Colorectal cancer screening in Eastern Europe

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Possible conflicts of interest

- Eiken Chemical - research support
- BIOHIT - research support
Central-East EU countries without population-based invitations for screening

- Latvia
- Lithuania
- Estonia*
- Czech Republic
- Slovakia
- Hungary
- Bulgaria
- Romania

* - starting implementation in 2016/2017
Hungary

- Nation-wide program with personal invitations to be launched in 2017
- Regional pilot-studies conducted
- FIT
- Centralized lab.
- Endoscopy and pathology data capture systems available
- Specialist advisory board not yet established

Courtesy from Herszényi László
Tests used

- gFOBT
  - Croatia
  - Latvia
  - (Czech Republic)

- FIT
  - Slovenia
  - Hungary
  - Lithuania
  - Czech Republic
Quality assurance of colonoscopy

Completeness of colonoscopy registered
- Czech Republic
- Slovenia
- Poland

ADR registered
- Croatia
- Czech Republic
- Slovenia
- Poland
Slovenia: Implementation

Target population (men and women aged 50-69, residents) (N = 562,348)

Eligible target population (men and women aged 50-69 covered by compulsory health insurance in Slovenia) Invitation sent (N = 536,709)

- Participation refused (N = 1,354)
- Signed statement of participation returned (N = 303,343)
- Mail not delivered (N = 3,669)
- No response (N = 228,343)

Exclusion criteria (N = 38,017)

No exclusion criteria

- Test kit not sent (N = 7)
- Test kit sent (N = 265,369)

Test kit not returned (N = 18,403)

- Test kit returned (N = 246,916)

Test results

- Inadequate (N = 1,202)
- Positive (N = 15,310)
- Negative (N = 230,404)

Colonoscopy performed (N = 13,919)

Person invited again in 2 years

Colonoscopy results

- Non-advanced adenoma (N = 1,711)
- Advanced adenoma (N = 5,159)
- Cancer (N = 862)

Slovenia: Colonoscopy findings

Colorectal cancer screening in countries of European Council outside of the EU-28

Emma Altobelli, Francesco D’Aloisio, Paolo Matteo Angeletti

- 28-EU vs. 19-non-EU countries
- Various data quality of the registries, only 30% of the non-EU countries rank high in data quality
Efforts in non-EU countries

- **Serbia** – an ongoing program (regional)
- **Bosnia and Heregovina** – an ongoing program
- **Republika Srpska** – opportunistic, population-wide
- **Montenegro** - pilot
- **Georgia** – regional (Tbilisi)
- **Russia:**
  - pilot in St.Petersburg
  - Pilot in Kazan, Tatarstan
- **Ukraine** - ? (controversial data)

Altobelli et al. WJG. 2016.
Organized colorectal cancer screening in Serbia – The first round within 2013–2014


Dušica Banković Lazarević*, Zoran Krivokapić†, Goran Barišić†, Verica Jovanović*, Dragan Ilić*, Marko Veljković*

- GP invitations (incl. by phone)
- 99, 592 invitees (19% of the target population)
- iFOB
- 62.5% participation
- Primary health centre labs
- gFOBT / POC FIT program
- Colonoscopy attendance 66.8%
Cancer Control in Europe

**Recommendation 1:** Successful evidence-based cancer screening needs a competent, multidisciplinary, and transparent governance structure.

WP 7. Cancer Screening
Comprehensive Cancer Care Network (CCCN) Pilot in Czech Republic

Cancer centres network as a regional managing system

- **Epidemiology**
  - Population-based registries

- **Hospitals**
  - Specialized registries

- **Monitoring of health care**
  - EHR

- **Primary care (GPs, gynaecologists)**
- **Hospital care**
- **Specialized care and cancer centres**

**REPORTS**

- **Equity of health care**
- **Structure of health care**
- **Results of health care**
- **Quality of health care**
- **Distribution of health care**
- **Volume of health care**
- **Data validation**

**Central repository**

Help desk
Methodical centre

**Courtesy from Ladislav Dušek**
Policy recommendations on governance, organisation and evaluation of cancer screening

Stefan Lönnberg, Mario Šekerić, Nea Malila, Tytti Sarkeala, Marcis Leja, Ondřej Májek, Marco Zappa, Eveline Heijnsdijk, Sirpa Heinävaara, Harry de Koning, Ahti Anttila
Conclusions

1. Population-based CRC screening is not available in all countries over East-Europe

2. In a proportion of countries the set-up is not corresponding the recommended principles of organized cancer screening

3. Governance principles are strictly followed only in a proportion of countries

4. In addition to the EU guidelines, CanCon Policy recommendations on governance, organisation and evaluation of cancer screening is going to provide a valuable tool for addressing decision-makers