

## Supplementary Material 1 Search strategy

### Embase

('large intestine tumor'/exp OR ((colorect\* or colon\* or rect\* or anal\* or anus\* or intestin\* or bowel\*) NEAR/3 (carcinom\* or neoplas\* or adenocarcinom\* or cancer\* or tumor\* or tumour\* or sarcom\* or polyp\* or adenom\*)):de,ab,ti) AND (((('occult blood'/exp OR 'occult blood':de,ab,ti) AND (faecal or fecal or feces or faeces or stool\*):de,ab,ti) OR (FOBT\* or FIT\* or gFOBT\*):de,ab,ti) AND ((immunohistochem\* or immunochem\* or immunol\* or guaiac\*):de,ab,ti OR immunochemistry/exp OR guaiac/exp) OR (('fecal immunochemical' NEXT/1 test\* or 'faecal immunochemical' NEXT/1 test\* or 'fecal immunochemistry' NEXT/1 test\* or 'faecal immunochemistry' NEXT/1 test\* or ColoScreen or Hema-Screen or Hemdetect or Hemoccult or SENA or Hema-Check or HemaCheck or hemoCARE or Peroheme or ColoCare or Lifeguard or Fecatwin or HemaWipe or Instaccult or Monohaem or Okokit or Seracult or Dencoccult or Early-detector or Earlydetector or Fe-Cult or Fecult or Feca-EIA or FecaEIA or Hemo-FEC or HemoFEC or Hexagon or SureScreen or Hemaprompt or Hemdetect or Camco-PAK or CamcoPAK or Colocheck or Cecogenics or Hematest or Dencocult or Fecatest or Hemofecia or Quick-CULT or QuickCULT)):de,ab,ti)

### Medline Ovid

(exp Colorectal Neoplasms/ OR ((colorect\* or colon\* or rect\* or anal\* or anus\* or intestin\* or bowel\*) adj3 (carcinom\* or neoplas\* or adenocarcinom\* or cancer\* or tumor\* or tumour\* or sarcom\* or polyp\* or adenom\*)):mp.) AND (((exp Occult Blood/ OR occult blood.mp.) AND (faecal or fecal or feces or faeces or stool\*).mp.) OR (FOBT\* or FIT\* or gFOBT\*).mp.) AND ((immunohistochem\* or immunochem\* or immunol\* or guaiac\*).mp. OR exp Immunochemistry/ OR exp Guaiac/) OR ((fecal immunochemical test\* or faecal immunochemical test\* or fecal immunochemistry test\* or faecal immunochemistry test\* or ColoScreen or Hema-Screen or HemaScreen or Hemdetect or Hemoccult or SENA or Hema-Check or HemaCheck or hemoCARE or Peroheme or ColoCare or Lifeguard or Fecatwin or HemaWipe or Instaccult or Monohaem or Okokit or Seracult or Dencoccult or Early detector or Earlydetector or Fe Cult or Fecult or Feca EIA or FecaEIA or Hemo FEC or HemoFEC or Hexagon or SureScreen or Hemaprompt or Hemdetect or Camco PAK or CamcoPAK or Colocheck or Cecogenics or Hematest or Dencocult or Fecatest or Hemofecia or Quick-CULT or QuickCULT)).mp.)

### Cochrane Library

((colorect\* or colon\* or rect\* or anal\* or anus\* or intestin\* or bowel\*) NEAR/3 (carcinom\* or neoplas\* or adenocarcinom\* or cancer\* or tumor\* or tumour\* or sarcom\* or polyp\* or adenom\*)):kw,ab,ti) AND (((('occult blood':kw,ab,ti) AND (faecal or fecal or feces or faeces or stool\*):kw,ab,ti) OR (FOBT\* or FIT\* or gFOBT\*):kw,ab,ti) AND ((immunohistochem\* or immunochem\* or immunol\* or guaiac\*):kw,ab,ti) ) OR (('fecal immunochemical' NEAR/1 test\* or 'faecal immunochemical' NEAR/1 test\* or 'fecal immunochemistry' NEAR/1 test\* or 'faecal immunochemistry' NEAR/1 test\* or ColoScreen or Hema-Screen or Hemdetect or Hemoccult or SENA or Hema-Check or HemaCheck or hemoCARE or Peroheme or ColoCare or Lifeguard or Fecatwin or HemaWipe or Instaccult or Monohaem or Okokit or Seracult or Dencoccult or Early-detector or Earlydetector or Fe-Cult or Fecult or Feca-EIA or FecaEIA or Hemo-FEC or HemoFEC or Hexagon or SureScreen or Hemaprompt or Hemdetect or Camco-PAK or CamcoPAK or Colocheck or Cecogenics or Hematest or Dencocult or Fecatest or Hemofecia or Quick-CULT or QuickCULT)):kw,ab,ti)

## Science Citation Index

TS=(((colorect\* or colon\* or rect\* or anal\* or anus\* or intestin\* or bowel\*) NEAR/3 (carcinom\* or neoplas\* or adenocarcinom\* or cancer\* or tumor\* or tumour\* or sarcom\* or polyp\* or adenom\*))) AND (((("occult blood") AND (faecal or fecal or feces or faeces or stool\*)) OR (FOBT\* or FIT\* or gFOBT\*)) AND ((immunohistochem\* or immunochem\* or immunol\* or guaiac\* ) OR (("fecal immunochemical" NEAR/1 test\* or "faecal immunochemical" NEAR/1 test\* or "fecal immunochemistry" NEAR/1 test\* or "faecal immunochemistry" NEAR/1 test\* or ColoScreen or Hema-Screen or Hemdetect or Hemoccult or SENSE or Hema-Check or HemaCheck or hemoCARE or Peroheme or ColoCare or Lifeguard or Fecatwin or HemaWipe or Instaccult or Monohaem or Okokit or Seracult or Dencocult or Early-detector or Earlydetector or Fe-Cult or Fecult or Feca-EIA or FecaEIA or Hemo-FEC or HemoFEC or Hexagon or SureScreen or Hemaprompt or Hemdetect or Camco-PAK or CamcoPAK or Colocheck or Cecogenics or Hematest or Dencocult or Fecatest or Hemofecia or Quick-CULT or QuickCULT))))

## Google scholar

"colorectal|colon|colonic|rectal|anal|anus  
carcinoma|neoplasm|neoplasms|adenocarcinoma|cancer|tumor|tumors" "occult blood"  
faecal|fecal|feces|faeces|stool|FOBT|FIT|gFOBT

## **Supplementary Material 2** Variables for which data were extracted

The following data were abstracted when applicable: (i) study characteristics - primary author, journal of publication, year of publication, geographic location of study population, study design (prospective/retrospective), time period of study enrollment, patient selection (inclusion- and exclusion criteria); (ii) FOBT characteristics - type of FOBT used (FIT or gFOBT), brand of FOBT, referral criteria for positive test (i.e. cut-off or number of positive panels), diagnostic test used, diet restrictions; (iii) study cohort characteristics - cohort size, total number of eligible invitees, total number of participants, total tests analyzed, total participants with a positive test, participants demographics (mean age and range, percentage male), reference standard uptake (percentage); (iv) CRC characteristics - total number diagnosed with CRC after negative FOBT, total number diagnosed with CRC after positive FOBT, location of CRC (proximal/distal), CRC stage (I/>I); (v) patient characteristics - gender, age <59 / ≥60 years, time of follow-up in years/months (mean, median, min, max), completeness of follow-up (percentage), findings at index diagnostic test.

**Supplementary Table 1** Quality assessment of included studies

a) FIT observational studies\*

Study	Selection	Comparability	Outcome
<b>Chen[1]</b>	****	*	***
<b>Chiu[2]</b>	****	*	***
<b>Crotta[3]</b>	***	*	**
<b>Digby[4]</b>	****	*	**
<b>Giorgi Rossi[5]</b>	***	*	**
<b>Itoh[6]</b>	***	*	**
<b>Jensen[7]</b>	***	*	***
<b>Launoy[8]</b>	***	*	**
<b>McNamara[9]</b>	***	*	*
<b>Nakama[10]</b>	***	*	***
<b>Parente[11]</b>	***	*	*
<b>Portillo[12]</b>	****	*	***
<b>Shin[13]</b>	***	*	***
<b>van der Vlugt[14]</b>	****	*	***
<b>Zappa[15]</b>	****	*	***

b) gFOBT observational studies\*

Study	Selection	Comparability	Outcome
<b>Blom[16]</b>	****	*	***
<b>Bouvier[17]</b>	***	*	***
<b>Cummings[18]</b>	***	*	**
<b>Faivre[19]</b>	****	*	***
<b>Hardcastle[20]</b>	***	*	***
<b>Kewenter[21]</b>	****	*	***
<b>Kronborg[22]</b>	****	*	***
<b>Mandel[23]</b>	****	*	*
<b>Paimela[24]</b>	****	*	**
<b>Rennert[25]</b>	***	*	***
<b>Souques[26]</b>	***	*	*
<b>Steele[27]</b>	****	*	***
<b>Zappa[15]</b>	****	*	***

c) Randomised controlled trials\*\*

Study	Selection bias		Performance bias	Reporting bias	Detection bias	Attrition bias	Other bias
	Random sequence generation	Allocation concealment	Blinding of participants and personnel	Selective reporting	Blinding of outcome assessment	Incomplete outcome data	Anything else, ideally prespecified
<b>Denters[28]</b>	+	+	+	+	+	?	+
<b>Levi[29]</b>	+	+	+	+	+	?	+

\* using the Ottawa Newcastle criteria of Wells *et al.*[30]

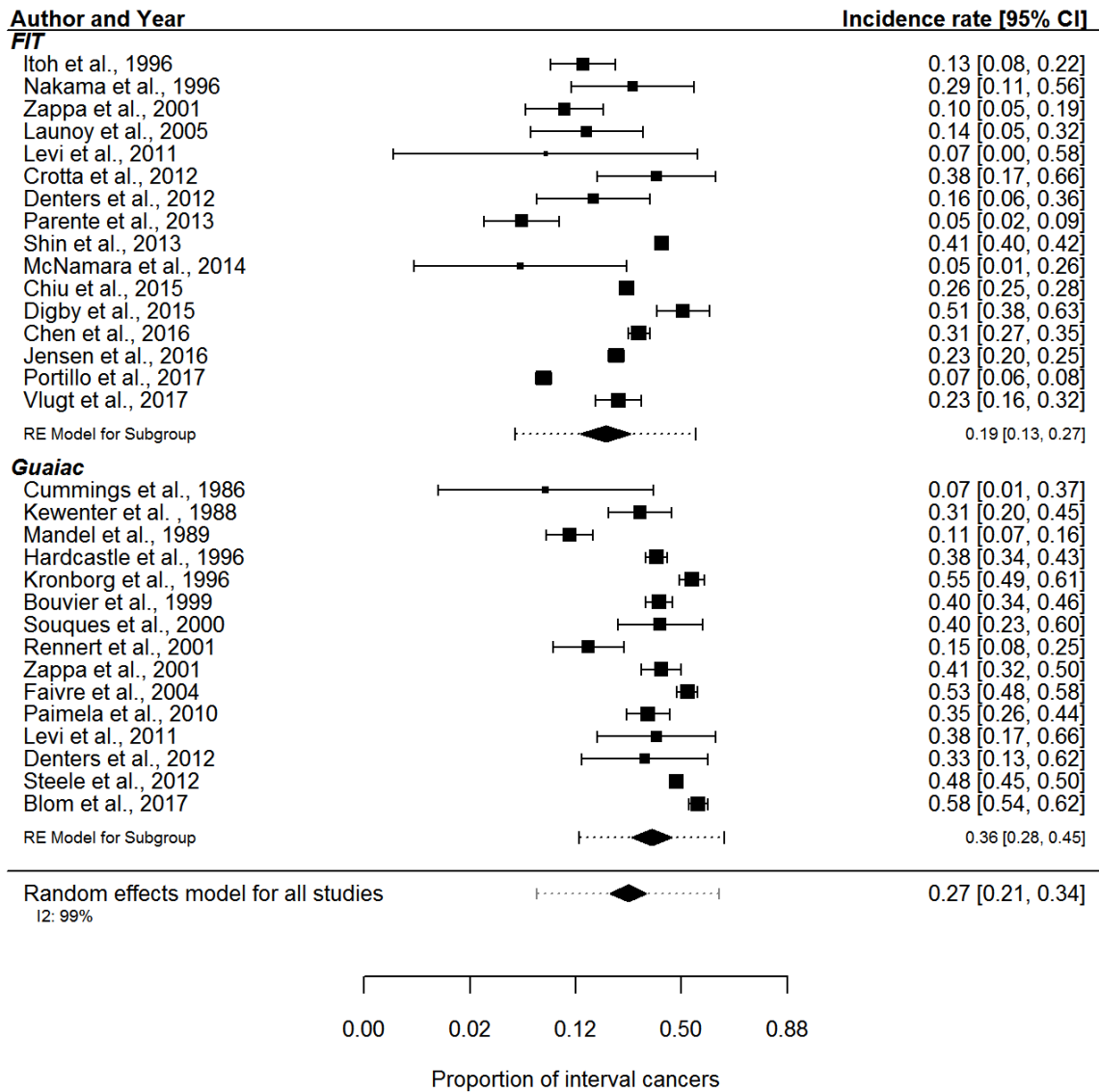
\*\* Both randomised trials were scored as good quality by the Cochrane risk of bias tool.[31] Both studies did not describe handling of incomplete outcome data such as screeners loss to follow-up or missing data when cross-linking the screening pilot database with the cancer registry, therefore, this item was scored as 'unclear risk'. However, this was unlikely to have biased the outcome.

**Supplementary Table 2** Quality assessment of the standard and sensitivity analysis of the pooled IRR of FIT iCRC relative to gFOBT iCRC<sup>25</sup>

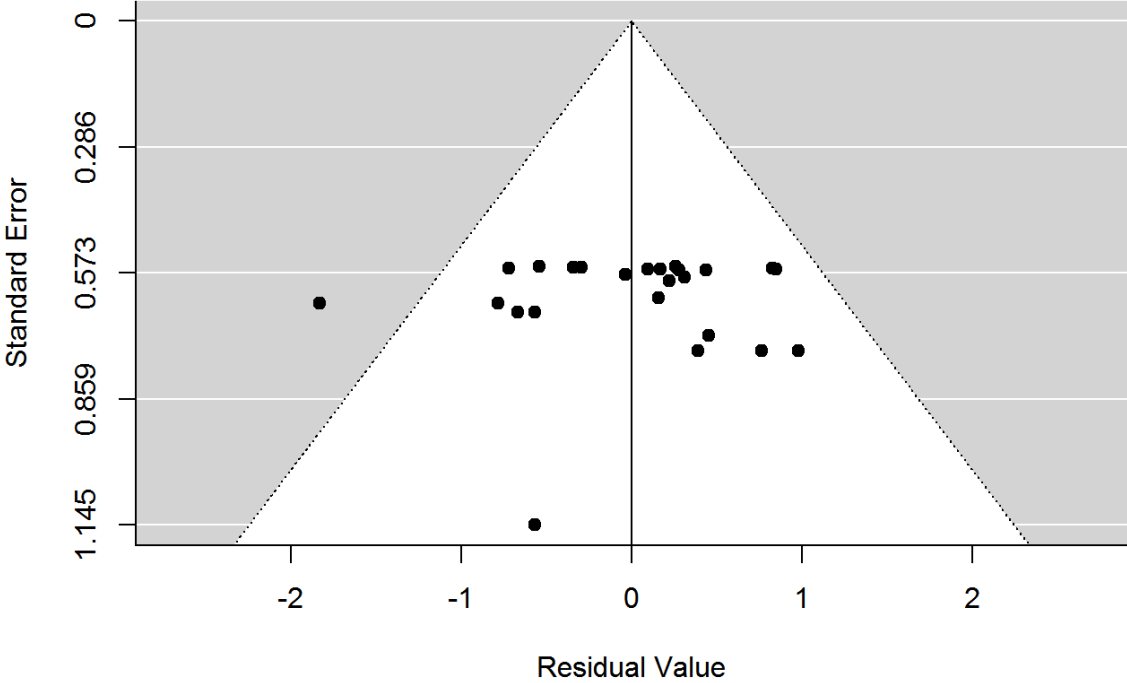
Comparison	Standard pooled IRR		Sensitivity analysis	
	IRR (95% CI)	Quality of evidence	IRR (95% CI)	Quality of evidence
FIT iCRC versus gFOBT iCRC	0.58 (0.32-1.07)	Very low	0.36 (0.17-0.75)	High

IRR: incidence rate ratio; FIT: faecal immunochemical test; gFOBT guaiac faecal occult blood test; iCRC: interval colorectal cancer

**Supplementary Figure 1** Forest plot of FOBT iCRC to screen-detected CRC ratio



Supplementary Figure 2 Funnel plot



Visual inspection of the funnel plot did not show asymmetry and the rank correlation test for asymmetry was not significant (Kendall's tau = -0.0768, p=0.6018).

## References

- 1 Chen CH, Tsai MK, Wen CP. Extending Colorectal Cancer Screening to Persons Aged 40 to 49 Years With Immunochemical Fecal Occult Blood Test: A Prospective Cohort Study of 513,283 Individuals. *J Clin Gastroenterol* 2016;50:761-68.
- 2 Chiu HM, Chen SL, Yen AM, *et al.* Effectiveness of fecal immunochemical testing in reducing colorectal cancer mortality from the One Million Taiwanese Screening Program. *Cancer* 2015;121:3221-29.
- 3 Crotta S, Segnan N, Paganin S, *et al.* High rate of advanced adenoma detection in 4 rounds of colorectal cancer screening with the fecal immunochemical test. *Clin Gastroenterol Hepatol* 2012;10:633-38.
- 4 Digby J, Fraser CG, Carey FA, *et al.* Interval cancers using a quantitative faecal immunochemical test (FIT) for haemoglobin when colonoscopy capacity is limited. *J Med Screen* 2015;23:130-34.
- 5 Giorgi Rossi P, Carretta E, Mangone L, *et al.* Incidence of interval cancers in faecal immunochemical test colorectal screening programmes in Italy. *J Med Screen* 2017;969141316686391.
- 6 Itoh M, Takahashi K, Nishida H, Sakagami K, Okubo T. Estimation of the optimal cut off point in a new immunological faecal occult blood test in a corporate colorectal cancer screening programme. *J Med Screen* 1996;3:66-71.
- 7 Jensen CD, Corley DA, Quinn VP, *et al.* Fecal immunochemical test program performance over 4 rounds of annual screening: A retrospective cohort study. *Ann Intern Med* 2016;164:456-63.
- 8 Launoy GD, Bertrand HJ, Berchi C, *et al.* Evaluation of an immunochemical fecal occult blood test with automated reading in screening for colorectal cancer in a general average-risk population. *Int J Cancer* 2005;115:493-96.
- 9 McNamara D, Leen R, Seng-Lee C, *et al.* Sustained participation, colonoscopy uptake and adenoma detection rates over two rounds of the Tallaght-Trinity College colorectal cancer screening programme with the faecal immunological test. *Eur J Gastroenterol Hepatol* 2014;26:1415-21.
- 10 Nakama H, Kamijo N, Abdul Fattah AS, Zhang B. Validity of immunological faecal occult blood screening for colorectal cancer: a follow up study. *J Med Screen* 1996;3:63-5.
- 11 Parente F, Boemo C, Ardizzioia A, *et al.* Outcomes and cost evaluation of the first two rounds of a colorectal cancer screening program based on immunochemical fecal occult blood test in northern Italy. *Endoscopy* 2013;45:27-34.
- 12 Portillo I, Arana-Arri E, Idigoras I, *et al.* Colorectal and interval cancers of the Colorectal Cancer Screening Program in the Basque Country (Spain). *World J Gastroenterol* 2017;23:2731-42.
- 13 Shin A, Choi KS, Jun JK, *et al.* Validity of fecal occult blood test in the national cancer screening program, Korea. *PLoS One* 2013;8:e79292.
- 14 van der Vlugt M, Grobbee EJ, Bossuyt PMM, *et al.* Interval Colorectal Cancer Incidence Among Subjects Undergoing Multiple Rounds of Fecal Immunochemical Testing. *Gastroenterology* 2017;153:439-47.e2.
- 15 Zappa M, Castiglione G, Paci E, *et al.* Measuring interval cancers in population-based screening using different assays of fecal occult blood testing: the District of Florence experience. *Int J Cancer* 2001;92:151-54.
- 16 Blom J, Tornberg S. Interval cancers in a guaiac-based colorectal cancer screening programme: Consequences on sensitivity. *J Med Screen* 2017;24:146-52.
- 17 Bouvier V, Launoy G, Herbert C, *et al.* Colorectal cancer after a negative Haemoccult II test and programme sensitivity after a first round of screening: the experience of the Department of Calvados (France). *Br J Cancer* 1999;81:305-9.
- 18 Cummings KM, Michalek A, Tidings J, Herrera L, Mettlin C. Results of a public screening program for colorectal cancer. *N Y State J Med* 1986;86:68-72.
- 19 Faivre J, Dancourt V, Lejeune C, Tazi MA, Lamour J. Reduction in colorectal cancer mortality by fecal occult blood screening in a French controlled study. *Gastroenterology* 2004;126:1674-80.



- 20 Hardcastle JD, Chamberlain JO, Robinson MH, *et al.* Randomised controlled trial of faecal-occult-blood screening for colorectal cancer. *Lancet* 1996;348:1472-77.
- 21 Kewenter J, Bjork S, Haglund E, *et al.* Screening and rescreening for colorectal cancer. A controlled trial of fecal occult blood testing in 27,700 subjects. *Cancer* 1988;62:645-51.
- 22 Kronborg O, Fenger C, Olsen J, Jørgensen OD. Randomised study of screening for colorectal cancer with faecal-occult-blood test. *Lancet* 1996;348:1467-71.
- 23 Mandel JS, Bond JH, Church TR, *et al.* Reducing mortality from colorectal cancer by screening for fecal occult blood. Minnesota Colon Cancer Control Study. *N Engl J Med* 1993;328:1365-71.
- 24 Paimela H, Malila N, Palva T, *et al.* Early detection of colorectal cancer with faecal occult blood test screening. *Br J Surg* 2010;97:1567-71.
- 25 Rennert G, Rennert HS, Miron E, Peterburg Y. Population colorectal cancer screening with fecal occult blood test. *Cancer Epidemiol Biomarkers Prev* 2001;10:1165-68.
- 26 Souques M, Zummer K. The Hemoccult II test: results of 16 years of screening tests at the Tumor Prevention Service of the City of Paris. *Presse Med* 2000;29:983-86.
- 27 Steele RJ, McClements P, Watling C, *et al.* Interval cancers in a FOBT-based colorectal cancer population screening programme: implications for stage, gender and tumour site. *Gut* 2012;61:576-81.
- 28 Denters MJ, Deutekom M, Bossuyt PM, *et al.* Lower risk of advanced neoplasia among patients with a previous negative result from a fecal test for colorectal cancer. *Gastroenterology* 2012;142:497-504.
- 29 Levi Z, Birkenfeld S, Vilkin A, *et al.* A higher detection rate for colorectal cancer and advanced adenomatous polyp for screening with immunochemical fecal occult blood test than guaiac fecal occult blood test, despite lower compliance rate. A prospective, controlled, feasibility study. *Int J Cancer* 2011;128:2415-24.
- 30 Wells G, Shea B, O'Connell D, *et al.* The Newcastle-Ottawa Scale (NOS) for assessing the quality of nonrandomized studies in meta-analyses. 2010, [http://www.ohri.ca/programs/clinical\\_epidemiology/oxford.htm](http://www.ohri.ca/programs/clinical_epidemiology/oxford.htm).
- 31 Higgins JP, Altman DG, Gotzsche PC, *et al.* The Cochrane Collaboration's tool for assessing risk of bias in randomised trials. *BMJ* 2011;343:d5928.