Romania - Developing screening with help from EU and Successful Programs in Italy

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-- on behalf of the whole organizational team --
Epidemiology of Colorectal cancer in Romania (I)

Age standardized (World) incidence and mortality rates, colorectal cancer

Incidence, both sexes, all ages
Number of incident cases: 83,461
Crude rate: 426.2
ASR (World) per 100,000: 222.4
Cumulative risk (0-74): 0

Mortality, both sexes, all ages
Number of deaths: 50,902
Crude rate: 260.0
ASR (World) per 100,000: 123.3
Cumulative risk (0-74): 0

ASR (World) per 100,000, both sexes, all ages

Globocan 2018 resource
Epidemiology of Colorectal cancer in Romania (III)

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Both sexes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>9,485,608</td>
<td>10,095,020</td>
<td>19,580,628</td>
</tr>
<tr>
<td>Number of new cancer cases</td>
<td>45,022</td>
<td>38,439</td>
<td>83,461</td>
</tr>
<tr>
<td>Age-standardized incidence rate (World)</td>
<td>264.7</td>
<td>192.3</td>
<td>222.4</td>
</tr>
<tr>
<td>Risk of developing cancer before the age of 75 years (%)</td>
<td>45.6</td>
<td>31.2</td>
<td>37.3</td>
</tr>
<tr>
<td>Number of cancer deaths</td>
<td>29,929</td>
<td>20,973</td>
<td>50,902</td>
</tr>
<tr>
<td>Age-standardized mortality rate (World)</td>
<td>167.6</td>
<td>88.9</td>
<td>123.3</td>
</tr>
<tr>
<td>Risk of dying from cancer before the age of 75 years (%)</td>
<td>35.9</td>
<td>20.4</td>
<td>27.0</td>
</tr>
<tr>
<td>5-year prevalent cases</td>
<td>97,511</td>
<td>104,719</td>
<td>202,230</td>
</tr>
</tbody>
</table>

Top 5 most frequent cancers excluding non-melanoma skin cancer (ranked by cases):

- Lung
- Colorectum
- Breast
- Colorectum
- Lung
- Bladder
- Stomach
- Prostate
- Lung
- Cervix uteri
- Breast

Globocan 2018 resource
Romania DEFINITELY needs a screening program

- Equation between decisions at different decisional levels
  - Political level
  - Scientific level
  - Technical level
  - Ethical level
  - Populational level

"The Thinker" - masterpiece of Neolithic art Romania – 5000 BC
Why CRC screening programmes are not working properly?

- Identification of target population
- Maximization of uptake (adherence)
- Ensuring the 2-step process
- Ensuring subsequent treatment
- Maximization of follow-up
- Operation of registers
- Quality assurance of the process

mircea manuc
National Strategy on Social Inclusion and Poverty Reduction 2015-2020, chapter 2.5 (Health)
"Government Objective"
"providing poor or vulnerable groups with access to good quality health services"

National Health Strategy 2014-2020
"Implementation of pilot projects with a population base for the development of technical and organizational capacity in the field of detection early breast and colorectal cancers according to European guidelines"
EU implication in the development of the screening program in Romania

- **Technical support**
  - via SRSS (Structural Reform Support Service)

- **Financial support**
  - via FSE (European Social Fund)
  - implementation of the phase I on CCR screening → POCU (Operational Programme Human Capital) project - *smis128106s*
  - implementation of the phase II on CCR screening
IMPLEMENTATION OF EU COLORECTAL CANCER SCREENING GUIDELINES WITHIN THE SCREENING PROGRAMMES IN ITALY, ROMANIA AND SLOVAKIA

Expected result in Romania
Screening experts are empowered with the capacity to
- design an effective screening program
- implement a screening registry
- clearly communicate their actions to the population

Started in 21 December 2018
(18 months of activities)
IMPLEMENTATION OF EU COLORECTAL CANCER SCREENING GUIDELINES WITHIN THE SCREENING PROGRAMES IN ITALY, ROMANIA AND SOLOVAKIA

27TH – 29TH MAY 2019
FUNDENI CLINICAL INSTITUTE

Experts group

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Stefano Rapi
Chemist. Specialist in Clinical Biochemistry, Central Laboratory AOU Careggi Hospital, Florence, Italy
Still to come

Training the trainers
- in endoscopy (febr.), pathology (febr.), communication (jan)

Videoconference – oct 2019
Preparing the course on communication - 21-22 january
THE PILOT COLORECTAL SCREENING PROGRAMMES IN ROMANIA (2019-2023)

Characteristics

• Financed by the EU
• Implementation period (≈ 52 months)

• 2 phase - project
  • Phase 1 — Development and implementation at national level of the organizational framework necessary for the initiation of screening in colorectal cancer - ROCCAS
    (Total budget - 4,882,894 EUR)
    (ESF contribution - 4,502,495 EUR)

  • Phase 2 — 4 pilot regional programs using FIT and colonoscopy for positives
    (estimated ≈ 5 mil Euro each)
**ROCCAS (smis128106s) - MAIN ACTIVITIES**

A1.1 Development of the **methodological framework** necessary for the implementation of the programs for prevention, early detection, diagnosis and early treatment of colorectal cancer;

A1.2 Computerization support of **colorectal screening databases** integrated with the national program IT systems with online password access of all providers for the purpose of identifying CNP of individuals tested in colorectal screening programs.

A1.3 Monitoring the implementation of regional pilot programs, and elaborating reports, studies, information on its results and public policy proposals in colorectal cancer field.

A2.1 Developing a **training curriculum** based on the methodology developed and accreditation according to the rules in force

A2.2 Running training / training programs / programs for specialists involved in the prevention, early detection, diagnosis and treatment of colorectal precancerous lesions (400 participants)

A3.1 Information, education, awareness of the target group of colorectal cancer screening services
PARTNER INSTITUTIONS IMPLEMENTING THE PROJECT:

1. FUNDENI CLINICAL INSTITUTE

- The Center for Gastroenterology and Hepatology is the largest tertiary health care center in gastroenterology and hepatology in Romania,
  - dedicated departments in digestive endoscopy, pathology and oncology
  - a great experience in the diagnostic and therapeutic approach of the pathology of digestive tract,
  - methodologic center for teaching in endoscopy (level I and II)
2. NATIONAL INSTITUTE OF PUBLIC HEALTH

- established after Government Decision 1414/2009 as a public institution with legal personality, subordinated to Ministry of Health,
- Merger of the Bucharest Public Health Institute with Institute of Public Health "Prof. Dr. Iuliu Moldovan "Cluj-Napoca, Institute of Public Health Iasi, Institute of Public Health "Prof. Dr. Leonida Georgescu "Timisoara, the Targu Mures Public Health Center and the Sibiu Public Health Center.
PHASE 2 - PROJECTS:

4 SCREENING PILOT PROJECTS (2020 – 2023) (discussion for the fifth region)
- organized at a regional level -

Budget – 5 mil euro/ project
Undergoing design (together with SRSS)
Estimate
- 100,000 FIT tests to be provided
- 5000/6000 colonoscopies
Conclusions

• Epidemiological data in Romania support the necessity of the colorectal cancer screening

• It can be foreseen as a long process, from its design until the roll-out across the country.

• For Romania, EU support on financing (via ESF) and technical assistance (via SRSS and Italian experts) plays an important role in providing the premises for an efficient screening program

• The first steps were already made SRSS program and ROCCAS working at this time, and regional pilots being launched for public consultation
THANK YOU

AKNOWLEDGEMENTS
-Romanian and EU experts actively involved in the development and implementation of these projects
-All Italian experts who agreed to be part of this SRSS project
-WEO and ESGE decidents for the invitation to this meeting
-Romanian team who is and will be behind all these activities