In Reply Dr Doubeni agrees with me that we lack evidence on comparative effectiveness of various methods of colorectal cancer (CRC) screening. However, he feels that because clinicians already believe that colonoscopy is better than other strategies, it is not possible to perform a randomized clinical trial (RCT). There are many examples where our best assumptions (eg, that estrogen prevents cardiovascular disease in postmenopausal women or that tight diabetic control prevents complications in elderly persons) were later proven wrong by an RCT. He also does not consider the harms of colonoscopy; besides the several hours lost from work or other productive pursuits, there are the risks associated with the colon preparation, with the anesthesia, and with the procedure itself, such as perforations. Because an increasing percentage of colonoscopies are being done with propofol, the risks and costs associated with colonoscopy have actually increased in the last few years.2,3

Dr Doubeni also does not mention the elephant in the room: gastroenterologists are paid handsomely to perform colonoscopy, much more generously than for sigmoidoscopy. In the case of fecal occult blood screening, which along with sigmoidoscopy are the only methods shown to reduce CRC mortality in clinical trials, the test is generally ordered by primary care physicians, not gastroenterologists. Although some clinicians may believe that colonoscopy is better, the science is at equipoise. Many patients are relieved to learn that they can avoid the risks and inconvenience of colonoscopy by performing annual fecal occult blood testing. Because colon cancer screening is recommended for all persons older than 50 years, a simple randomized trial that compared colonoscopy with fecal occult testing would accrue quickly. We would have answers faster than his estimated 20-year time period, and everyone would still be getting CRC screening. There is no more time to lose; the time to start such a trial is now.

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Conflict of Interest Disclosures: None reported.

REFERENCES


Corrections

CORRECTION

Incorrect Reference: In the article titled “National Registry Data and Record Linkage to Inform Postmarket Surveillance of Prosthetic Aortic Valve Models Over 15 Years” reference 33 was incorrect and has been corrected.


Error in Byline Tagging: In the Viewpoint titled “What We Don’t Talk About When We Talk About Preventing Type 2 Diabetes—Addressing Socioeconomic Disadvantage,” published online June 27, 2016, and in the August issue of JAMA Internal Medicine, 1 author’s name was tagged incorrectly in the byline, which resulted in his name appearing incorrectly in PubMed indexing. The middle initial in Victor M. Montori’s name was incorrectly tagged with the surname. The article’s XML has been updated.