CRC screening in middle income countries

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**Cancer early detection in the “best buys”**

### “Best buys”

- Cervical cancer screening for women aged 30-49 using either:
  - HPV test
  - Visual inspection with acetic acid
  - Papanicolaou test (not Papenheim or Romanovsky based tests)

### Effective interventions

- Treatment of colorectal, cervical and breast cancer at **stages I and II**.

- **Breast cancer screening** with mammography for women aged 50-69 **linked with timely diagnosis and treatment**.

### Other recommended interventions

- **Colorectal cancer screening** at age >50, linked with timely treatment.
Recent meetings organized by WHO Europe

• Workshop on cancer screening with IARC *(January 2019)*

• Technical consultation on screening for NCDs *(February 2019)*

• → worrying trends...
→ worrying trends...

- Worry 1: Poor awareness and understanding of the harms of cancer screening
- Worry 2: Countries scale up screening programs in absence of adequate evidence
- Worry 3: Countries do not follow evidence-based recommendations
- Worry 4: Lack of Quality Assurance in on-going screening programs
Working in the field

Five years conducting cancer control missions: 6 out 9 countries in East Europe claim to have population-based colorectal cancer screening, which is a large difference with Latin America, Africa and Asia where this screening is rare.
Working in the field: Opportunities

In East European countries usually there is a policy/order establishing primary **screening test is FIT** (with a defined cut-off of 100ng/ml) at **two years interval** and **colonoscopy** for positive cases.

Written policies have clear and correct criteria for **target population**. Screening is usually **free of charge**.
Working in the field: Challenges

✓ Need to develop human resources and equipment for colonoscopy
✓ No quality control implemented, no monitoring and evaluation conducted
✓ No clear policy for follow up of the suspicious or positive cases:
  - Waiting list for colonoscopy could be high and hard to differentiate if screening cases were really asymptomatic
  - Treatment of adenomas could be requiring additional not covered unnecessary colonoscopy
✓ Generally coverage is not known and could be from 18% to less than 4%
## East Europe: Challenges and Opportunities for screening

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Challenges</th>
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<tbody>
<tr>
<td>✓ Test offered for free</td>
<td>✓ Screening not understood as a cascade / process</td>
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<tr>
<td>✓ Culture of screening</td>
<td>✓ Expectation to be screened</td>
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<td>✓ Human resources</td>
<td>✓ Limited exposure to international literature and guidelines</td>
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<td>✓ Screening staff</td>
<td>✓ Lack of data analysis</td>
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<tr>
<td>✓ “Oncologists” at PHC level</td>
<td>✓ Culture of “quality” (interpretation)</td>
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<td>✓ Culture of registering data</td>
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Secondary prevention encompass early diagnosis as much as screening

- If the health system is not delivering, screening is not the solution
- Aim of early diagnosis actions: reduce delay from symptom → diagnosis → treatment
- Early diagnosis prepare for screening

- To screen or not to screen?
  - Yes for cervical cancer
  - Maybe for colorectal and breast (if you already have low proportion of late diagnosis)
  - No for all the other cancer
Working in the field: links with early diagnosis

- The proportion of advanced disease at diagnosis could be as high as 40 to 60%; Impact on stage at diagnosis, incidence and mortality generally is not known

- Lack of early diagnosis actions, which commonly is not even included in the strategy for NCDs or cancer control

- Treatment could be free but waiting times for any kind of oncology treatment could be long

- Health system not prepared enough for introduction of colorectal screening
early diagnosis → screening

✓ Benefits of screening are usually overestimated and harms are underestimated (especially in case of insufficient quality)

✓ Quality control is a must to limit harm and ensure maximal benefits (monitoring and evaluation are crucial, but not easy)
The need for early diagnosis is usually underestimated: Impact on cancer care availability with rapid and efficient pathways.
Screening versus early diagnosis

- Healthy cells
- Abnormal cells
- Pre-invasive cancer
- Invasive cancer
- Cancer spread
- Death

Symptom Onset

Screening: Test provided for an entire population. Potential to prevent or identify cancer earlier.

Early diagnosis: Test only for people with symptoms. Significant fewer resources required.
WHO guidance on cancer early diagnosis and screening

Comprehensive Cervical Cancer Control
A guide to essential practice
Second edition

WHO POSITION PAPER ON MAMMOGRAPHY SCREENING

GUIDE TO CANCER EARLY DIAGNOSIS

Comprehensive Colorectal Cancer Control

Hope will come !!!
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Thanks !!!

Thanks !!!