Screening – Colorectal cancer as a case

Cancer Control Joint Action

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Ahti Anttila | Breakfast Meeting Brussels | 23 February, 2016

Colorectal cancer screening case in the EU

- EU has recommended cancer screening for breast, cervical and colorectal cancers with a systematic population-based approach and quality assurance at all levels (2003)
- Population-based organised colorectal cancer screening has been running or under planning, piloting or regional implementation by now already in >20 Member States
  - Availability of potential new/alternative screening methods vs conventional faecal occult blood increasing continuously

  → How to ascertain benefits on colorectal cancer mortality, and appropriate balances of harm and benefit?

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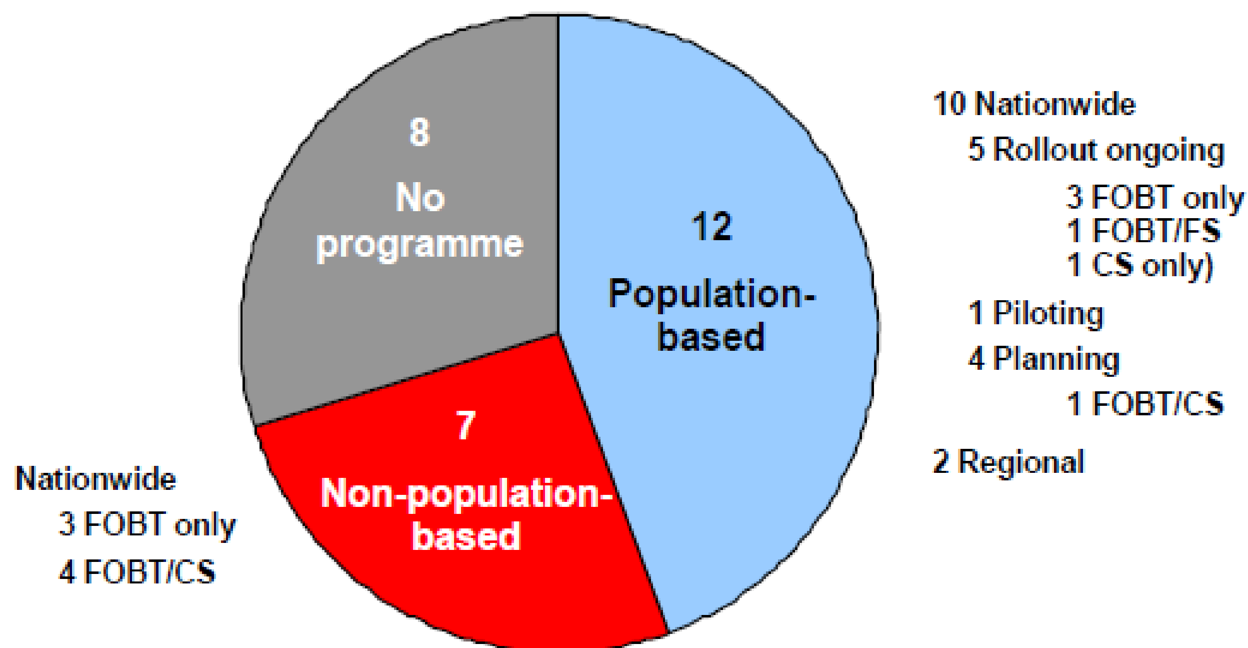

Figure 7 a. Number of EU Member States with colorectal cancer screening programmes in 2007 by type of programme and country implementation status. In each respective category individual countries are counted only once. Abbreviations: FOBT, CS and FS (see legends of Figs. 5 and 6). MS (Member State). For definitions of programme type and status see the text (section 2.3).

Note: the FOBT is the screening test recommended by the Council of the European Union in 2003 (Annex 2).

Source: European Commission (DG SANCO, 2007); IARC (ECN and EUNICE projects, 2007)

Presence of organised screening for colorectal cancer in 25 European countries

Yes	**56% (n=14)**
No	24% (n= 6)
Transition phase	20% (n= 5)

Lerda et al., JRC Science and policy reports, 2014

Examples of performance indicators for FIT testing in colorectal cancer screening

	Data from RCT	Range reported from population-based programmes
Uptake (participation)	61.5%	17%-90%
Test positive		
Round 1	4.8%	4.4%-11.1%
Round 2	not reported	3.9%
Colonoscopy compliance	96%	60%-93%
Adenoma detection rate, 1st screen	2.8%	1.3%-2.2%
Cancer detection rate		
1st screen	0.47%	0.18%-0.95%
2nd screen	not reported	0.13%
PPV cancer		
1st screen	10.2%	4.5%-8.6%
2nd screen	not reported	4.0%

European guidelines for quality assurance in colorectal cancer screening and diagnosis. 2010; N.Segnan, Riga, May 2015

Need to improve colorectal cancer screening – policy-making perspectives

- Substantial development of expertise through availability of colorectal cancer screening since adoption of the EU recommendation
  - There are programmes with excellent early results on screening
- Space for considerable improvement -- variation in performance between programmes
  - Improved uptake, fail-safe and quality assurance in test and clinical management services
- Not all countries implement colorectal cancer screening yet

How to improve colorectal cancer screening – keys to succesful implementation

⇒ Appropriate governance need to be adopted throughout MSs which consider colorectal cancer screening:

- Screening and steering committees under the MoH to develop programme ownership at the national, regional and local levels
- Develop legal framework enabling to run programmes and to evaluate them with linkage studies between screening, cancer and cause-of-death registers
- Quality manuals & indicators to develop procedures
- Appropriate funding of quality assurance

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Critical steps in organization

⇒ Sufficient resources for establishing autonomous coordination units and teams that are required as the first step in

- Planning, feasibility testing, programme management and evaluation of colorectal cancer screening
- Connecting multidisciplinary best professional practice: Also surgeons, physicians, nurses and patients should work in partnership with the national and regional healthcare coordination and authorities to develop high quality standards
  - Full adherence to guidelines and quality improvement

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Investments in evaluation needed in the particular health-care setting

- Demonstrate outcome and appropriate balance of harm and benefit with linkage studies
- Run randomized trials and randomized policy implementation to solve issues in optimizing screening policies with new methods

⇒ Transition research on spot e.g. if poor attendance: on reasons and how to optimize attendance; and on balanced, appropriate information of screening at all levels

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Thank You

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