

## Implementing colorectal cancer screening program in Iceland

*A presentation from Iceland*

*First time at WEO*

*Barcelona October 2015*



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Icelandic Cancer Society - ICS

- We in Iceland are in the process of planning for a colorectal cancer screening program.
- The Icelandic Cancer Society has been given the task of advising the health authorities on which approach to use.
- I'm a consultant gastroenterologist and I've been managing the preparatory phase for ICS, since April this year.



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## Iceland

- 330,610 inhabitants, 66% Reykjavík south-west area. More than 90% urban.
- 103,000 km<sup>2</sup> - the most sparsely populated country in Europe.
- The capital and largest City is **Reykjavík**, - the most northern capital in the world.



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## Map of Iceland (summer ☺)



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## Iceland's health statistics

- Life expectancy at birth in Iceland is 82 years (OECD is 80) fourth highest in the world.
- Men 80,6 yr.
- Women 83,6 yr.
- Infant mortality is one of the lowest in the world (1,9/1000 live births).



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## Economy

- In 2008 the nation's entire banking system **systematically failed**, resulting in downsizing of welfare system and substantial **political unrest**.
- Following that crises all plans for CRC screening were suspended



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## The Icelandic Labor Markets

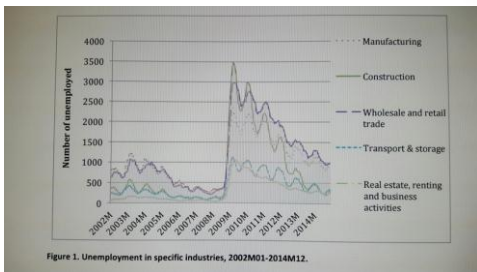


Figure: The unemployment rate has been creeping down from its 2010 peak and hovered around 3-4% for much of 2013 and 2014. The net emigration inhabitants 2009-2010 was just over 2% of the overall population

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## Health Care System

- Iceland has a **public funded health care** system, national insurance mostly.
- Paid for mostly by taxes (80%) and to a lesser extent by service fees (20%).
- Very limited private enterprise in health care.
- Out of pocket payment of pts. on the rise.



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## Health care finances

- Ranks currently 15th in health care expenditures as a percentage of GDP (OECD).
- **Total health spending for 8,7% of GDP** in Iceland, near the OECD average.
- .....and 13th in spending per capita. *Ref: OECD Health at a Glance 2013*



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## Early detection, registration, research

- Countrywide populations based **Cancer Detection Clinic** responsible for mammary and cervical cancer - measuring outcomes. Both driven by ICS.
- **National Cancer Registry:** An extremely valuable population based data bank on cancer – coverage, linkages, personal identification numbers, clinical measures and research.
- Genetic research, **Genetics Iceland.**

*Siðardóttir LG, et al, Data quality at the Icelandic Cancer Registry Acta Oncol. 2012 Sep;51(7):880-9*



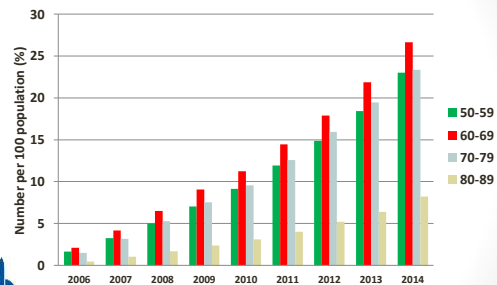
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## Director of Health in Iceland – clinical guidelines since 2002

1. CRC screening has been recommended by using fecal occult blood testing (gFOBT) every year, beginning at age 50 in adults. Followed by colonoscopy if positive. But not yet implemented.
2. Effective **Public Awareness** Campaigns, high level of general knowledge.
3. Lot of opportunistic screening with colo's, up to 30% in the age group 50-59



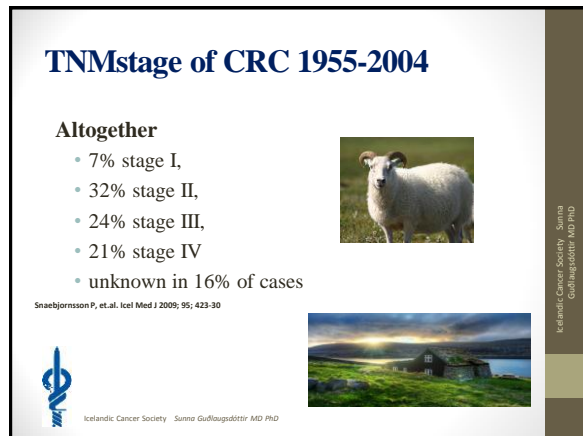
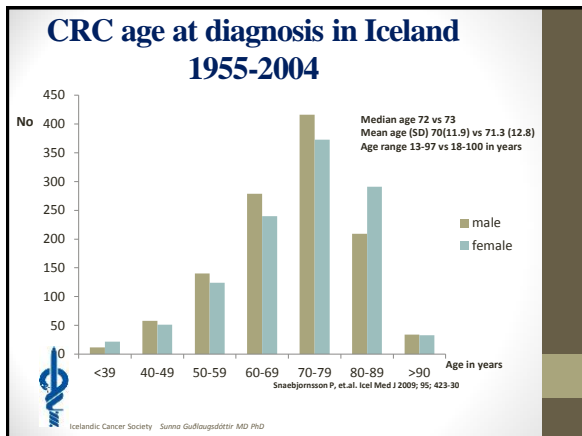
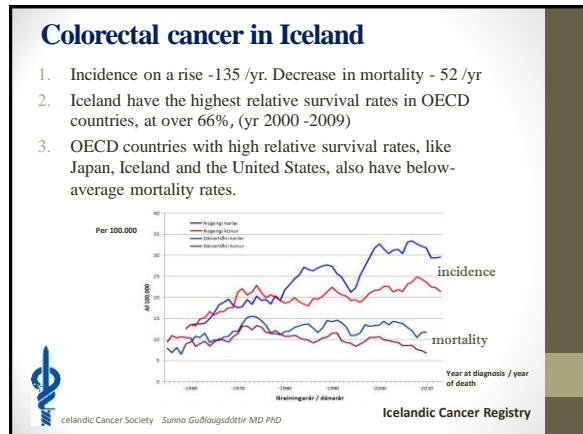
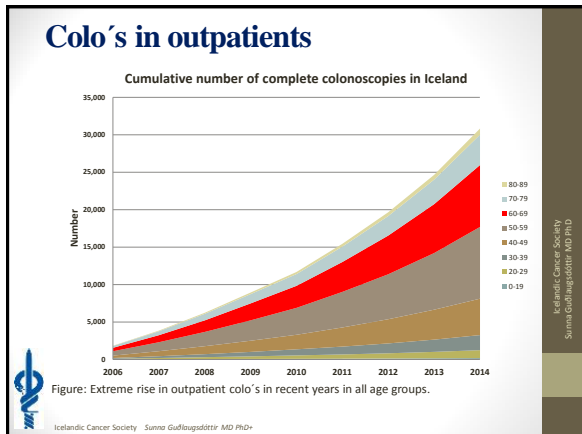
Cumulative rate of complete colonoscopies in Iceland according to age groups



Information from the Icelandic Health Insurance



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### TNMstage of CRC more recent

	2010-2014	2005-2009	1955-2004
Total number	527	517	
unknown	53	47	
TNM I	20%	13%	8%
TNM II	28%	33%	38%
TNM III	27%	23%	29%
TNM IV	24%	30%	25%
	100%	100%	100%

Icelandic Cancer Registry


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## Manpower in health

(after financial meltdown)

- For screening with colo's; 15 gastroenterologists and 4 surgeons, we dont know if they will all take part.
- Oncologists scarce at the moment.
- Family doctors - declining care.
- Radiologists restructuring.
- Need a plan for human resources.



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## To summarise


1. **What has been done so far** – gone through our demographics and statistics as shown and we know that there are a lot of and still rising colo's done, but nevertheless not a big change in TNM stage at diagnosis.
2. **Where are the challenges** –
  - Most of our endoscopist's would like to do screening by colo's.
  - The opportunistic screening is disorganised in Iceland, with lack of perspective.
  - We would like to do population based screening according to the European guidelines with central registration and transparency.
  - Still waiting for decision from the parliament.
  - Implement FIT and need to build up data bank and registration.
  - Director of Health in Iceland requires quality testing among colonoscopists
3. **Where we have support and what is going to help along!**
  - The health authorities are very interested.
  - After final recommendations from the Director of Health on the methods used and the target group for screening it is expected that the Minister of Health will ask the parliament for funding.
  - The Icelandic public is very interested.
  - We are waiting for results from the *health economic* calculations.




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## Concluding remarks

*It would be interesting hear the experiences of others!*



**Thanks!**



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