Principles of Organized Screening

Linda Rabeneck MD MPH FRCPC
Outline

• Global public health issue
• Principles of organized screening
• How are we doing?
Global Public Health Issue
Global Public Health Issue

• 1.8 M new cases
• 881,000 deaths

GLOBOCAN 2018 (IARC)
CRC Incidence: World (males, per 100,000)

GLOBOCAN 2018 (IARC)
CRC Incidence: World (females, per 100,000)

GLOBOCAN 2018 (IARC)
Colon Cancer Incidence Trends (per 100,000): Europe and Eurasia (males)
Colorectal Cancer Incidence and HDI

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

IT system
CRC Screening

- Age 50–74 years, no symptoms
- FIT every 2 years
- Colonoscopy for FIT+
How Are We Doing In The EU?
CRC Screening Performance

IARC, 2017
Tests Used, 2016

IARC, Against Cancer, 2017
Performance (Challenges)

• Population coverage incomplete
• Participation rate
• Follow-up colonoscopy in gFOBT/FIT+
• Quality
Long-Term Outcomes

- CRC incidence
- CRC mortality
FIT Cohort Study: Veneto

Summary

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• Principles of organized screening
• How are we doing?
EURASIAN CANCER SCREENING CONFERENCE
17-18 May 2018
Belarus, Minsk, Dzerzhinsky Avenue, 1E
Renaissance Minsk Hotel
WEO CRC Screening Cte

- Regional Meetings (2019)
  - NA (DDW, San Diego)
  - Europe (UEGW, Barcelona)
  - Latin America (SBAD, Fortaleza)
  - Asia-Pacific (APDW, Kolkata)
secretariat@worldendo.org
Thank You