Negative Colonoscopy Predicts Lower Cancer and Death Risk Well Past 10 Years

This finding means those considered at low risk for colon cancer might be able to safely delay a subsequent scan.

June 17, 2020 By Benjamin Ryan

People considered at low risk for colon cancer who receive a negative high-quality colonoscopy may not increase their likelihood of developing colon cancer if they delay a subsequent scan past the recommended 10-year interval, The New York Times reports.

Current guidelines recommend that adults receive their first colonoscopy between ages 45 and 50 and, if the result is negative, every 10 years thereafter.

While these guidelines still stand, a new study conducted in Poland and published in the Annals of Internal Medicine indicates that delays in receiving a rescreen may not impact the risk of colon cancer or death for the group identified in the analysis.

Researchers studied 165,887 men and women 50 to 66 years old who had received one colonoscopy with a negative result. The group was followed for up to 17.4 years past that test. During that time, this group had a 72% lower rate of colon cancer and an 81% lower rate of death compared with what would be expected of a group drawn from the general public matching their demographics.

In other words, the negative colonoscopy identified this group of people as less likely to get colon cancer or to die than the general population. This prediction held over an extensive period of time that stretched beyond the 10-year mark, by which point guidelines would have had them receive another test.

This finding applies to those whose first colonoscopy identified no polyps or other lesions, whether benign or malignant. These individuals also must be considered at low risk for colon cancer. Excluded from this group are those with a family history of colorectal cancer, inflammatory bowel conditions or any other factors associated with an elevated risk.

Importantly, these individuals must have received a high-quality colonoscopy performed by a

skilled endoscopist. They also must have adequately prepared their bowels for the procedure.

To read the New York Times article, click here.

To read the study abstract, click here.

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