

# Update on CRC screening in Germany

**Dr. Ulrike Haug**

Leibniz Institute for Prevention Research and  
Epidemiology – BIPS, Germany



# History of CRC screening in Germany

**1971** Digital rectal examination

**1977** gFOBT

**2002** Screening colonoscopy (additional to gFOBT) including quality criteria for colonoscopy

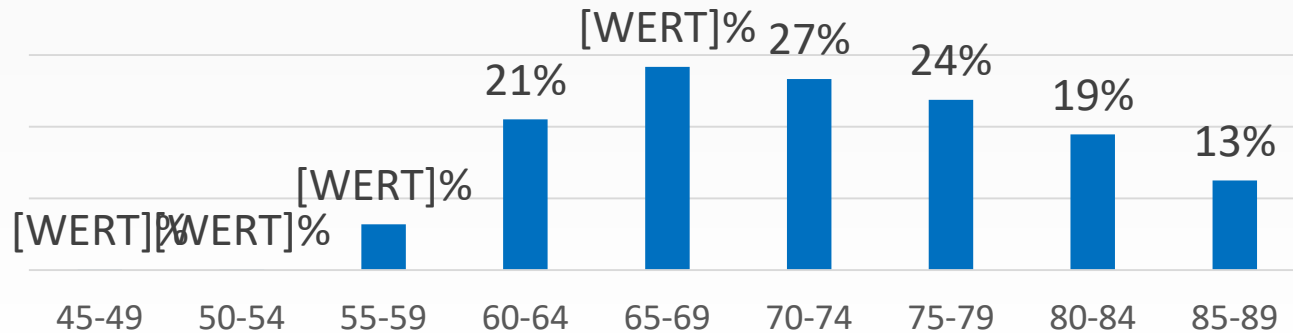
**2017** gFOBT replaced by quantitative FIT

**2019** Invitation system



# Screening colonoscopy: Attendance

**Claims data analysis:**\* Proportion of persons in 2015 who underwent a **screening colonoscopy in the past 10 years** by age (here: men)

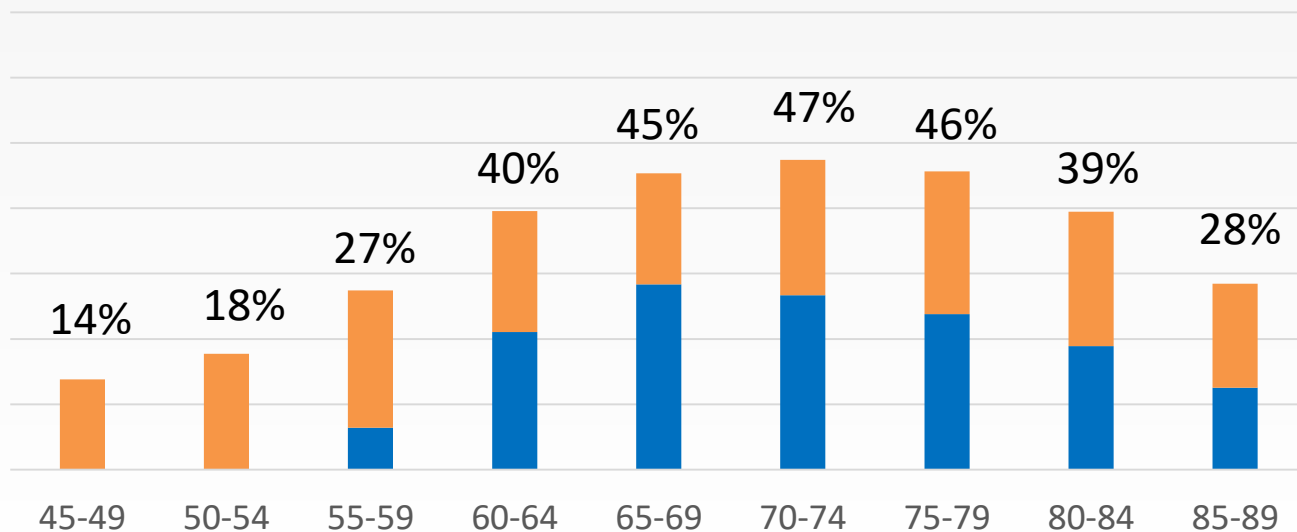


\* Schwarz et al., paper in preparation.



# Screening colonoscopy: Attendance

**Claims data analysis:** Proportion of persons in 2015 who underwent a **screening col.** or a **diagnostic col.\*** in the past 10 years by age (here: men)



\* If there was more than one type of col. (screening and diagnostic) in the past 10 years, allocation was done based on the first col.



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# FIT screening in Germany

~30% of test kits are „lost“ here



- In 2018: **2.8 million FITs** were analyzed (formerly with gFOBT: 4.7 million per year)
- **Different FIT brands**, no fixed cutoff level (requirement: 25% sensitivity for advanced neoplasia, >90% specificity)

# FIT screening in Germany

Data from 2018: 12 different FIT brands

Manufacturer *	Tests, n	Cutoff level	Positivity rate
Mast Group	1,347,061	10 µg/g	10.2%
Immundiagnostik AG	613,311	10 µg/g	7.5%
Sysmex GmbH	532,133	17 µg/g	7.9%
R-Biopharm AG	259,452	6-12 µg/g	17.1%
ScheBo Biotech AG	50,678	25 µg/g	8.2%
Care diagnostics: Care prime	31,763	6 µg/g	5.1%

\* There are 6 further FIT brands with <10,000 tests in 2018 with positivity rates ranging between 2% - 21%



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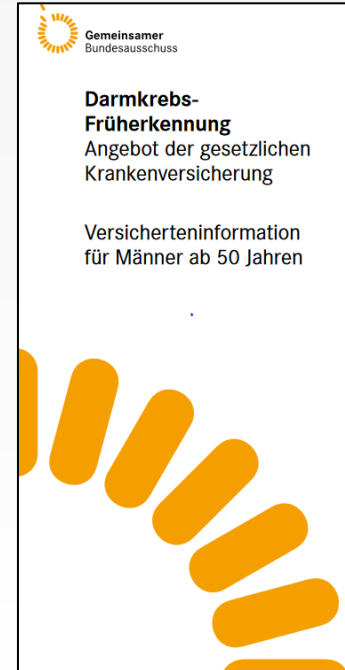
Opportunistic  
screening



# Invitation system

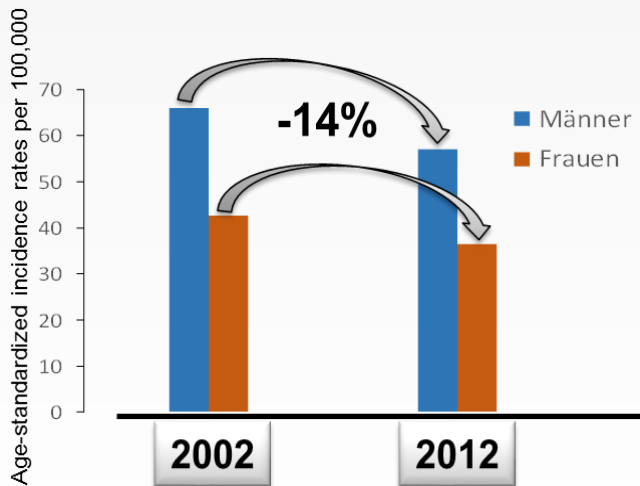
**Since July 2019:**

Men and women **at ages 50, 55, 60 and 65** receive a letter from their health insurance along with a booklet (~20 pages) containing general information on CRC and CRC screening (including pros and cons).



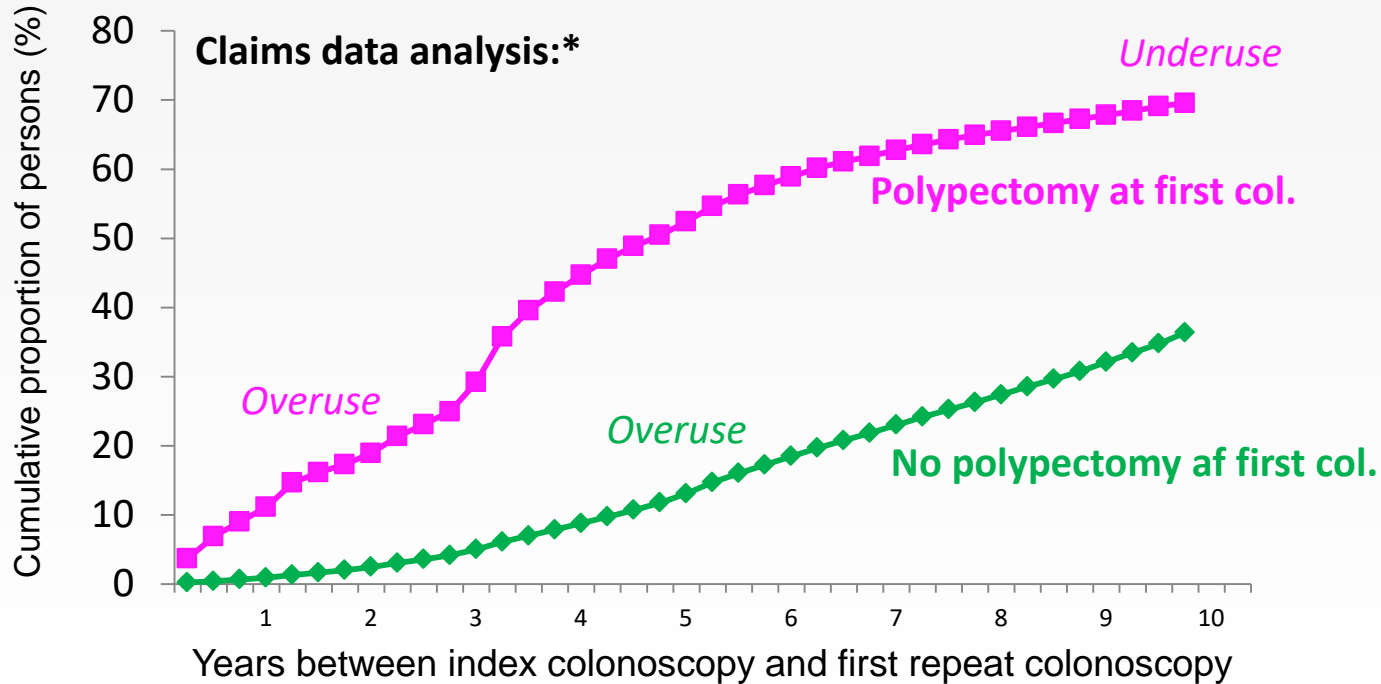
# Discussion / next steps?

CRC incidence is decreasing in Germany, so all fine?



# Discussion / next steps?

- Avoiding over- /underuse of repeat colonoscopy



\* Schwarz et al., submitted



## Discussion / next steps?

- Avoiding over- /underuse of repeat colonoscopy
- Reducing heterogeneity in FIT positivity rates / cutoffs
- Simpler logistics for FIT testing
- Monitoring utilization of col. after a positive FIT
- Etc.



**Thank you  
for your attention!**



