The following inputs were considered:

- Colon cleansing quality plays a key role in determining the diagnostic accuracy of colonoscopy
- Colonoscopy is among the most effective means of colorectal cancer prevention through early detection and pathological assessment
- Patients with a family history of colorectal cancer (high risk) are referred for screening at age 50
- Patients who successfully completed a colonoscopy are assigned a preparation cleansing score (i.e., excellent, good, fair, or poor) with the probability of reoccurring each grade differing based on the cleansing score
- Patients are referred for colonoscopy with the recommended surveillance intervals
- At each surveillance time interval, patients are assigned a probability of completing the colonoscopy or missing the screening (did not start preparation and did not complete the colonoscopy)

### Sensitivity analyses

- The delay interval for mixed-sedation and aborted colonoscopy procedure is set at 1 year

### CONCLUSION

- From a payer's perspective, the model showed that the use of SUPREP as the cleansing agent resulted in potential cost-savings compared with GoLYTELY
- The model was robust and cost-savings under SUPREP remained under various sensitivity analyses
- Higher cleansing scores and longer recommended surveillance intervals associated with SUPREP use resulted in fewer surveillance colonoscopies over the time horizon
- Patients using SUPREP incurred lower colonoscopy costs than GOlyteLY patients, which offset the increased cost of the cleansing agent

### REFERENCES