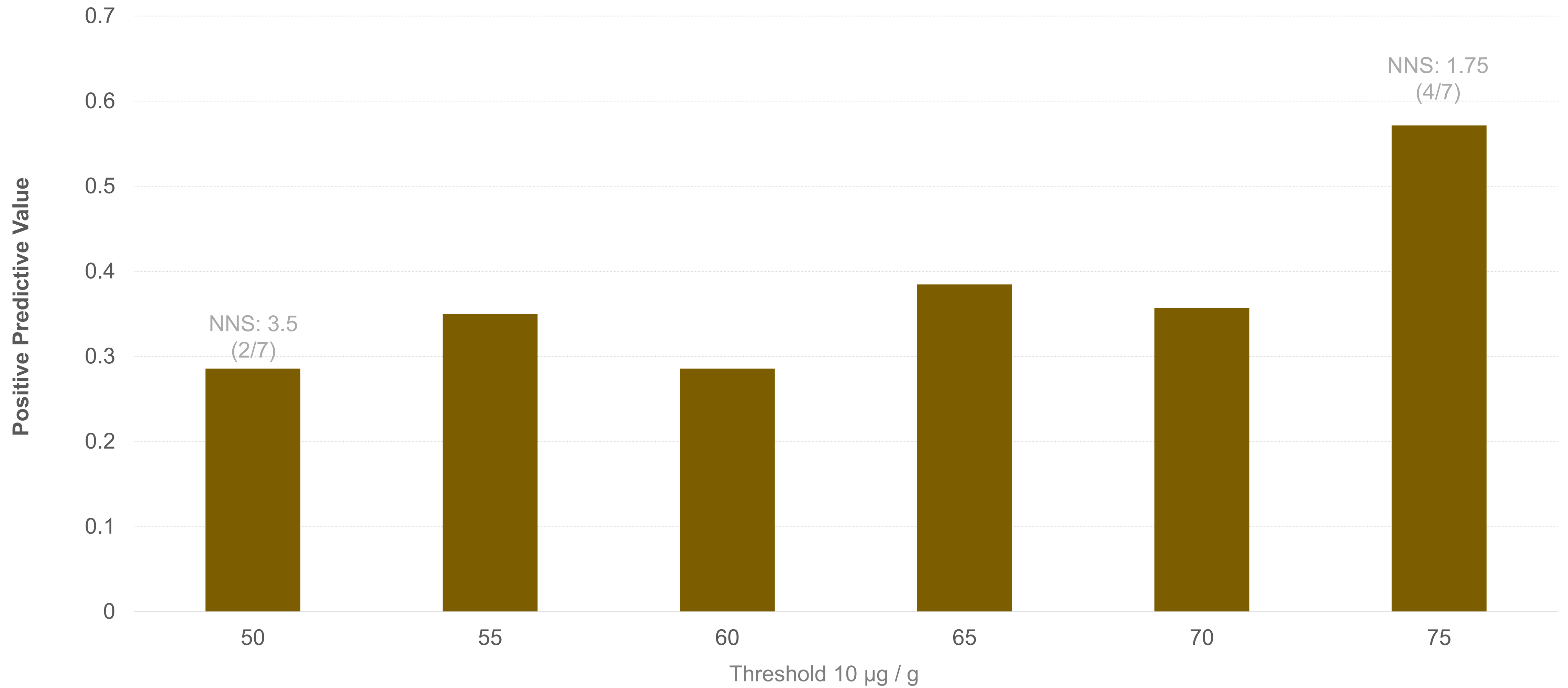
# FIT: Sensitivity & Specificity by Age



# FIT: Positive Predictive Value by Sex



# FIT: Positive Predictive Value by Age

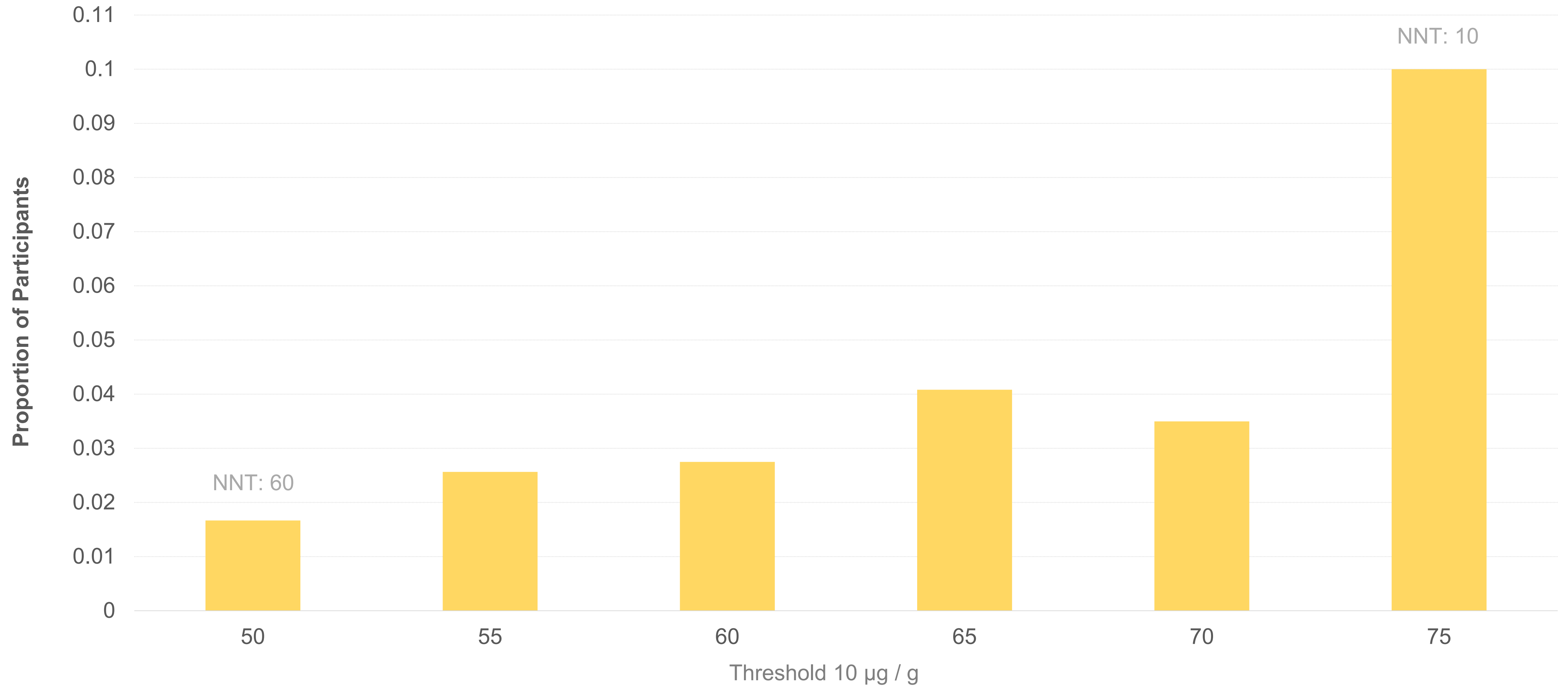




# FIT-screening: Yield by Sex



# FIT-screening: Yield by Age



# We observe differences by Age and Sex

- ... in risk of having advanced neoplasia
- ... in distribution of FIT results
- ... in FIT positivity (proportion positives)
- ... in FIT sensitivity and specificity
- ... in FIT positive predictive value (positive colonoscopies)
- ... in yield of FIT-based screening (adv neoplasia detected)
- ... in total number of life years gained by FIT-based screening



# Equity? Efficiency?

- ... in risk of having advanced neoplasia
- ... in distribution of FIT results
- ... in FIT positivity (proportion positives)
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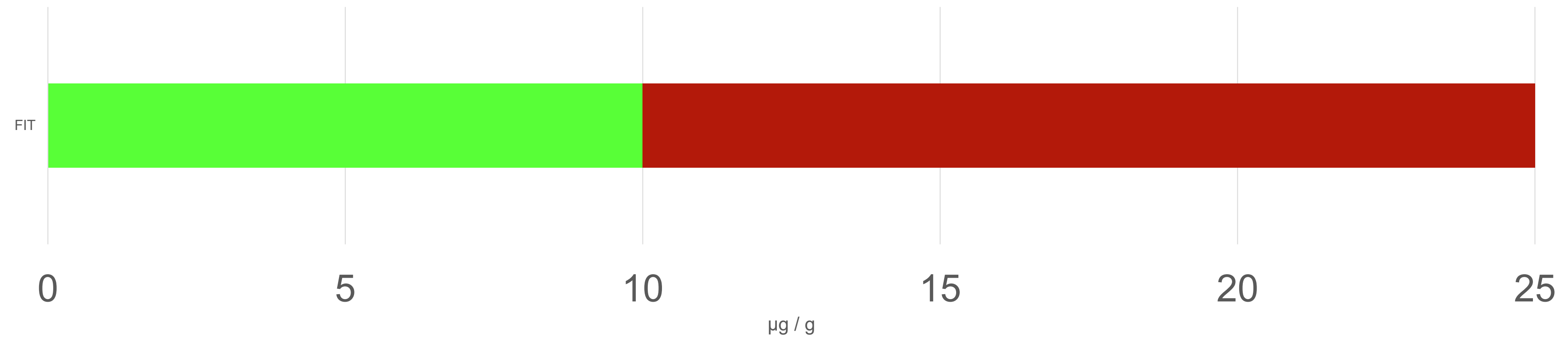


# We can change FIT performance...

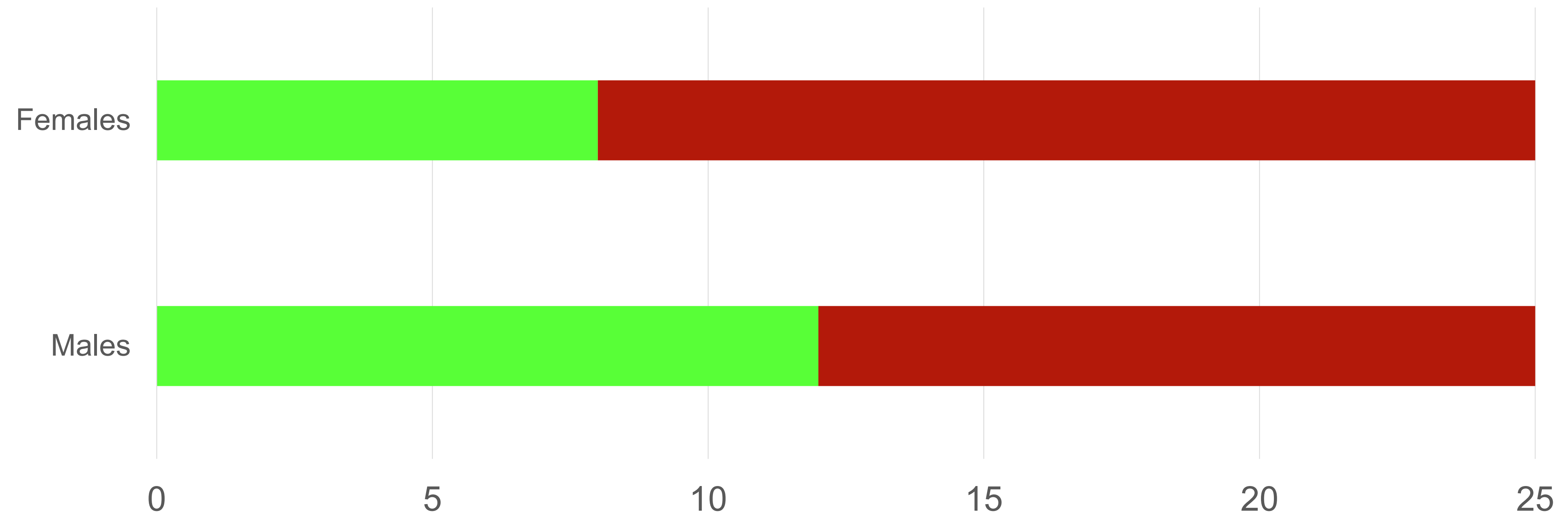
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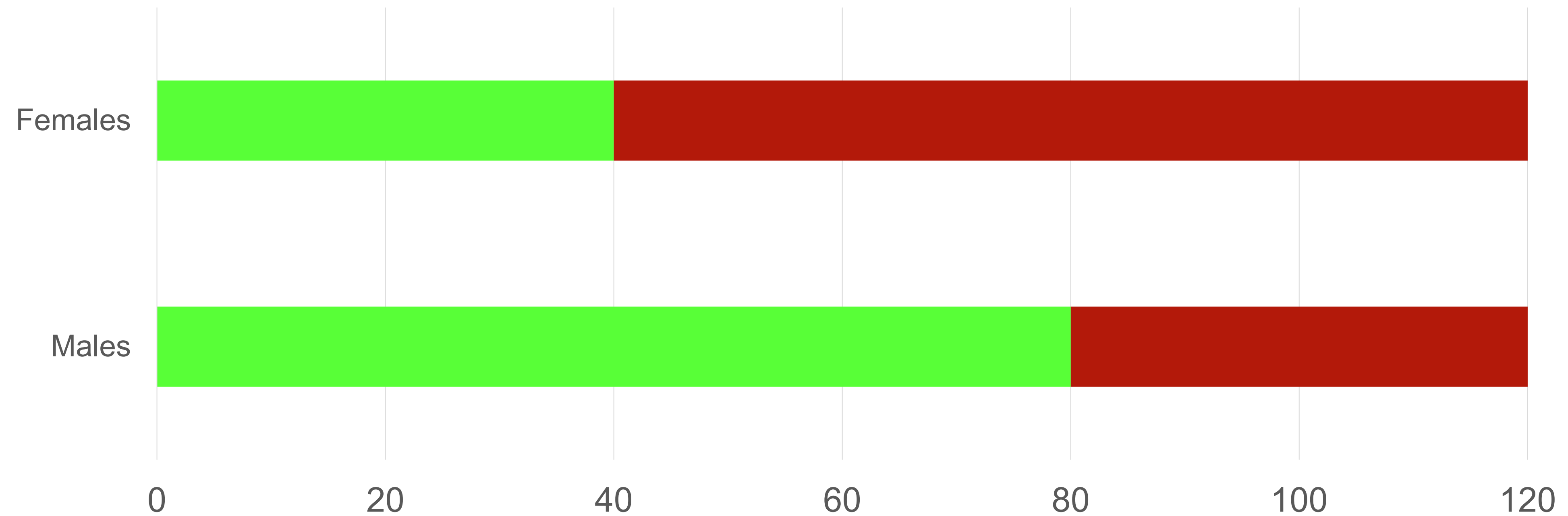
# FIT: Single Positivity Threshold



# FIT: Different Positivity Thresholds



# FIT: Equity in Positives



**Gender-specific cut-offs in colorectal cancer screening with FIT: Increased compliance and equal positivity rate**

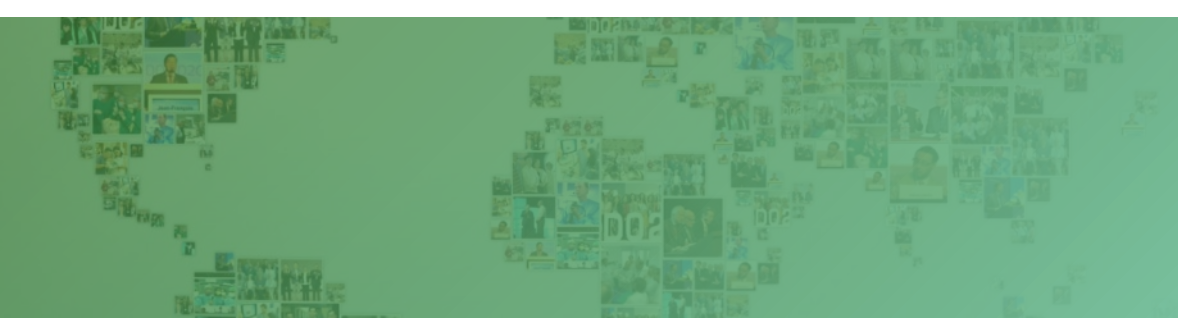
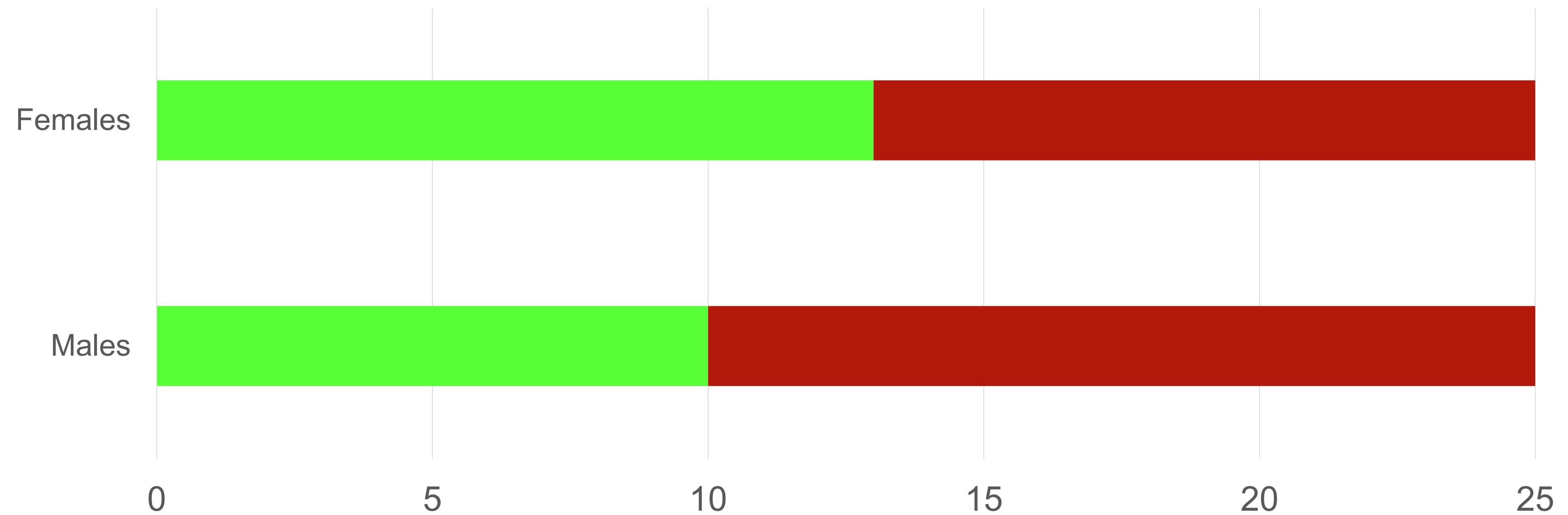
Johannes Blom<sup>1,2</sup>, Christian Löwbeer<sup>3,4</sup>, K. Miriam Elfström<sup>2,5</sup>, Marika Sventelius<sup>2</sup>, Daniel Öhman<sup>2</sup>, Deborah Saraste<sup>1</sup> and Sven Törnberg<sup>2,6</sup>

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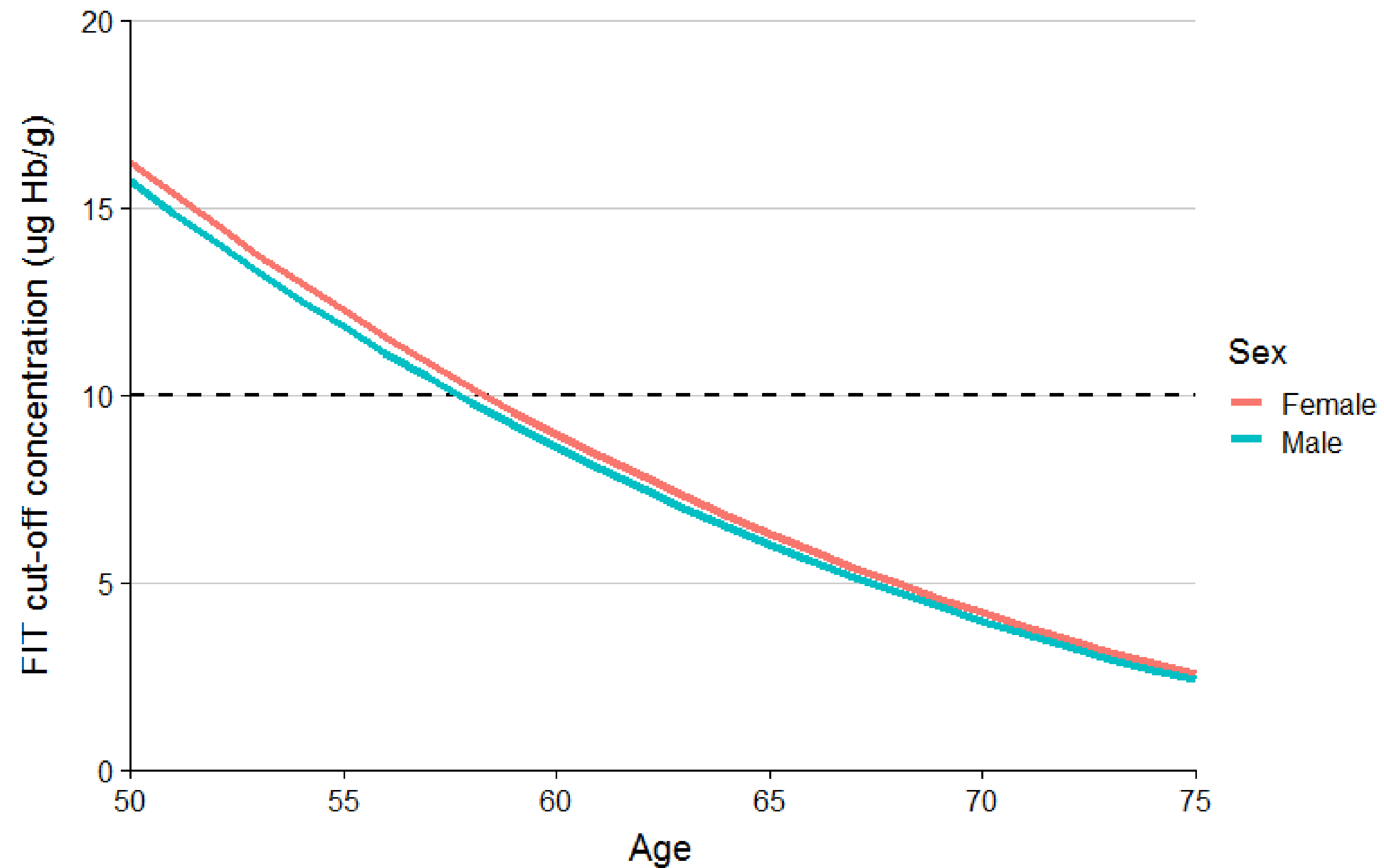




# FIT: Equity in Positive Predictive Value



# Example: Equity in Positive Predictive Value



*Combinations of Age and FIT threshold to yield similar positive predictive values*

Individualized Faecal Immunochemical Test Cut-off based on Age and Sex in Colorectal Cancer Screening

Tim L. Kortlever<sup>a</sup>, Manon van der Vlugt<sup>a</sup>, Evelien Dekker<sup>a</sup>, Patrick M.M. Bossuyt<sup>b</sup>

*submitted*



# Which differences should be reduced first?

- ... in risk of having advanced neoplasia
- ... in distribution of FIT results
- ... in FIT positivity (proportion positives)
- ... in FIT sensitivity and specificity
- ... in FIT positive predictive value (positive colonoscopies)
- ... in yield of FIT-based screening (adv neoplasia detected)
- ... in total number of life years gained by FIT-based screening



# Which differences should be reduced first?

[Zoom Poll]



# Equity in Positive Predictive Value

- Ethics: comparable Benefit / Burden balance when undergoing colonoscopy
- Efficiency: comparable number needed to scope (colonoscopy resources)
- Can be objectified (e.g. logistic regression modeling)



# Challenges

- Have to consider differential participation
- Have to consider differential colonoscopy acceptance
- Have to consider multiple rounds
- More complex = More errors?
- Acceptability?



# Key Messages:

- Most FIT-based screening programs use a single FIT positivity threshold.
- But CRC risk and FIT results vary with **sex and age**.
- This leads to differences by **sex and age** in FIT performance and screening yield
- Using different FIT positivity thresholds, based on **sex and age**, could reduce differences and restore equity and efficiency.



# ONE SIZE DOES NOT FIT ALL

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