Screening for Colorectal Cancer: Global Vision

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Global Public Health Issue
Colorectal Cancer Incidence: South America (both sexes, per 100,000)
CRC Incidence and Mortality (males and females, per 100,000)

Brazil

Colombia

§Regional data

Opportunistic vs Organized Screening?
Organized Screening Program

• Defined target population
• Invitations to screen
• Timely access
• Quality assurance
• Tracking of outcomes
Organized Screening Program

• Greater protection against harms
  ➢ Over-screening
  ➢ Poor quality
  ➢ Poor follow-up
  ➢ Complications

Screening is a Process

1. Identify
2. Invite/remind
3. Assess risk
4. Screen
5. Notify of results
6. Recall/remind
7. Follow up
How Long Does it Take?

• >10 yrs to plan, pilot and implement CRC screening program
• Additional yrs before full impact of the program can be measured

Toronto Pearson Airport
When to Start Screening?
Proposed Strategies

• CRC incidence >30/100,000
• Resource level

Health Policy

• A major determinant
• How is health care is funded, organized and delivered?
• Publicly funded, universal access, single payer?
Moving Forward

• Establish/adopt guidelines
• Consider a pilot
• Selected urban region(s)
• Test the steps in the process
• Colonoscopy quality
• Expand
WEO CRC Screening Cte

Regional Meetings (2017)

- NA (DDW, Chicago)
- Asia-Pacific (APDW, Hong Kong)
- Europe (UEGW, Barcelona)
- Latin America (SBAD, Brasilia)
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Summary

• Global public health issue
• When to start screening
• Moving forward
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