

Supplemental Online Content

Feng X, Zahed H, Onwuka J, et al. Cancer Stage Compared With Mortality as End Points in Randomized Clinical Trials of Cancer Screening. *JAMA*. Published online April 7, 2024. doi:10.1001/jama.2024.5814

eMethods and eResults

This supplemental material has been provided by the authors to give readers additional information about their work.

eMethods

PubMed search strategy:

#1

(Neoplasms[MeSH Terms]) OR (neoplasm* [Title/Abstract]) OR (Cancer* [Title/Abstract]) OR (tumor[Title/Abstract]) OR (tumour[Title/Abstract]) OR (carcinoma*[Title/Abstract]) OR (malignan*[Title/Abstract]) OR (oncolog*[Title/Abstract]) OR (sarcoma*[Title/Abstract])

#2

(Mass Screening[MeSH Terms]) OR (Early Detection of Cancer[MeSH Terms]) OR (screening[Title/Abstract])

#3

(Randomized Controlled Trial[Publication Type]) OR (Clinical Trial[Publication Type])

#4

(Mortality[MeSH Terms]) OR (Mortality [Title/Abstract]) OR (death[Title/Abstract]) OR (Death[MeSH Terms])

#1 AND #2 AND #3 AND #4

List of information extracted for each study:

Bibliographic information: Journal, first author, year of publication, name of study, DOI, trial registration number.

Trial design information: Eligible age range, percent female participants, geographical location, years of enrollment, number of participants (total and by arm), type of RCT (individual or cluster randomization), cancer type targeted by the screening intervention, type of screening intervention, type of control/comparison, number of screens, duration of screening in years, average follow-up time (mean or median, or estimated by calculation), staging system used.

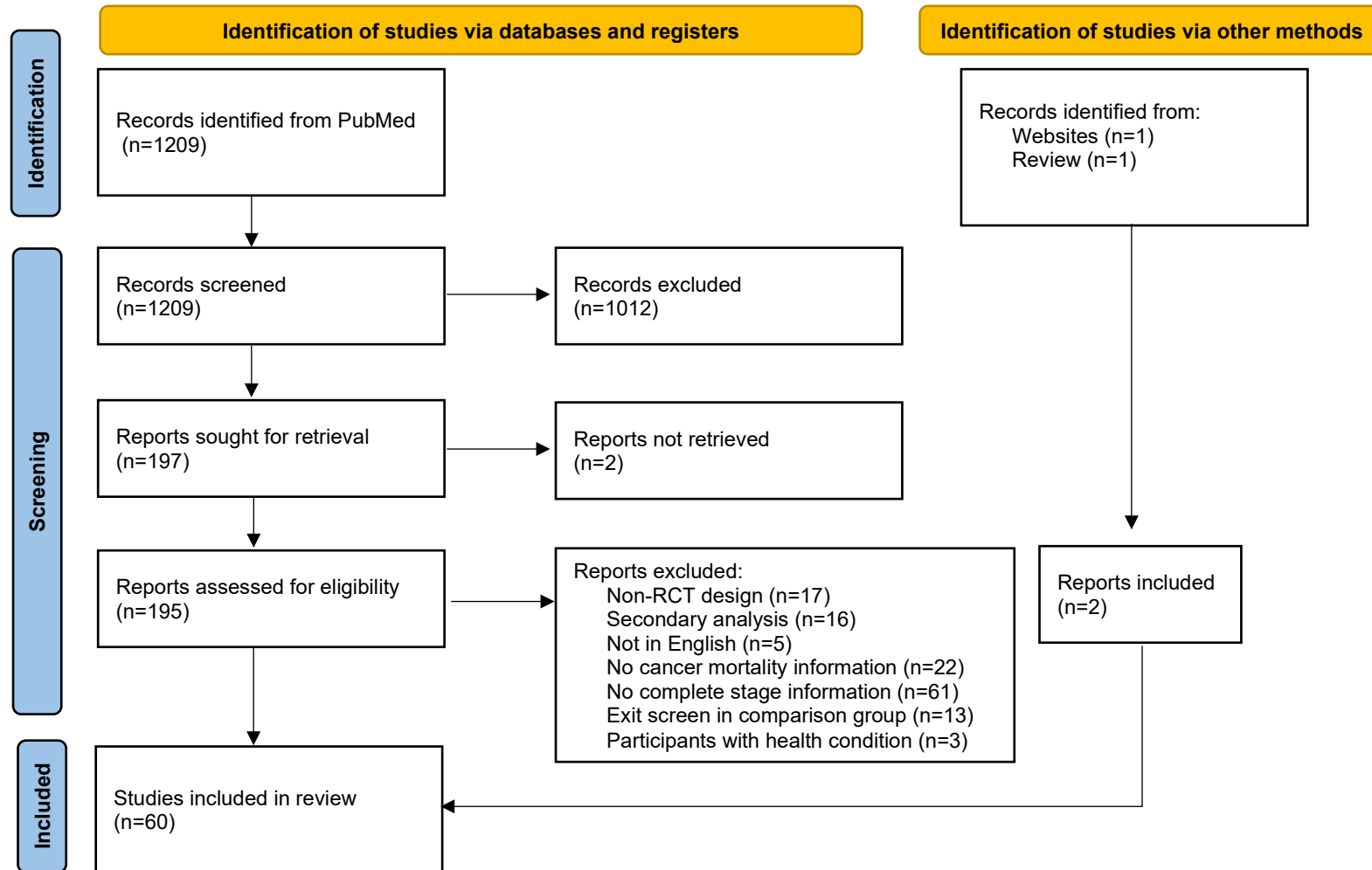
Trial results information: Numbers of cancers diagnosed in each arm (stratified at minimum between stage I-II vs III-IV, and additionally by stage I-III vs IV if available), numbers of cancer deaths in each arm, numbers of all-cause deaths in each arm.

eTable 1. Classification of staging across included studies.

Cancer type	Original stage system	Treatment for analysis
Breast cancer	TNM	Applied directly
	UICC clinical staging	Applied directly
	Stage given as I&II or III&IV	Applied directly
	Tumor size	Tumor <20 mm: stage 1-2 Tumor ≥20 mm: stage 3-4
Colorectal cancer	TNM	Applied directly
	Dukes staging	A: Stage 1 B: Stage 2 C: Stage 3 D: Stage 4
	Localized and advanced	Localized: stage 1-2 Advanced: stage 3-4
Lung cancer	TNM	Applied directly
	AJCC Cancer Staging Manual	Applied directly
	Early/late and resection	Resected early stage: stage 1-2 Late stage unresected: stage 3-4
Prostate cancer	TNM	Applied directly
	TNM combine with Gleason score and PSA value	Low risk: stage 1 Intermediate risk: stage 2 High risk: stage 3 Advanced: stage 4
	Gleason score	Gleason 2-6: stage 1 Gleason 7: stage 2 Gleason 8-10: stage 3 Metastatic: stage 4
	Localised or advanced	Localised tumours (T1–2, N0/NX and M0): stage 1-2 Advanced tumours (T3–4, N1 or MX/M1): stage 3-4
Other	TNM	Applied directly
	Clinical classification of the China Liver Cancer Study group	Applied directly
	HCC staging system of China	Applied directly

For studies that provided summarized clinical stages, we used this directly.

eFigure 1. PRISMA diagram detailing the process of our systematic review.



eTable 2. Publications included after systematic review.

Citation (author, journal year)	Study name	Location	Cancer type	Number of participants ^a	Primary report?	Intervention	Comparison	Follow-up, years	Reduction in cancer mortality, %	Reduction in stage III-IV cancer, %	Reduction in stage IV cancer, %
Miller et al, J Natl Cancer Inst 2000 ¹	CNBSS-2: Canadian National Breast Screening Study-2	Canada	Breast cancer	39405	yes	Mammography and CBE	CBE	13.0	-1.8%	17.8%	--
Miller et al, Ann Intern Med 2002 ²	CNBSS: Canadian National Breast Screening Study	Canada	Breast cancer	50489	yes	Mammography	Usual care	13.5	2.8%	-4.4%	--
Mittra et al, BMJ 2021 ³	EDBCC: Early Detection of Breast Cancer and Cervical Cancer in Women in India (artificial name)	India	Breast cancer	151538	yes	CBE and cancer awareness	Cancer awareness	18.0	14.2%	17.9%*	--
Roberts et al, Lancet 1990 ⁴	ERTBCS: Edinburgh Randomised Trial of Breast Cancer Screening (artificial name)	UK	Breast cancer	45130	yes	Mammography and CBE	Usual care	7.0	15.6%	36.1%*	5.7%
Alexander et al Br J Cancer, 1994 ⁵	ERTBCS: Edinburgh Randomised Trial of Breast Cancer Screening (artificial name)	UK	Breast cancer	44288	no	Mammography and CBE	Usual care	10.0	18.6%	44.9%*	41.1%*
Andersson et al, BMJ 1988 ⁶	MMSPP: Malmo Mammographic screening Program (artificial name)	Sweden	Breast cancer	42283	yes	Mammography	Usual care	8.8	4.1%	18.2%	30.9%
Ramadas et al, Cancer 2023 ⁷	TBCS: Trivandrum Breast Cancer Screening Trial	India	Breast cancer	115290	yes	CBE	Usual care	14.0	-2.4%	-17.7%	-41.9%
Kronborg et al., Scand J Gastroenterol 1989 ⁸	FCCST: Funen Colorectal Cancer Screening Trial (artificial name)	Denmark	Colorectal cancer	61938	yes	FOBT	Usual care	3.2	27.5%	6.9%	-13.0%
Kronborg et al, Lancet 1996 ⁹	FCCST: Funen Colorectal Cancer Screening Trial (artificial name)	Denmark	Colorectal cancer	61933	no	FOBT	Usual care	10.0	17.7%*	16.4%	14.0%
Faivre et al, Gastroenterology 2004 ¹⁰	FOBSFCS: Fecal Occult Blood Screening in a French Controlled Study (artificial name)	France	Colorectal cancer	91199	yes	FOBT	Usual care	11.0	16.6%*	14.8%	21.2%*
Lindholm, et al, Br J Surg 2008 ¹¹	GCCST: Göteborg Colorectal Cancer Screening Trial (artificial name)	Sweden	Colorectal cancer	68308	yes	FOBT	Usual care	15.5	16.0%*	12.0%	5.5%
Hardcastle et al, Lancet 1996 ¹²	NCCST: Nottingham Colorectal Cancer Screening Trial (artificial name)	UK	Colorectal cancer	150251	yes	FOBT	Usual care	7.8	14.6%*	8.4%	-6.9%
Scholefield et al,	NCCST: Nottingham Colorectal	UK	Colorectal	151975	no	FOBT	Usual care	19.5	3.4%	7.1%	3.6%

Citation (author, journal year)	Study name	Location	Cancer type	Number of participants ^a	Primary report?	Intervention	Comparison	Follow-up, years	Reduction in cancer mortality, %	Reduction in stage III-IV cancer, %	Reduction in stage IV cancer, %
Gut 2012 ¹³	Cancer Screening Trial (artificial name)		cancer								
Mandel et al, N Engl J Med 1993 ^{14**}	MCCCS: Minnesota Colon Cancer Control Study (artificial name)	USA	Colorectal cancer	30964	yes	1. Annual FOBT	Usual care	13.0	33.0%*	24.0%*	49.8%*
Mandel et al, N Engl J Med 1993 ^{14**}	MCCCS: Minnesota Colon Cancer Control Study (artificial name)	USA	Colorectal cancer	30981	yes	2. Biennial FOBT	Usual care	13.0	4.5%	5.3%	37.7%*
Hoff et al, BMJ 2009 ¹⁵	NORCCAP: Norwegian Colorectal Cancer Prevention	Norway	Colorectal cancer	54745	yes	Flexible sigmoidoscopy with or without a single FOBT	Usual care	6.0	27.0%	10.4%	--
Holme et al, JAMA 2014 ¹⁶	NORCCAP: Norwegian Colorectal Cancer Prevention	Norway	Colorectal cancer	98792	no	Flexible sigmoidoscopy with or without a single FOBT	Usual care	11.0	18.2%	18.8%*	--
Bretthauer et al, N Engl J Med 2022 ¹⁷	NordICC: The Northern-European Initiative on Colorectal Cancer	Poland, Norway, Sweden, Netherlands	Colorectal cancer	84585	yes	Colonoscopy	Usual care	10.0	8.4%	19.7%	12.3%
Niv et al, Gut 2002 ¹⁸	NSCCST: Northern Israel Colorectal Cancer Screening Trial (artificial name)	Israel	Colorectal cancer	4924	yes	FOBT	Usual care	11.0	20.3%	22.4%	32.1%
Schoen et al, N Engl J Med 2012 ¹⁹	PLCO: Prostate Lung Colorectal and Ovarian (PLCO) Cancer Screening Trial	USA	Colorectal cancer	154910	yes	Flexible sigmoidoscopy	Usual care	12.1	26.1%*	29.1%*	33.0%*
Miller et al, Lancet Gastroenterol Hepatol 2019 ²⁰	PLCO: Prostate Lung Colorectal and Ovarian (PLCO) Cancer Screening Trial	USA	Colorectal cancer	154887	no	Flexible sigmoidoscopy	Usual care	16.8	24.0%*	23.4%*	27.5%*
Segnan et al, J Natl Cancer Inst 2011 ²¹	SCORE: Italian Randomized Controlled Trial	Italy	Colorectal cancer	34292	yes	Flexible sigmoidoscopy	Usual care	11.4	21.7%	26.3%*	--
Chen et al, Journal of medical screening 2003 ²²	QDLCS: Qidong Liver Cancer Screening (artificial name)	China	Liver cancer	5581	yes	AFP assay	Usual care	5.2	-0.7%	46.5%*	--
Zhang et al, J Cancer Res Clin Oncol 2004 ²³	SHCS: Shanghai Hepatocellular Carcinoma Screening (artificial name)	China	Liver cancer	18816	yes	AFP and ultrasonography	Usual care	5.0	40.3%*	47.2%*	--

Citation (author, journal year)	Study name	Location	Cancer type	Number of participants ^a	Primary report?	Intervention	Comparison	Follow-up, years	Reduction in cancer mortality, %	Reduction in stage III-IV cancer, %	Reduction in stage IV cancer, %
Infante et al, Am J Respir Crit Care Med 2009 ²⁴	DANTE: Detection and Screening of Early Lung Cancer by Novel Imaging Technology and Molecular Essays	Italy	Lung cancer	2472	yes	LDCT	One chest X-ray	2.8	6.3%	-7.1%	26.4%
Infante et al, Am J Respir Crit Care Med 2015 ²⁵	DANTE: Detection and Screening of Early Lung Cancer by Novel Imaging Technology and Molecular Essays	Italy	Lung cancer	2450	no	LDCT	One chest X-ray	8.35	-0.7%	10.3%	26.1%
Saghir et al, Thorax 2012 ²⁶	DLCST: Danish Lung Cancer Screening Trial	Denmark	Lung cancer	4104	yes	LDCT	Usual care	4.81	-36.4%	-37.5%	--
Wille et al, Am J Respir Crit Care Med 2016 ²⁷	DLCST: Danish Lung Cancer Screening Trial	Denmark	Lung cancer	4104	no	LDCT	Usual care	9.8	-2.6%	-12.2%	28.1%
Sullivan et al, Eur Respir J 2021 ²⁸	ECLS: The Early Diagnosis of Lung Cancer Scotland trial	UK	Lung cancer	12209	yes	EarlyCDT, if positive then chest X-ray and LDCT	Usual care	2.0	28.8%	26.3%	35.4%
Paci et al, Thorax 2017 ²⁹	ITALUNG: Italian Lung Cancer Screening Trial	Italy	Lung cancer	3206	yes	LDCT	Usual care	9.3	29.2%	24.2%	32.3%
Becker et al, Int J Cancer 2020 ³⁰	LUSI: The German Lung Cancer Screening Intervention Trial	Germany	Lung cancer	4052	yes	LDCT	Usual care	8.8	27.7%	43.3%*	43.5%
Pastorino et al, Ann Oncol 2019 ³¹	MILD: Multicentric Italian Lung Detection	Italy	Lung cancer	4099	yes	LDCT	Usual care	10.0	27.5%	22.3%	34.3%
Marcus et al, J Natl Cancer Inst 2000 ³²	MLP: Lung Cancer Mortality in the Mayo Lung Project	USA	Lung cancer	9211	yes	Regular chest X-ray and sputum cytology	One chest X-ray & sputum cytology	20.5	-10.6%	-2.8%	--
Melamed et al, Chest 1984 ³³	MSKS: Memorial Sloan-Kettering Study (artificial name)	USA	Lung cancer	10040	yes	Chest X-ray and cytology	Chest X-ray	7.0	7.9%	-6.2%	--
De Koning et al, N Engl J Med 2020 ³⁴	NELSON: The Dutch–Belgian Lung Cancer Screening Trial	Netherlands, Belgium	Lung cancer	13195	yes	LDCT	Usual care	10.0	23.9%*	28.9%*	33.5%*
Aberle et al, N Engl J Med 2011 ³⁵	NLST: National Lung Screening Trial	USA	Lung cancer	53454	yes	LDCT	Chest X-ray	6.5	19.6%*	21.0%*	32.5%*
NLST research team, J Thorac Oncol 2019 ³⁶	NLST: National Lung Screening Trial	USA	Lung cancer	53452	no	LDCT	Chest X-ray	12.3	7.2%	16.5%*	21.6%*
Oken et al, JAMA 2011 ³⁷	PLCO: Prostate Lung Colorectal and Ovarian (PLCO) Cancer	USA	Lung cancer	154901	yes	Chest X-ray	Usual care	13.0	1.4%	2.4%	3.0%

Citation (author, journal year)	Study name	Location	Cancer type	Number of participants ^a	Primary report?	Intervention	Comparison	Follow-up, years	Reduction in cancer mortality, %	Reduction in stage III-IV cancer, %	Reduction in stage IV cancer, %
	Screening Trial										
Field et al, Lancet Reg Health Eur 2021 ³⁸	UKLS: UK Lung cancer Screening Trial	UK	Lung cancer	4055	yes	LDCT	Usual care	7.3	34.8%	56.8%*	74.1%*
Ji et al, Ann Oncol 2019 ³⁹	PRO-NPC-001: Cluster Randomized, Controlled Trial for NPC Screening	China	Nasopharyngeal carcinoma	120932	yes	Anti-EBV antibodies	Usual care	6.0	31.1%	22.0%	11.6%
Ramadas et al, Oral Oncol 2003 ⁴⁰	ORSTK: Oral Cancer Screening Trial in Kerala (artificial name)	India	Oral cancer	130779	yes	Oral visual inspection	Usual care	7.0	8.8%	10.1%	13.0%
Sankaranarayanan et al, Lancet 2005 ⁴¹	ORSTK: Oral Cancer Screening Trial in Kerala (artificial name)	India	Oral cancer	167915	no	Oral visual inspection	Usual care	9.0	19.3%	9.7%	12.7%
Buys et al, JAMA 2011 ⁴²	PLCO: Prostate Lung Colorectal and Ovarian (PLCO) Cancer Screening Trial	USA	Ovarian cancer	68557	yes	CA-125 and transvaginal ultrasound	Usual care	12.4	-18.2%	-19.2%	20.3%
Jacobs et al, Lancet 2016 ^{43**}	UKCTOCS: UK Collaborative Trial of Ovarian Cancer Screening	UK	Ovarian cancer	151923	yes	1. MMS	Usual care	11.1	14.7%	16.9%*	38.9%*
Jacobs et al, Lancet 2016 ^{43**}	UKCTOCS: UK Collaborative Trial of Ovarian Cancer Screening	UK	Ovarian cancer	151922	yes	2. USS	Usual care	11.1	11.2%	9.0%	5.5%
Menon et al, Lancet 2021 ^{44**}	UKCTOCS: UK Collaborative Trial of Ovarian Cancer Screening	UK	Ovarian cancer	151939	no	1. MMS	Usual care	16.3	4.0%	10.8%	25.0%*
Menon et al, Lancet 2021 ^{44**}	UKCTOCS: UK Collaborative Trial of Ovarian Cancer Screening	UK	Ovarian cancer	151937	no	2. USS	Usual care	16.3	5.6%	0.2%	-1.0%
Jacobs et al, Lancet 1999 ⁴⁵	UKOCST: UK Ovarian Cancer screening Trial (artificial name)	UK	Ovarian cancer	21935	yes	CA-125	Usual care	7.0	49.9%	38.8%	33.2%
Martin et al, JAMA 2018 ⁴⁶	CAP: The Cluster Randomized Trial of PSA Testing for Prostate Cancer	UK	Prostate cancer	408825	yes	PSA	Usual care	10.0	1.7%	7.7%*	--
Schröder et al, N Engl J Med 2009 ⁴⁷	ERSPC: European Randomised Study of Screening for Prostate Cancer	Europe	Prostate cancer	145179	yes	PSA	Usual care	9.0	19.2%*	6.6%	34.5%*
Schröder et al, N Engl J Med 2012 ⁴⁸	ERSPC: European Randomised Study of Screening for Prostate Cancer	Europe	Prostate cancer	162243	no	PSA	Usual care	11.0	20.7%*	22.3%*	48.0%*

Citation (author, journal year)	Study name	Location	Cancer type	Number of participants ^a	Primary report?	Intervention	Comparison	Follow-up, years	Reduction in cancer mortality, %	Reduction in stage III-IV cancer, %	Reduction in stage IV cancer, %
Schröder et al, Lancet 2014 ⁴⁹	ERSPC: European Randomised Study of Screening for Prostate Cancer	Europe	Prostate cancer	162243	no	PSA	Usual care	13.0	20.2%*	24.5%*	46.9%*
Hugosson, et al, Eur Urol 2019 ⁵⁰	ERSPC: European Randomised Study of Screening for Prostate Cancer	Europe	Prostate cancer	162241	no	PSA	Usual care	16	19.6%*	26.7%*	43.6%*
Roobol, et al, Eur Urol 2013 ⁵¹	ERSPC-Rotterdam: European Randomized Study of Screening for Prostate Cancer-Rotterdam	The Netherlands	Prostate cancer	42376	no	PSA+DRE	Usual care	12.8	19.8%*	-1.9%	57.0%*
Hugosson et al, Lancet Oncol 2010 ⁵²	ERSPC-Sweden: European Randomised Study of Screening for Prostate Cancer-Sweden	Sweden	Prostate cancer	19904	no	PSA	Usual care	14.0	43.6%*	33.3%*	47.1%*
Hugosson et al, Scand J Urol 2018 ⁵³	ERSPC-Sweden: European Randomised Study of Screening for Prostate Cancer-Sweden	Sweden	Prostate cancer	19899	no	PSA	Usual care	18.0	35.3%*	29.9%*	43.2%*
Frånlund et al, J Urol 2022 ⁵⁴	ERSPC-Sweden: European Randomised Study of Screening for Prostate Cancer-Sweden	Sweden	Prostate cancer	19894	no	PSA	Usual care	22.0	29.1%*	23.1%*	34.5%*
Kilpeläinen et al, J Natl Cancer Inst 2013 ⁵⁵	ERSPC-Finland: European Randomised Study of Screening for Prostate Cancer-Finland	Finland	Prostate cancer	80144	no	PSA	Usual care	12.0	15.1%	15.8%*	--
Sandblom et al, Eur Urol 2004 ⁵⁶	Norrköping: Norrköping Prostate Cancer Screening	Sweden	Prostate cancer	9026	yes	PSA & DRE	Usual care	15.0	-3.9%	12.4%	--
Sandblom et al, BMJ 2011 ⁵⁷	Norrköping: Norrköping Prostate Cancer Screening	Sweden	Prostate cancer	9026	no	PSA & DRE	Usual care	20.0	-16.3%	12.4%	--
Andriole et al, N Engl J Med 2009 ⁵⁸	PLCO: Prostate Lung Colorectal and Ovarian (PLCO) Cancer Screening Trial	USA	Prostate cancer	76693	yes	PSA & DRE	Usual care	10.0	-12.2%	9.6%	7.6%
Andriole et al, J Natl Cancer Inst 2012 ⁵⁹	PLCO: Prostate Lung Colorectal and Ovarian (PLCO) Cancer Screening Trial	USA	Prostate cancer	76685	no	PSA & DRE	Usual care	13.0	-9.0%	12.5%	13.5%
Pinsky et al, BJU Int 2019 ⁶⁰	PLCO: Prostate Lung Colorectal and Ovarian (PLCO) Cancer Screening Trial	USA	Prostate cancer	76683	no	PSA & DRE	Usual care	16.9	5.4%	13.1%*	15.2%

'Artificial name' indicates that the study name was created by the authors of this review solely for the purpose of tracking.

^aTotal number of participants in the intervention plus comparison groups.

*P-value<0.05 for difference between study arms based on a proportion test.

**Denotes 3-group trials. Each comparison (e.g. Intervention A vs. control, Intervention B vs. control) is listed in a separate row.

AFP: Alpha-fetoprotein

CBE: Clinical breast examination

CA-125: Cancer antigen 125

DRE: Digital rectal exam

EBV: Epstein-Barr virus

FOBT: Fecal occult blood test

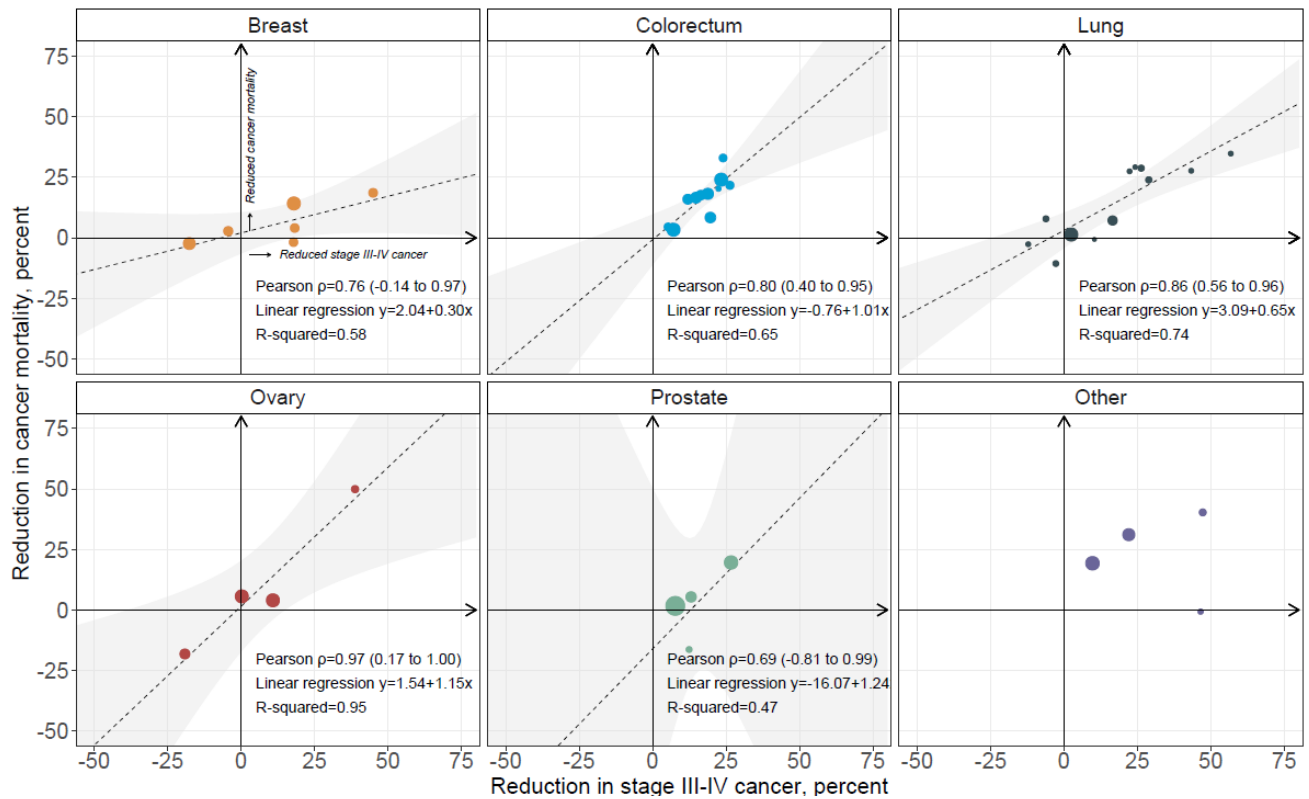
LDCT: Low-dose computed tomography

MMS: Multimodal screening

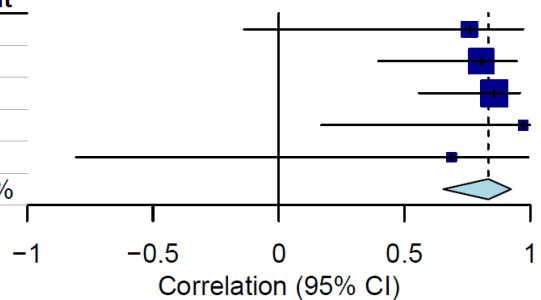
PSA: Prostate-specific antigen

USS: Transvaginal ultrasound screening

eFigure 2. Comparison between the reduction in cancer mortality and reduction in stage III-IV cancer, among 41 cancer screening trials identified by systematic review, using the last reported follow-up timepoint for each trial instead of the earliest timepoint.



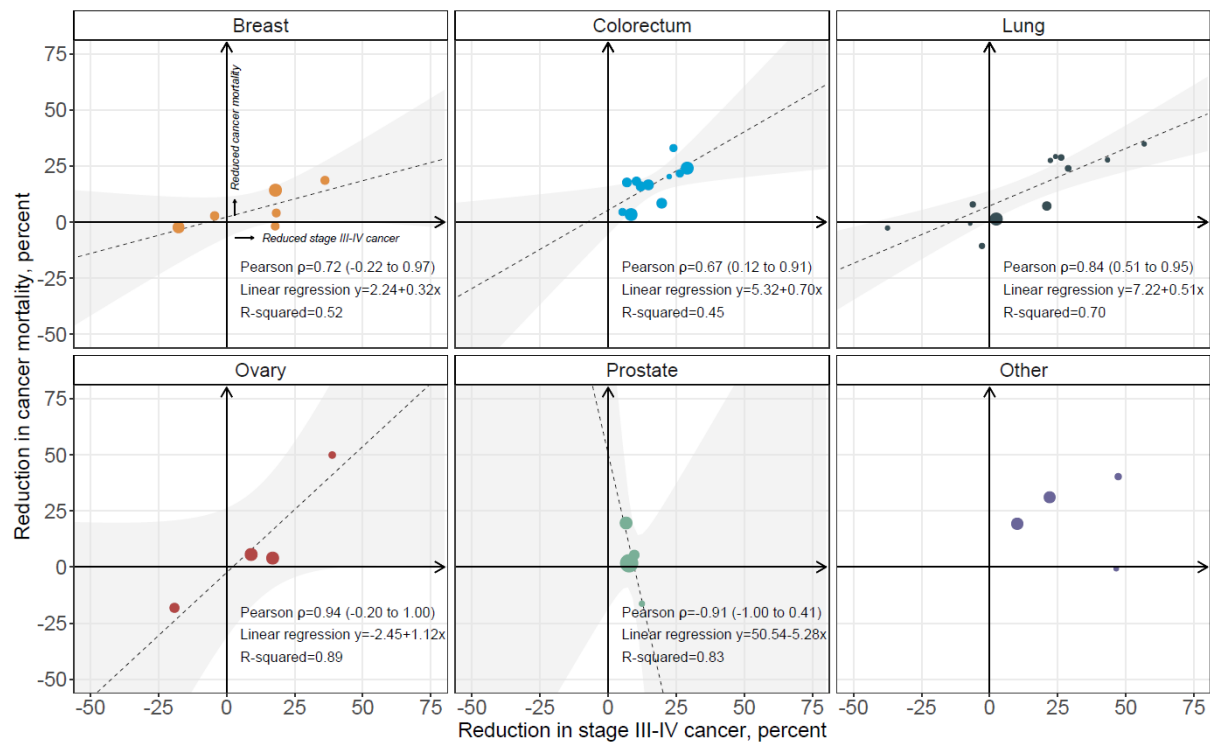
Cancer type	Studies, N	Correlation	95% CI	Weight
Breast	6	0.76	[-0.14; 0.97]	13.6%
Colorectum	11	0.80	[0.40; 0.95]	36.4%
Lung	12	0.86	[0.56; 0.96]	40.9%
Ovary	4	0.97	[0.17; 1.00]	4.5%
Prostate	4	0.69	[-0.81; 0.99]	4.5%
Total		0.83	[0.65; 0.92]	100.0%



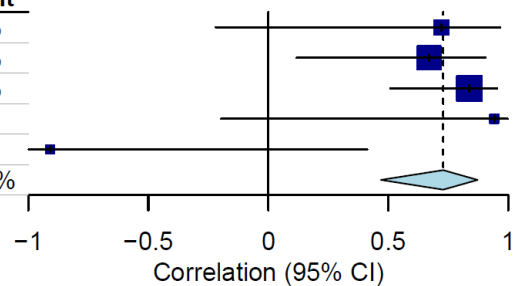
Heterogeneity: $\chi^2_4 = 1.25$ ($P = .87$), $I^2 = 0\%$, $\tau^2 = 0$

Positive numbers indicate reductions in mortality or late-stage cancer. Analyses are unweighted. The diameters of the circles are scaled by the number of trial participants.

eFigure 3. Comparison between the reduction in cancer mortality and reduction in stage III-IV cancer, among 41 cancer screening trials identified by systematic review, when using (for each trial) the earliest included timepoint for stage III-IV cancer and the latest included timepoint for cancer mortality.



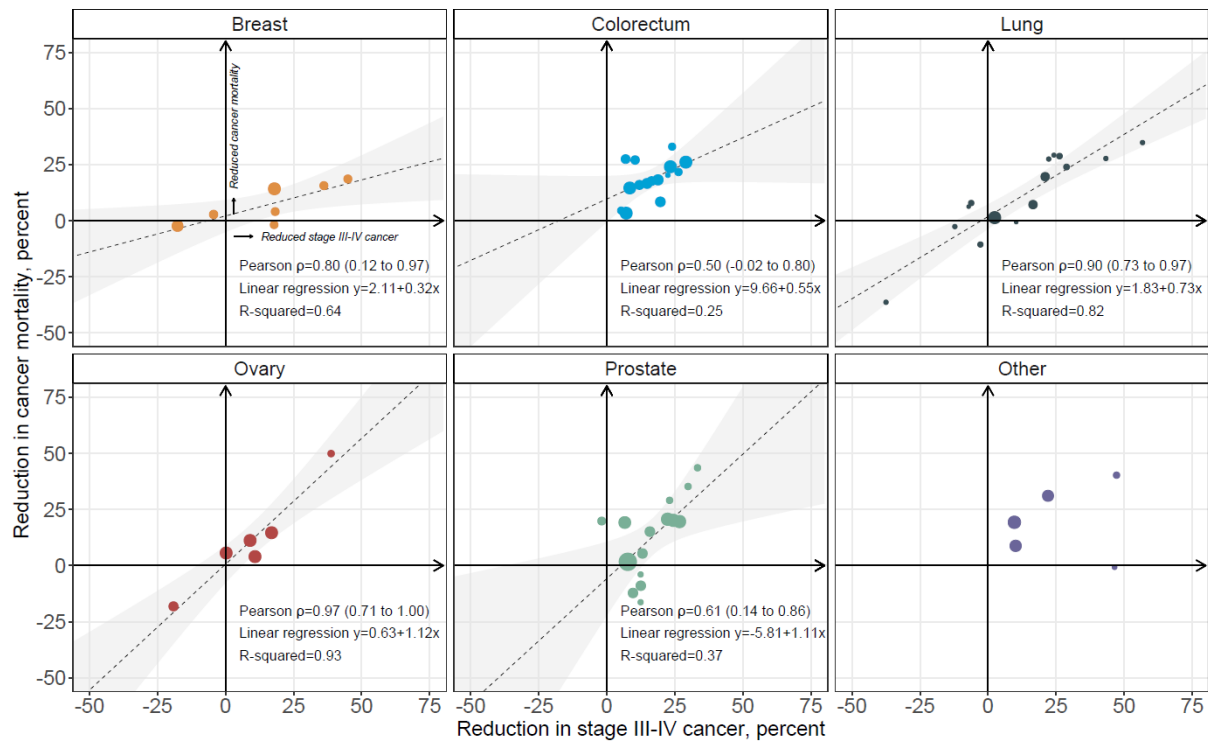
Cancer type	Studies, N	Correlation	95% CI	Weight
Breast	6	0.72	[-0.22; 0.97]	13.6%
Colorectum	11	0.67	[0.12; 0.91]	36.4%
Lung	12	0.84	[0.51; 0.95]	40.9%
Ovary	4	0.94	[-0.20; 1.00]	4.5%
Prostate	4	-0.91	[-1.00; 0.41]	4.5%
Total		0.73	[0.47; 0.87]	100.0%



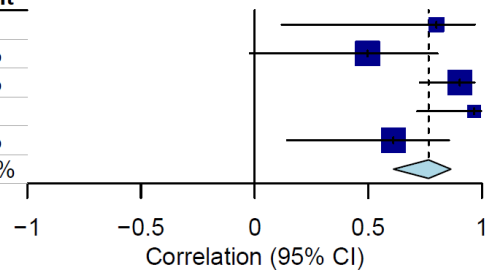
Heterogeneity: $\chi^2_4 = 7.54$ ($P = .11$), $I^2 = 47\%$, $\tau^2 < 0.0001$

Positive numbers indicate reductions in mortality or late-stage cancer. Analyses are unweighted. The diameters of the circles are scaled by the number of trial participants.

eFigure 4. Comparison between the reduction in cancer mortality and reduction in stage III-IV cancer, among 41 cancer screening trials identified by systematic review, including multiple follow-up timepoints per trial when reported (n=63 total data points).



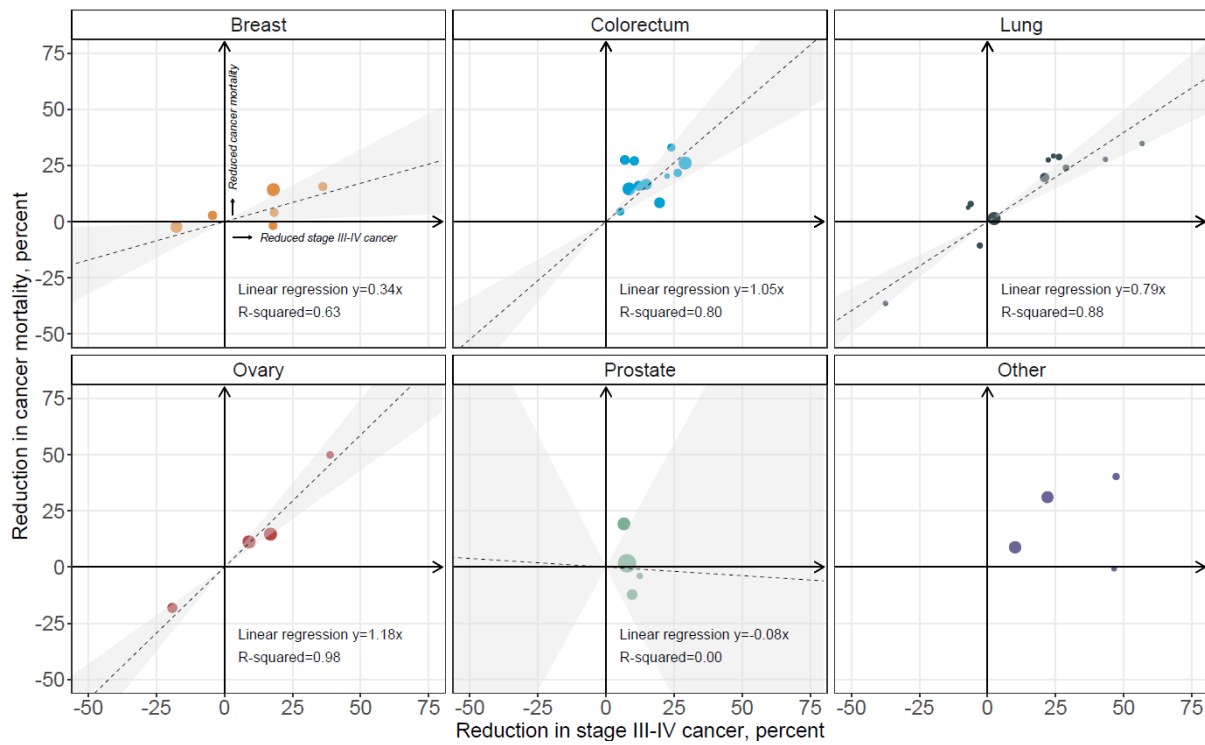
Cancer type	Studies, N	Correlation	95% CI	Weight
Breast	7	0.80	[0.12; 0.97]	9.3%
Colorectum	15	0.50	[-0.02; 0.80]	27.9%
Lung	15	0.90	[0.73; 0.97]	27.9%
Ovary	6	0.97	[0.71; 1.00]	7.0%
Prostate	15	0.61	[0.14; 0.86]	27.9%
Total		0.77	[0.61; 0.86]	100.0%



Heterogeneity: $\chi^2_4 = 9.57$ ($P = .05$), $I^2 = 58\%$, $\tau^2 = 0.1702$

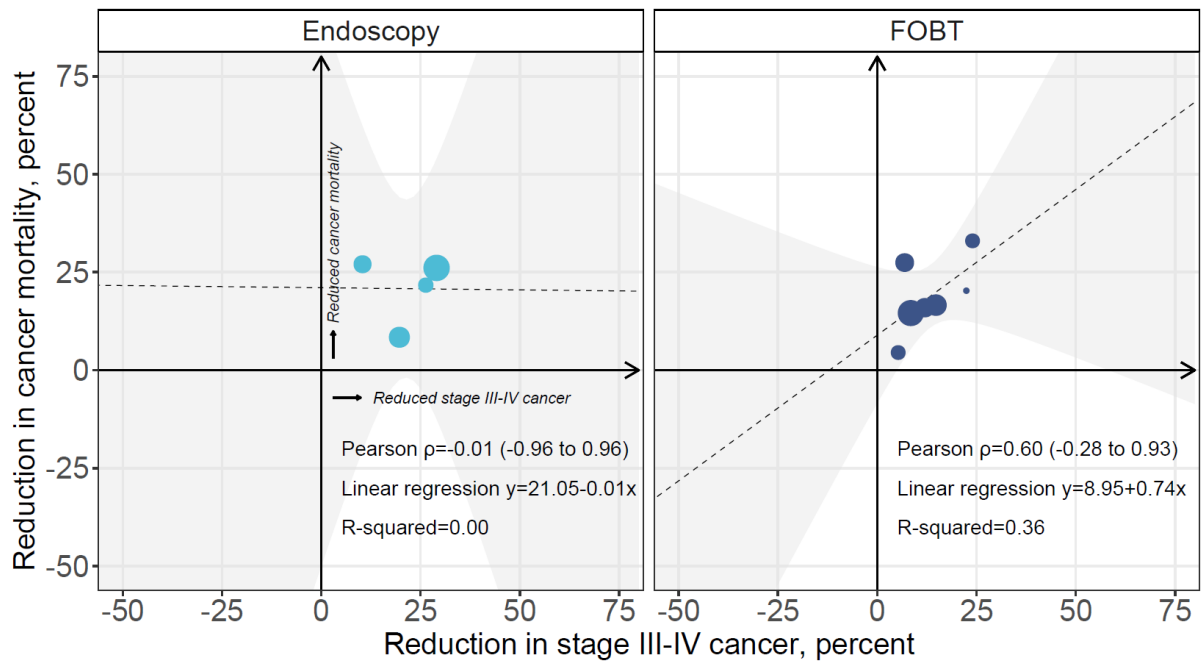
Positive numbers indicate reductions in mortality or late-stage cancer. Analyses are unweighted. The diameters of the circles are scaled by the number of trial participants.

eFigure 5. Comparison between the reduction in cancer mortality and reduction in stage III-IV cancer, among 41 cancer screening trials identified by systematic review, with results of linear regression after removing the y-intercept.



Positive numbers indicate reductions in mortality or late-stage cancer. Analyses are unweighted. The diameters of the circles are scaled by the number of trial participants.

eFigure 6. Comparison between the reduction in cancer mortality and reduction in stage III-IV cancer among colorectal cancer screening trials, stratified by screening method (endoscopy vs. fecal occult blood testing [FOBT]).



Positive numbers indicate reductions in mortality or late-stage cancer. Analyses are unweighted. The diameters of the circles are scaled by the number of trial participants.

References:

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