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**Blood-based colorectal cancer screening in an integrated health system**

Coronado G, Jenkins C, Shuster E. et al. [Blood-based colorectal cancer screening in an integrated health system: a randomised trial of patient adherence](https://gut.bmj.com/content/73/4/622). Gut 2024; 73:622-628. doi: 10.1136/gutjnl-2023-330980.

Stool-based colorectal cancer (CRC) screening (e.g., quantitative faecal immunochemical testing [qFIT]) is simple and sensitive, however uptake is suboptimal. Novel blood-based screening tests may provide an alternative, and have been suggested previously to be preferable to patients.

Coronado et al., undertook a single-centre randomised controlled trial integrating a CRC screening blood test into an established pathway, to assess its effect on overall adherence and total number screened. Eligible patients had been offered but not completed qFIT in the last 3-9 months. Participants were randomised to either standard of care (including qFIT reminders) vs. a Guardant ShieldTM proprietary CRC blood test with an overall 83% sensitivity, returning a dichotomous “normal” or “abnormal” result. Recruitment took place over 5 months. The primary outcome was receipt of any CRC screening test (qFIT, endoscopy, blood test) within 3 months.

924 patients were recruited to the blood-based intervention (1003 usual care). 30.5% of patients in the intervention group undertook any CRC screening test (66.9% blood test) vs. 13% in the control group. Numbers of patients with abnormal screening tests and numbers proceeding to colonoscopy were similar between groups (follow-up colonoscopy completion within 6 months 55% vs. 67% in intervention and control groups respectively). The only patient characteristic significantly associated with completing screening was prior engagement.

Coronado et al., conclude that blood testing may be preferable to patients compared to qFIT, and including blood-based tests improve screening adherence. They acknowledge limitations which include additional outreach in the blood test group not offered to those with standard care.