Results CRC screening programmes have been conducted in 58 countries/regions. After matching with the IARC database, we recorded >2.5 million CRC-related deaths from 22 countries where rollout screening programmes were performed. The screening modality with a provision of choice between faecal tests and colonoscopy as the primary screening test was associated with a 38.1% reduction in CRC mortality (ASMR=0.619, 95%CI: 0.549-0.698), which was higher than programmes that offered guaiac faecal occult blood test (gFOBT) (0.894, 0.835-0.958), faecal immunochemical tests (FIT) (0.879, 0.847-0.913), gFOBT or FIT (0.882, 0.835-0.932), and faecal tests or flexible sigmoidoscopy (0.840, 0.786-0.898). The longer duration of screening was associated with a higher reduction in the pooled ASMR. In particular, the pooled ASMR became non-significant (0.987, 0.934-1.043) when the FIT screening was implemented for less than 5 years (IDDF2021-ABS-0179 Figure 1). The pooled age-standardised colorectal cancer-related mortality ratio by screening modalities and screening duration. The LMM result also showed a 0.172 decrease in ASMR (P<0.001) among the screening strategy with faecal test or colonoscopy as a preferred primary screening tool when compared with gFOBT.

Conclusions A CRC screening programme running for >5 years was associated with a reduction of CRC-related mortality. Countries with a heavy burden of CRC should implement sustainable, organised CRC screening providing a choice between faecal tests and colonoscopy as a preferred primary screening test.

Abstract IDDF2021-ABS-0179 Figure 1

Challenges faced during the performance of the power spirus enteroscope can be overcome with certain maneuvers. The challenges while performing it can be overcome. The challenges while performing it can be overcome. The challenges while performing it can be overcome. The challenges while performing it can be overcome. The challenges while performing it can be overcome.