

CORRESPONDENCE

Re: Cost-Effectiveness Studies Fan Colonoscopy Debate

With respect to the news article by Newman (1), there are clinical issues regarding the biology of colonic neoplasms that should be considered when evaluating the study of screening by colonoscopy reported by Lieberman et al. (2). In an editorial, Podolsky (3) correctly observed that the study by Lieberman et al. did not demonstrate that screen by colonoscopy enhanced survival. Colon cancers exhibit extreme biologic diversity, and the probability of metastasis, which is directly related to survival, is completely independent of the size of the cancers (4,5).

Neoplasms of the colorectum exhibit enormous variance in growth rates, with many growing so slowly that they accumulate over time as the colon ages (6). This variance in growth rates can lead to length bias sampling and lead-time bias in assessing prognosis. The only valid assessment of what is in the aging colon is an autopsy study (7). Autopsy studies have consistently shown dissimilarity between the distributions of cancers and the benign polyps that are more frequently detected by colonoscopy. The great number of benign polyps with respect to the small number of cancers found at autopsy supports a very low probability of a benign polyp becoming a cancer. Less-frequent villous adenomas may become cancerous with increasing size (>2 cm). Only a controlled clinical trial for screening strategies will establish that survival can be enhanced by colonoscopic screening.

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NOTE

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