

## Is Screening Colonoscopy Superior to Diagnostic Colonoscopy?

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### Editorial

Screening colonoscopy was introduced in Germany in 2002 due its low complication rate [1]. Every insurant at age 55 or older is entitled to participate. Up to now there are no randomized studies proving a decrease of mortality by this measure. However, numerous other screening methods have shown this benefit such as fecal occult blood test [2-4], immunological stool tests (FIT) [5,6] sigmoidoscopy studies [7,8] imaging (CT [9], MRT [10]), genetic testing which all are diagnostic. This means that a positive test has to be confirmed by a colonoscopy as a gold standard. Cost effectiveness models preferred colonoscopy because of the higher sensitivity towards colorectal neoplasms and because it represents the only therapeutic method until today [11-15].

A recent retrospective multi-centered observational study showed [16] a significant impairment of CRC mortality from indicative colonoscopy (89.4 months ± 3.0) compared to screening colonoscopy (109.6 months ± 4.7) after 8-10 years in 312 patients. Significantly less patients died from CRC after screening compared to patients waiting for symptoms (indicative). This study confirms a former monocentric study [17]. The authors also observed less CRC in screening compared to indicative colonoscopy. Patients with CRC diagnosed during screening colonoscopy lived significantly longer when compared with patients with CRC diagnosed during diagnostic colonoscopy [16].

Thus screening colonoscopy is an important tool in screening for CRC and leads to a lower mortality from it.

**Key issues:** Now it is clear that screening colonoscopy saves lives. The main critic for screening colonoscopy was that it progresses only the diagnosis without having an influence on mortality. This is completely refuted by a recent research where patients after screening with CRC lived longer.

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