

WEO – World Endoscopy Organization
Colorectal Cancer Screening Case Studies
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Portugal – Current Challenges

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Portugal's National Health System is based on the Beveridge system, similar to the UK health system, with two main public pillars, primary health care (health centers at the municipality level and universal population coverage) and hospital care. Public (Serviço Nacional de Saúde – SNS), private and social systems coexist, with functional and official interconnections among them.

For the exception of the autonomous island regions of Azores and Madeira, with their own regional governments and health systems, Portugal is divided into “health regions”. Each of these mainland Portugal's health regions seats its own regional health administration (ARS), as an executive branch of the Ministry of Health (MoH). These ARS are 5 - North, Center, Lisbon and Tagus Valley, Alentejo and Algarve. As mentioned, island regions have their own health care system, but similar to that of inland Portugal.

The Portuguese population is about 10,2 million inhabitants, divided by North (3,57), Center (2,21), Lisbon and Tagus Valley (2,85), Alentejo (0,70) and Algarve (0,43), Azores (0,24) and Madeira 0,25).

Portugal has 3 population-based cancer screening presently running breast, cervix (both started in 1990) and colorectal (2008) in the central region and subsequently adopted in other health regions. They have different temporal evolutions, being the first ones, breast and cervix, much more developed, either in terms of geographic and population coverage or population participation.

Colorectal cancer screening began in 2008 in the Center region, in 2011 in Alentejo in 2014 in the Azores, in 2016 in the North, and in 2017 in Lisbon and Tagus Valley and Algarve.

Globally, the global target population is 3.1 million, but only 10% of it is integrated in the programme, corresponding to 30% of the national geographic space, with the effective participation rate (participating/invited) of around 30%. So the programme is developing slowly, though spending up last 2 years.

The methodologies are similar to the other European programs, namely individual written invitation, age group 50-74, 3/3 year interval, call-recall system, fecal occult blood screening (FIT), subsequent referral for colonoscopy and eventual final diagnosis and hospital treatment in the public system. It complies with the European quality assurance and control guidelines. The responsibility of verifying the eligibility of the target population and the personal invitation for screening is the responsibility of the health centers using their own user lists. All the phases of the program are based on the public health system (SNS).

The major and decisive constraint for the development of colorectal cancer screening lies on the insufficient colonoscopy resources in the public system. Sharing the diagnostic needs of referrals from the screening process and from “clinical” processes, there is currently no installed available capacity in the public system for further screening effort. Thus public hospitals will have to reorganize themselves to respond to an increase in demand, with the eventual option to find private institutions that, under national and regional public coordination and subject to the same quality control and assurance, are available to complement the supply of colonoscopy resources offer (Government decision).

In case it's possible to increase those colonoscopy resources - the key factor, as stated – the public health system needs to be reorganized so that it can:

- increase information and awareness of the target population
- increase the ability to evaluate FBOT exams
- introduce more and better referral pathways for colonoscopy, with adequate temporal response
- introduce more and better hospital referral pathways, with adequate temporal response
- improve crosscheck links with population cancer registry
- improve the screening information system with communication of information among all process stakeholders

Thus, only by increasing the available colonoscopy resources will it be possible to develop, in geographical and population terms, the screening program, with the necessary adaptations and improvements resulting from those developments.