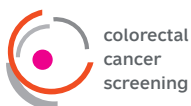


II. EUROPEAN COLORECTAL CANCER DAYS: BRNO 2013 – PREVENTION AND SCREENING

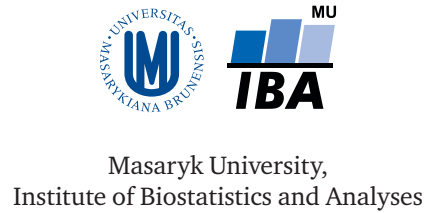
Prevention – Management of Care – Effectiveness



CONFERENCE SUMMARY



MAIN ORGANIZERS



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II. EUROPEAN COLORECTAL CANCER DAYS: BRNO 2013 — PREVENTION AND SCREENING

WHAT TO DO IN THE “ERA OF THE CRC SCREENING GUIDELINES”? NETWORKING IS THE SOLUTION!



Pavel Poc

Member of the European Parliament



Ladislav Dušek

*Masaryk University,
Institute of Biostatistics and Analyses*

Colorectal cancer (CRC) is still the most common newly diagnosed cancer and the second most common cause of cancer deaths in Europe. More than 200,000 Europeans die every year from malignant tumours of the colon and rectum. However, many of these deaths can be avoided. Effective and safe colorectal cancer prevention and early detection are the key factors which can reduce both incidence and mortality of the disease. CRC screening should be accepted as one of the most desirable forms of organized cancer prevention which is to be supported by modern health care systems. Methodical aspects and scientifically driven promotion of the CRC screening were the main topics of the previous conference European Colorectal Cancer Days (ECCD), held on 4–5 May 2012 in Brno, Czech Republic. Questions and statements from the attendees during public sessions, as well as final conclusions of the ECCD 2012, challenged the organizers to continue in this networking activity.

It has been widely documented in clinical trials that CRC screening really keeps the potential to prevent colorectal cancer and save lives. Furthermore, we live in the period which can be called “the era of the CRC prevention guidelines”, issued in 2010. The methodical gold standards are thus known and recommended as well as the measures of the functional screening. And indeed, many European countries have recently implemented CRC screening. However, the heterogeneity in design and in the content of the national prevention strategies is still significant

in the European region. More intensive communication, feedback analyses of reached results and platforms to exchange experiences should be supported and facilitated in our continent. That is why we prepared the second year of the ECCD conference, focused on CRC prevention, its progresses, problems and potentials.

The international heterogeneity of models applied in the CRC screening implementation is warning signal which inevitably indicates that evidence-based medicine on its own is not enough. Although very important, scientific background covers only one of the several dimensions of a successful screening program. Published information cannot substitute practical medical care and experience. Strong managerial background and organization, adequate reimbursement of prevention, high quality of all associated services and compliance by the target population are also among the factors substantially contributing to the desirable lowering of the incidence and mortality of the screened cancer. First and foremost, screening must be widely practiced. More than ever before, we need to implement functional information systems monitoring performance and quality of the CRC screening programmes in real world of clinical practice and allowing unlimited communication and sharing the experience reached in individual countries.

Last but not least, we should not neglect communication which does not mean only programme promotion. Necessary harmony among all factors

determining screening efficacy and effectiveness cannot be achieved without the vital and mutual support of national health care authorities, the politicians, patients, the health care payers and other stakeholders. The ECCD conference is intended as a networking event which should help to share up-to-date knowledge among participating countries and institutions. We are convinced that in “The Era of the Guidelines” the networking is really a functional solution. Following four points thus highlight most important attributes of the CRC screening which should be addressed in Europe:

1. Networking. Sharing of experience in transfer “Opportunistic CRC screening → Population-based CRC screening”.
2. Standardization. Solving of heterogeneity in quality assurance and quality control systems of the national CRC screening programmes.

3. Harmonization. Searching for the best model of data-based support and legislative background of the CRC screening, including call-recall systems.

4. Promotion. Supporting effective communication and “image-making promotion” of the CRC prevention as activity attracting attention of target population.

We hope that second meeting of the stakeholders supported by representatives of medical societies and patients’ organizations can again offer a functional platform and a stimulating atmosphere for fruitful exchanges on all of these problems and many other related issues.

*On behalf of the Programme
and Organizing Committees
Pavel Poc & Ladislav Dušek*

THE CONFERENCE IS HELD UNDER THE PATRONAGE OF HONORABLE



Tonio Borg
*EU Commissioner for
Health and Consumer
Policy*



Pavel Poc
*Member of the European
Parliament*



Leoš Heger
Czech Minister of Health



Jan Žaloudík
*Member of the Senate
of the Parliament of the
Czech Republic*



Jiří Běhounek
*Vice-president of the
Association of Regions of
the Czech Republic*



Roman Onderka
Mayor of the City of Brno

Programme

Fri, 26 April

Sat, 27 April

	8.30	European experience II Various european and national approaches to CRC prevention
Pre-conference roundtable workshop Representatives of countries that requested information on a start-up of a population-based screening programme	9.00	
	10.30	<i>Coffee break</i>
	11.00	Comprehensive cancer care is not only screening: Lessons learned from the Czech Republic
Registration <i>Lunch</i> Exposition of the inflatable colon with explaining lectures	12.30	
	12.45	Summary & conclusions
	13.00	<i>Lunch</i>
Opening ceremony	14.00	Patient organizations workshop: Informed cancer patients and their needs in the health care system
State of the art lectures	15.00	ICT workshop: Data-based support and promotion of CRC screening: How to make it effective and sustainable?
<i>Coffee break</i>	16.00	
European experience I Various european and national approaches to CRC prevention	16.30	
<i>Networking reception</i>	19.00	

I. AND II. EUROPEAN COLORECTAL CANCER DAYS 2012–2013: OUTCOMES & SUMMARY

Colorectal cancer is one of the most commonly diagnosed cancers and is the second leading cause of cancer deaths in Europe. More than 200,000 Europeans die each year from malignant tumours of the colon and rectum. These deaths, however, are avoidable in many cases. Numerous clinical and epidemiological studies continue to bring evidence on the benefit of colorectal cancer screening both for individuals and for the populations and societies. Colorectal cancer screening is thus one of the most desirable forms of organized cancer prevention which should be supported by modern health care systems.

Methodical aspects and scientifically driven promotion of the CRC screening were the main topics of the conference European Colorectal Cancer Days (ECCD), held on 4–5 May 2012 in

Brno, Czech Republic. Conclusions of this event challenged the organizers to continue in this networking activity. That is why the second year of the ECCD conference, focused on CRC prevention, its progresses, problems and potentials, was held on 26–27 April 2013 in the same place. A primary emphasis of this event involves particularly sharing of experience and networking among European countries in standardization of colorectal cancer screening. This document is aimed as a brief summary of outcomes of the previous meetings which predetermined main topics of the upcoming 3rd year of the ECCD conference, which will be held in Brno on 25–26 April 2014. Further information is available at www.crcprevention.eu.

OUTCOMES AND PROPOSALS OF THE EUROPEAN COLORECTAL CANCER DAYS CONFERENCES

Both the previous ECCD meetings were intended as a networking event, the aim of which was sharing up-to-date knowledge and discussing the application of the hitherto collected findings as regards the establishment of effective systems for colorectal cancer screening and early detection. Regardless of the recent advances in many European countries, there are still numerous rather persistent questions and problems that need to be addressed. The subtitle of the Brno meeting “Data driven prevention has the power to save lives” was aimed to focus the attention on really achieved outcomes of the preventive programmes which cannot be evaluated without methodically strong information background. In the era of colorectal prevention, which can be called “The Era of CRC Prevention Guidelines”, issued in 2010 [1], the methodical standards are known and recommended and so are the principal endpoints of the effective colorectal screening programme. It has been widely documented that only population-based CRC screening really keeps the potential to prevent colorectal cancer and save lives.

However, the heterogeneity in design and in the content of the national prevention strategies is still significant within the European region [2]. More intensive communication, feedback analyses of reached results and platforms to exchange experiences should be supported and facilitated in Europe. More than ever before we need functional information systems which control performance and quality of the CRC screening programmes in real-world clinical practice and allow unlimited communication and sharing the experience reached in individual countries. The principal questions that need to be addressed by health care scientists, payers and the other stakeholders are:

1. Is the CRC screening so widely practiced as it should be according to the conclusions of evidence-based medicine?
2. Is it sufficiently reimbursed in the heterogeneous European health care systems?
3. Do practicing clinicians follow the methodical guidelines and the rules corresponding to the population-based design of the screening?

Following key points summarize the most important outcomes of the ECCD 2012- 2013 meetings and emphasize some problems challenging future development in this field:

CRC SCREENING & KNOWLEDGE BASE

1. Colorectal cancer (CRC) is the most common newly diagnosed cancer and the second most common cause of cancer mortality in Europe. More than 430,000 European citizens are diagnosed and over 210,000 Europeans die each year from malignant tumours of colon and rectum [3].
2. Based on the results of numerous randomized controlled trials, mortality from colorectal cancer can be effectively reduced through early cancer detection by the faecal occult blood test [4].
3. High-quality screening programme is able to translate the outlined efficacy into real-life effectiveness, i.e. to prevent cancers [5], save lives [6] and save an enormous amount of financial resources [7].

CRC SCREENING & STATE OF THE ART

1. In Europe, CRC screening is recognized and recommended as an important healthcare programme [8,9].
2. Many European countries have already implemented CRC screening programmes in recent years [10].
3. To maintain a favourable balance between benefits and harms when dealing with large populations, it is necessary to apply comprehensive quality standards and the best practice in the implementation of cancer screening programmes. For that purpose, professional European guidelines for quality assurance in CRC screening have been recently published and recommended by the European Commission [1].
4. Efficacious and feasible methods for the CRC screening are known: FOBT (guaiac or immunochemical) followed by colonoscopy in case of positive findings and/or endoscopy (sigmoidoscopy or screening colonoscopy) [1].
5. Gold standard of the screening model is well-defined and recommended [1, 11]: a population-based screening programme. However, where this model was not possible in the very

beginning of the programme, opportunistic screening was launched as a primary step, often as a nationwide organized programme or as an initiative for limited, closed communities [2].

CRC SCREENING & CURRENT CHALLENGES

1. The heterogeneity is still significant among European countries, both in design and in the content of the CRC screening programmes. More intensive communication, feedback analyses of reached results and platform to exchange experiences among countries should be supported and facilitated.
2. Switch of various strategies into a fully organized population-based screening programme represents one of the most important tasks of current CRC prevention. Only the organized programme provides a way to address most of the problems associated with opportunistic screening strategies, including low coverage of target populations. Organized screening also represents a template which focuses on quality of the screening procedures, including long-term follow-up of participants [11].
3. Modern CRC screening needs innovative, up-to-date, comprehensive and effective information policy: a pan-European policy. Methodical efforts which will further develop and translate already published guidelines into the field of communication and information policy are highly demanded. The guidelines focused on information policy might help the European governments and stakeholders in motivating the target groups to participate in cancer prevention, setting up communication priorities and linking all approaches to cancer prevention into a logic model.
4. Legislative background of nationwide healthcare programmes such as CRC screening should be more harmonized throughout Europe, namely in two fields: 1) covering functional and achievable models for personalized invitation of participants into the programme, 2) allowing information services and merging required data sources within an adequate legislative framework.

5. CRC screening promotion should be more visibly enriched by an exact explanation of its economic dimension. Cost-effectiveness modelling and quantification of economic benefits of the CRC screening should not be overlooked, among others also as a part of Eu-

ropean grant policy. Translational research approaches, international collaboration and cross-boundary networking are needed.

6. Europe needs a dedicated Center for Cancer Prevention, unifying the diverse national, professional and scientific activities involved.

LET'S UPGRADE INFORMATION POLICY TO ENDORSE STANDARDIZATION OF CRC CANCER PREVENTION IN EUROPE AND TO ATTRACT CITIZENS AS ACTIVE PARTICIPANTS

There is no need to invent new models of CRC screening or to dramatically modify its content – European Guidelines are here to help with the design as well as with the implementation of an appropriate screening plan [1]. However, responsible national screening coordinators should more intensively communicate their problems, successes and experience with the guidelines and with their implementation. The most effective way of collaboration would be sharing of national trend data reflecting outcomes of applied screening tests.

Different countries have different health care systems. Populations might differ in mentality, culture and inevitably in their attitude to the prevention. On the other hand, neighbouring or similar countries have similar health care environment, similar populations and similar problems with CRC screening. Cross-boundary information platforms should be established to help us in effective sharing of solutions, ideas or arrangements.

Everyone today knows the word “cancer”. “Cancer prevention” is nearly an overused phrase. People know that smoking is killer. But why do they smoke anyway? We should communicate importance and content of cancer prevention in a really motivating way. It means in a way acceptable for masses.

Cancer typically occurs in elderly people. However, healthy lifestyle and primary prevention should not be perceived by elderly people only. The current promotion of cancer prevention should be innovative and appealing for the young generation. It must be an up-to-date and attractive communication strategy; otherwise it is a “dead-letter message” for perspective age cohorts.

Functional screening must be a well orchestrated action of many subjects which should coordinate their activities closely. All involved subjects should be aware of their role and responsibility in the screening process and in cancer prevention. Routinely collected data should prove the dominance of screening benefits over its risks. Data driven communication should convince politicians and stakeholders about the monetary benefits of the CRC screening.

Primary health care guaranteed by general practitioners, gynaecologists and other medical specialties is the most important line in the fight against CRC. All these disciplines should be intentionally involved in the communication and promotion of cancer prevention.

“Data rich – information poor” has become an obligatory phrase or a widely accepted “professional dialect” which is also associated with the health care. It might also apply to the colorectal cancer screening, but not necessarily. Most problems can be avoided by sharing knowledge, reducing the heterogeneity in input data and by an effective communication on multiple levels. Progress in colorectal cancer prevention increasingly requires standardized and multidisciplinary exploitation of information resources and their usage in all levels of the “information pyramid” that supports the CRC screening:

- widespread “CRC-related education” strategy, addressing also young generation
- powerful advertising and image-making promotion of screening and prevention
- addressed invitation and recalling of the target population to the screening
- quality assurance and control, including its international benchmarking
- cross-boundary communication and networking

REFERENCES

1. Segnan N, Patnick J, von Karsa L. European guidelines for quality assurance in colorectal cancer screening and diagnosis. Luxembourg: Publications Office of the European Union; 2010.
2. Zavoral M, Suchanek S, Zavada F, Dusek L, Muzik J, Seifert B, et al. Colorectal cancer screening in Europe. *World J Gastroenterol* 2009; 15: 5907–5915.
3. Ferlay J, Shin HR, Bray F, Forman D, Mathers C, Parkin DM. GLOBOCAN 2008 v1.2, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 10 [Internet]. Lyon, France: International Agency for Research on Cancer; 2010. Available from: <http://globocan.iarc.fr>, accessed on 17/05/2012.
4. Hewitson P, Glasziou P, Watson E, Towler B, Irwig L. Cochrane systematic review of colorectal cancer screening using the fecal occult blood test (hemocult): an update. *Am J Gastroenterol* 2008; 103: 1541–1549.
5. Brenner H, Hoffmeister M, Brenner G, Altenhofen L, Haug U. Expected reduction of colorectal cancer incidence within 8 years after introduction of the German screening colonoscopy programme: estimates based on 1,875,708 screening colonoscopies. *Eur J Cancer* 2009; 45: 2027–2033.
6. Zauber AG, Winawer SJ, O'Brien MJ, Lansdorp-Vogelaar I, van Ballegooijen M, Hankey BF, et al. Colonoscopic polypectomy and long-term prevention of colorectal-cancer deaths. *N Engl J Med* 2012; 366: 687–696.
7. Sieg A, Brenner H. Cost-saving analysis of screening colonoscopy in Germany. *Z Gastroenterol* 2007; 45: 945–951.
8. The Council of the European Union (2003/878/EC). Council Recommendation of 2 December 2003 on cancer screening. *Official Journal of the European Union* 2003; 16: 34–39.
9. Poc P, Brepoels F, Busoi CC, Leinen J, Peterle A. Written declaration on fighting colorectal cancer in the European Union. The European Parliament, PE449.546v01-00. 20.12.2010.
10. Karsa L, Anttila A, Ronco G, Ponti A, Malila N, Arbyn M, et al. Cancer Screening in the European Union: Report on the implementation of the Council Recommendation on cancer screening. Luxembourg: European Communities; 2008.
11. Miles A, Cockburn J, Smith RA, Wardle J. A perspective from countries using organized screening programs. *Cancer* 2004; 101 (Suppl 5): 1201–1213.

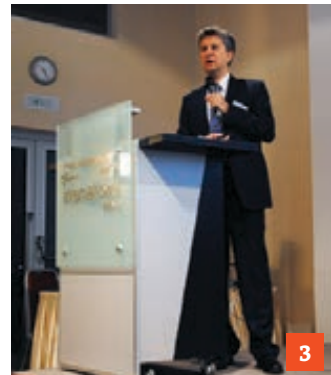


UEG PRE-CONFERENCE WORKSHOP

UNITED EUROPEAN
GASTROENTEROLOGY
ueg

UEG experts that were heavily involved in the successful introduction of CRC screening in their own country and beyond shared their expertise with an audience of gastroenterologists, representatives of national health ministries, patients and other interested stakeholders.

- **Reinhold Stockbrügger (1)**, Chair of the Public Affairs Committee, United European Gastroenterology: Why should we screen for colorectal cancer and what is the cost?
- **Monique van Leerdam (2)**, University Medical Center, Rotterdam: The choice of methods for colorectal cancer screening: the Dutch experience
- **Luigi Ricciardiello (3)**, University of Bologna: Integrated prevention during Colorectal Cancer Screening
- **Bohumil Seifert (4)**, Czech Society of General Practice: The view of the colorectal cancer screenees and their family doctor
- **Ladislav Dušek (5)**, Institute of Biostatistics and Analyses, Masaryk University: Functional IT background and data-based communication can support the CRC screening



AIMS

- The improvement of current European CRC screening programmes
- Introduction of CRC screening programmes in European countries without such a programme
- Delivery of convincing (scientific) evidence for the benefits of CRC screening in terms of reduced mortality and financial savings
- Patient empowerment
- Awareness raising

COLORECTAL CANCER CARE - POLITICS AND GASTROENTEROLOGISTS WORK HAND IN HAND!

In April 2013, the second edition of the European Colorectal Cancer Days was held in Brno, Czech Republic. The annual conference, initiated by Member of the European Parliament (MEP) Pavel Poc and the Masaryk University in Brno, focused on Central and Eastern Europe and brought together patients, politicians, healthcare professionals and policy makers from this region to discuss best practices in fighting colorectal cancer in their respective countries. One of the highlights of this edition was an interactive pre-conference workshop, hosted by United European Gastroenterology (UEG), on establishing colorectal cancer screening at the national level. UEG experts gave practical guidance on how to



overcome the many obstacles that withhold governments from implementing population-based screening programmes in this part of Europe. “These types of workshops are crucial for spreading the existing knowledge all across Europe,” commented Professor Reinhold Stockbrügger, Chair of the UEG Public Affairs Committee and leader of UEG’s pan-European campaign against colorectal cancer.

UEG was delighted to be able to organize a pre-conference workshop on pre-conditions, organization, execution and outcome control of CRC screening with outstanding specialist from its national and scientific organizations (Prof. Nurdan Tözün/Turkey, Prof. Luigi Ricciardiello/Italy, Prof. Monique van Leerdam/Netherlands, Dr. Mirjana Kalauz and Dr. Natasa Antoljak/Croatia, Assoc. Prof. Bohumil Seifert and Assoc. Prof. Ladislav Dusek/Czech Republic). The workshop was very well attended and interactivity was the golden thread of the discussions. The “real life” scenarios of the workshop gave an ideal background to the more theoretical discussions further on in the meeting.

Read more at UEG website:

Colorectal cancer care – politics and gastroenterology work hand in hand!

<http://www.ueg.eu/news-press/releases/ueg-press-release/article/2nd-european-colorectal-cancer-days-call-for-prioritising-screening-in-the-new-eu-member-states/>

2nd European Colorectal Cancer Days – Call for prioritising screening in the new EU member states

<http://www.ueg.eu/news-press/news/news-details/article/crc-days-report/>

PRESS CONFERENCE



“There have been many activities in the EU dealing with cancer. Many resolutions on cancer have been adopted, followed by the European Health Strategy, European Code Against Cancer, guidelines, and recommendations. On the other hand, some countries do not even have a population-based cancer registry, do not offer organised screening programmes to their citizens, nor do have their National Cancer Control Plans. It is therefore important to act together, share information and best practices.”

Aloz Peterle, Chair of the MEPs Against Cancer Group, European Parliament



“More than 330,000 people are diagnosed with colorectal cancer every year in the European Union and 150,000 die from it. Cooperation of European countries appears to be a very useful tool in the fight against the disease, although solution of the cancer issue is in the competence of individual states. A nice example of such cooperation is the Czech project of personalized invitation, launched in 2013, which will be covered mainly by EU sources.”

Pavel Poc, Member of the European parliament

“We have to cope with the reality in which more than 55% of Czech patients are diagnosed in advanced colorectal cancer stage. That means that the treatment is significantly less successful and more expensive.”

Miroslav Zavoral, Head of the Czech National Colorectal Cancer Screening Programme

“The screening programme is intended for all citizens over 50 years of age. Recent data unfortunately indicate that only 25% of people from the target population do participate in the screening examinations. If we want to achieve long-term decrease of mortality from colorectal cancer, the participation rate must be at least two times higher. Otherwise we will pay the price of increasing costs for the treatment of more and more patients.”

Ladislav Dušek, Director of the Institute of Biostatistics and Analyses, Masaryk University



“Available data document that there are still high differences among the Czech regions regarding coverage of the target population by screening examinations and in the early availability of the appropriate treatment.”

Jiří Vorlíček, President of the Czech Society for Oncology

“Sometimes ostomy is the only solution after bowel surgery or other cancer therapy. One can hardly imagine the problems and stress that await people with ostomy. Recently there have been very helpful and reliable ostomy devices available, but patients have increasing troubles to obtain them.”

Marie Ředinová, President of the Czech ILCO, ostomy association

“I am happy for this European conference, as it draws people’s attention to the malicious killer of Czech and European citizens and helps in finding the ways how to fight it and save lives together. I am proud that Onkomaják can be part of this praiseworthy initiative.”

Pavla Frej, Director of Onkomaják, civic association



OPENING CEREMONY

- **Roman Onderka (1)**, Mayor of the City of Brno
- **Pavel Poc (2)**, Member of the European Parliament
- **Alojz Peterle (3)**, Chair of the MEPs Against Cancer Group, European Parliament
- **Jan Žaloudík (4)**, Vice-chair of the Czech Senate Health Committee
- **Jiří Běhounek (5)**, Vice-president of the Association of Regions of the Czech Republic
- **František Polák (6)**, Deputy Minister of Health
- **Reinhold Stockbrügger (7)**, Chair of the Public Affairs Committee, United European Gastroenterology
- **Iva Kurcová (8)**, European Cancer Leagues
- **Lawrence von Karsa (9)**, International Agency for Research on Cancer
- **Július Špičák (10)**, President of the Czech Society of Gastroenterology
- **Štěpán Suchánek (11)**, Scientific Secretary of the Czech Society of Gastrointestinal Oncology
- **Martin Bareš (12)**, Vice-rector of Masaryk University

Representatives of the City of Brno and of the Masaryk University welcomed conference participants and expressed their support to the main topic of the conference – colorectal cancer prevention. The main message of the opening ceremony was the fact which is regarded as the most valuable feature of the ECCD conference: it is an interactive meeting of all involved parties, scientists, physicians, policy makers and last but not least patient organisations and patients. Attending Members of the European Parliament (MEPs) and delegates of the Czech political representation emphasised that only common efforts made by all involved parties and stakeholders can lead to tangible results in the fight against colorectal cancer, which is an insidious yet preventable disease. Available diagnostic techniques and already acquired scientific data have repeatedly confirmed that this fight can be successful, but only on condition that prevention and screening programmes will be attended by large numbers of citizens of individual European countries. The 2nd ECCD conference aims to contribute to a general awareness of the importance of cancer prevention, to enhance the attractiveness of colorectal cancer screening, and finally, to increase participation in this programme.





STATE OF THE ART LECTURES

CHAIR: PAVEL POC

- **Tonio Borg (1)**, EU Commissioner for Health and Consumer Policy: videomessage
- **František Polák (2)**, Deputy Minister of Health: Current policy of the Czech Ministry of Health supporting CRC prevention
- **Jan Žaloudík (3)**, Vice-chair of Senate Health Committee: CRC in Czechlands: Reflecting the past, but learning from future
- **Jiří Běhounek (4)**, Vice-president of the Association of Regions of the Czech Republic: Cancer care in the Vysočina region
- **Alojz Peterle (5)**, Chair of the MEPs Against Cancer Group, European Parliament: Let's act together!
- **Pavel Poc (6)**, Member of the European Parliament: Are we there yet?

The European Commissioner for Health and Consumer Policy Tonio Borg started the session with emphasising the prevention as a cost-effective long-term strategy to reduce the cancer burden. Striking differences in cancer burden across European countries underlines the added value of working together to control cancer more effectively. The Council Recommendation of 2nd December 2003 on Cancer Screening acknowledges that there is strong evidence on effectiveness of cancer screening programmes. However, to make sure that everybody has an equal access to screening, the programme must be population-based, which means that everybody is invited to the life-saving screening examination. At the end of his speech, the Commissioner congratulated the people of the Czech Republic for the decision of implementing the population-based screening this year.

Fortunately, the mortality of colorectal cancer in the Czech Republic has been indeed slowly decreasing. This is a result of extended opportunities for prevention, early detection and curative therapy. We need more support for this approach, which results not only in a great chance to be cured, but also an opportunity to save money on costly palliative treatment. Regional cooperative group, as presented on example of the neighbouring Vysočina region, represents a functional model of comprehensive cancer care from early detection to effective treatment of cancer patients.

Much work has been done within European collaborative actions as EPAAC, European Partnership for Action against Cancer. However, much work is still ahead of us. Several EU countries still don't have national cancer plans; countries with screening implemented it in different, not always equally effective ways. There is a great potential of working together in sharing best practices, coordinating research, creating guidelines, etc. The solution for growing cancer burden is not building more and bigger hospitals, but strengthening preventive efforts to diminish inflow of patients. The size of CRC problem in the Europe is indeed frightening. Of the 500 million Europeans, 150 000 die every year from colorectal cancer, which is 100 times more than from the Titanic disaster, which we still commemorate after 100 years. The sad CRC outcomes are result of bad cooperation, bad information, and bad organisation. More networking of people interested in CRC problem will be necessary. Hopefully, the situation will improve in coming years with increasing cancer awareness among decision makers. Very important step for the public health in the Czech Republic is the oncoming implementation of population-based CRC screening.



EUROPEAN EXPERIENCE: VARIOUS EUROPEAN AND NATIONAL APPROACHES TO CRC PREVENTION

CHAIRS: REINHOLD STOCKBRÜGGER, JÚLIUS ŠPIČÁK

- **Lawrence von Karsa (1)**, International Agency for Research on Cancer: European Guidelines and Training in Implementation of Population-based Cancer Screening Programmes
- **Reinhold Stockbrügger (2)**, Chair of the Public Affairs Committee, United European Gastroenterology: United European Gastroenterology: Preventing and treating colorectal cancer
- **Lawrence von Karsa (1) on behalf of Ema Woodford**, Project and Policy Coordinator, European Cancer Leagues: Advocacy in partnership: working together for cancer prevention in the EU
- **Jürgen F. Riemann (3)**, nominated by the German Federal Ministry of Health: German Cancer Screening program – from the National Cancer Plan to an improved law
- **Ferdinand Hofstädter (4)**, Association of German Tumour Centres: Prevention and cancer registries as first realized steps of a National Cancer Plan in Germany
- **Leonid Lazebnik (5)**, Gastroenterological Society of Russia: The prevalence of new-onset of colorectal cancer in Moscow
- **Luc Colemont (6)**, United Europe against Colon Cancer: What can we learn from each other?
- **Štěpán Suchánek (7)**, Scientific Secretary of the Czech Society of Gastrointestinal Oncology: Czech CRC screening program at the point of switch to the population-based design
- **Petra Tesařová (8)**, Board of the Czech Society for Oncology: Colorectal Cancer on DVD for Czech Patients
- **Reinhold Stockbrügger (2)**, Chair of the Public Affairs Committee, United European Gastroenterology: Europe united in colorectal cancer screening? We are on the way!
- **Luigi Ricciardiello (9)**, Italian Society of Gastroenterology: Colorectal cancer screening 13 years after the start: How to keep it going?
- **Nurdan Tözün (10)**, Turkish Society of Gastroenterology: Turkey: Regional differences in colorectal cancer screening
- **Nataša Antoljak (11) and Mirjana Kalauz (12)**, Croatian Society of Gastroenterology: The national colorectal cancer screening in Croatia: How it started and where we are.
- **Gernot Leeb (13) and Karl Mach (14)**, A.ö. Hospital Oberpullendorf: bPREDICT: Design of the CRC screening in Burgenland
- **Mark Juhász (15)**, Semmelweis University Budapest: Methods of screening for colorectal cancer in Hungary
- **Július Špičák (16)**, President of the Czech Society of Gastroenterology: Are target groups for CRC screening programs set up well?
- **Jan Žaloudík (17)**, Vice-chair of Senate Health Committee: Early, but invasive, needs to be decisive: from right CRC diagnosis to right CRC treatment





EU Council recommendation states that member states should offer evidence-based cancer screening through a systematic population-based approach with quality assurance at all appropriate levels. Organized population-based screening, based on personalized invitations of all eligible members of the target population, is therefore preferred over opportunistic approaches. Screening programmes should be implemented in accordance with the European guidelines on best practices. European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis were published in 2010 to promote best practices in the CRC care. To provide national experts with training in cancer screening organisation principles, European Schools of Screening Management (ESSM), were held recently.

Several partnerships have been established to support cancer prevention in the EU. Association of European Cancer Leagues (ECL) is an umbrella covering individual cancer organisations across Europe. ECL serves as a platform of exchange of best practices, where members learn from each other's experiences. EPAAC, European Partnership for Action Against Cancer, brings together the efforts of different stakeholders into a joint response to prevent and control cancer. Many aspects of general health can be improved and certain cancer types avoided by adopting a healthier lifestyle. This is reflected, along with recommendations on cancer screening, vaccination, and avoiding cancer causing substances, in the European Code against Cancer; a set of 10 rules for decreasing individual risk of cancer. By sharing knowledge, we can save lives!



The National Cancer Plan in Germany includes early detection of cancer as one of the prominent actions for fighting the cancer burden. The evaluation of early detection programmes is an important goal of the cancer plan. The effectiveness of CRC screening was demonstrated by both modelling studies and population-based case control studies performed in Germany. Proper documentation of the screening process is vital for quality control and support of patients' informed choice. The legal framework for the transition from an opportunistic to population-based screening should be effective since 2013.

Efficient system for population-based CRC screening using centrally analysed immunochemical FOBT was already initiated in Burgenland, Austria. In the Czech Republic, the switch to population based screening has been prepared to be launched in 2013. It is also very beneficial to reinforce the invitation system with educational and promotional activities, as shown by an example from Croatia. Pilot projects of the CRC screening are also currently running in Hungary.

At the end of session, it was emphasised that even if CRC is detected early, it is still vital to offer high-quality surgical treatment to achieve long-term survival and decreasing mortality.





COMPREHENSIVE CANCER CARE IS NOT ONLY SCREENING: LESSONS LEARNED FROM THE CZECH REPUBLIC

CHAIRS: MIROSLAV ZAVORAL, BOHUMIL SEIFERT, LADISLAV DUŠEK

- **Ladislav Dušek (1)**, Institute of Biostatistics and Analyses, Masaryk University: Advocacy of comprehensive cancer care based on recent trends in CRC epidemiology
- **Bohumil Seifert (2)** and **Bohumil Skála (3)**, Czech Society of General Practitioners: How to effectively incorporate general practitioners in comprehensive cancer care?
- **Milana Šachlová (4)**, Czech Society for Oncology, Head of Division of Cancer Prevention: Role of gastroenterologists in comprehensive CRC care
- **Štěpán Suchánek (5)**, Scientific Secretary of the Czech Society of Gastrointestinal Oncology: Screening or diagnostic colonoscopy? Secondary prevention of CRC in hands of gastroenterologists
- **Vlastimil Válek (6)**, Board of the Czech Radiological Society and Society of Gastrointestinal Oncology: Virtual colonoscopy – a screening chance for specifically indicated clients?
- **Jiří Tomášek (7)**, Masaryk Memorial Cancer Institute: Why do we have problems with equity and early access to innovative CRC therapy? A case study on the Czech clinical registries.
- **Zdeněk Kala (8)**, Board of the Czech Society for Surgery: Early diagnostics vs. migration of CRC patients in therapeutic burden of comprehensive cancer centers
- **Michaela Fridrichová (9)**, League Against Cancer, Prague & ECL: Education of the public – first step to screening



Epidemiological data are a vital part of cancer care management. In the Czech Republic, the data of the national cancer registry are available on-line at www.svod.cz. CRC burden measured as incidence, rapidly growing during 1990s, has recently been stabilized. Survival of CRC patients has been increasing; however, it remains very low in patients with advanced cancers. The efforts for CRC prevention and early detection are therefore essential.

In the Czech Republic, the GPs play leading role of the CRC screening programme. They offer and evaluate FOBTs, provide consultation to positive patients and refer them to colonoscopy examinations. With the advent of population-based screening, the workload of GPs will further increase. There has been already a remarkable increase in the annual volume of colonoscopies performed in the Czech Republic. Adequate colonoscopy indications will be absolutely necessary to use the available resources effectively and achieve reasonable colonoscopy waiting times. Colonoscopy examinations in the CRC screening should be performed at accredited facilities. To achieve high-quality colonoscopy, it is necessary to follow the guidelines on best practices and continuously monitor the screening process. The Czech CRC screening programme uses the CRC screening registry to collect detailed data on colonoscopy examinations and monitor quality of involved centres.

Virtual colonoscopy could be an alternative for selected patients not able or willing to undergo standard optical colonoscopy. The network of accredited virtual colonoscopy centres has already been established in the Czech Republic.

High incidence of advanced CRC disease is alarming and nearly unsustainable – effective support of early detection programmes is therefore necessary. Treatment of advanced CRC includes several very cost-demanding modalities. Without significantly strengthened early CRC detection, the economic demands will inevitably grow. Even nowadays, the running information system indicates significant non-equity in access of advanced CRC patients to the targeted therapy. Functional clinical registries prove that the therapy of advanced CRC can offer substantial benefits for the patients, both in safety and efficacy – including overall survival. Nevertheless, we cannot save patients' lives when the CRC diagnosis is too late.

It is necessary to acknowledge that prevention is not only screening. The prevention also comprises healthy lifestyle (non-smoking, healthy food, optimal weight, modest alcohol intake). It is vital to increase interest of public for really comprehensive prevention of cancer. Patient organisations play critical role in delivering the message.





CONFERENCE EXHIBITION: EDUCATIONAL CANCER PREVENTION PROGRAMME WITH AN INFLATABLE MODEL OF BOWEL BY ONKOMAJÁK

Onkomaják was founded in 2009 with the main aim to help anybody who is in need to get some information about cancer diseases. The first and still ongoing project is focused on colorectal cancer and is called "Colontour".

Since the end of 2009 OnkoMaják has been travelling with an inflatable model of colon across the Czech Republic. During the first year (2010) OnkoMaják visited all the major cities with special hospitals – Cancer Centres. Smaller towns and hospitals were further included into the itinerary in 2011. In 2012 OnkoMaják started to visit unusual places such as town halls, special events in cooperation with radio stations, TV stations, smaller hospitals, theatres. "Every man is the founder of his own fortune" was the title of the autumn 2013 tour organized in cooperation of the League Against Cancer Prague, Czech ILCO, and Onkomaják, which notched up ten destinations and more than five thousands visitors.

All projects are focused on:

- ▶ colorectal cancer prevention
- ▶ the education of general public and cancer patients about the way how their treatment plan should go, what steps should be made, about their rights to have second opinion from independent doctor, about the importance of a multidisciplinary team when being a cancer patient.



PATIENT ORGANIZATIONS WORKSHOP: INFORMED CANCER PATIENTS AND THEIR NEEDS IN THE HEALTH CARE SYSTEM

CHAIRS: MARIE ŘEDINOVÁ, PAVLA FREIJ, MICHAELA FRIDRICHOVÁ

- **Michaela Fridrichová (1):** Psychology of cancer patients
- **Marie Ředinová (2):** The Czech ILCO as patient organization protects interests of patients, reaching out a helping hand
- **Olga Tellerová (3):** Stoma nurse – care for stoma patients choice of stoma aids
- **Karel Tyrpekl (4):** Physician as a patient with colorectal cancer
- **Pavla Freij (5):** Responsible approach to one's health – an informed patient

Most of cancer diseases, including colorectal carcinoma, represent serious and chronic health problem for many European citizens. Moreover, epidemiological parameters of colorectal cancer are threatening. High proportion of patients diagnosed in the stage of advanced disease and growing prevalence indicate necessity of comprehensive care covering all stages of the disease, including long-term follow-up and proper therapy at the time of disease relapse or progression. The disease itself, as well as its therapy, limits physical and mental status of a patient and inevitably decreases quality of life of the survivors. Thus, in addition to necessary prevention and screening focusing mainly on very early detection of pre-cancerous lesions, the so called tertiary prevention and proper standards of patients' follow-up must be emphasized as well. The role of patient organizations in these phases of care is evident. They have the potential to support newly coming patients and to help them to find a new balance in life with the chronic disease. In the Czech Republic, the patient organizations also must negotiate with health care managing authorities, including payers, to ensure necessary standard of support, e.g., for thousands of patients with stoma. Improper classification and indication for setting of stoma aids can substantially change market supply in this field and thus negatively influence the quality of life of the patients. Thus, well informed patient should:

- be in contact with some well managed patient organization
- follow general standards of care of his/her disease
- be aware of potential complications of his/her disease
- know all necessary aspects of cancer prevention due to the risk of disease relapse
- be regularly followed in the health care system in order to prevent serious complications





ICT WORKSHOP: DATA-BASED SUPPORT AND PROMOTION OF CRC SCREENING: HOW TO MAKE IT EFFECTIVE AND SUSTAINABLE?

CHAIRS: ONDŘEJ MÁJEK, TOMÁŠ PAVLÍK

- **Tomáš Průša (1):** Social media and healthcare
- **Luc Colemont (2):** Can social media stop CRC?
- **Ondřej Májek (3):** Efficacy, effectiveness, quality: sources of data
- **Pavel Poc (4):** Are we able to communicate financial benefits of the CRC prevention in a convincing way?
- **Jakub Gregor (5):** Spreading information on CRC screening: Czech experience
- **Tomáš Pavlík (6):** Information on CRC patients prognosis: useful for communication of CRC screening benefits?

Workshop aims to initiate an open discussion how to increase attractiveness of the CRC prevention and how to deliver its promotion to a wide range of its potential clients, physicians, politicians, patients. All these “targets” require responsible and convincing assessment and reporting of currently available data on power, quality and added value of colorectal cancer screening. **Modern CRC screening needs tailored communication strategies** translating knowledge-based recommendation to different target groups in a way which matches their characteristics and preferences.

“Data rich – information poor” has become an obligatory phrase or a widely accepted “professional dialect” which is also associated with the health care. It might also apply to the colorectal cancer screening, but not necessarily. Most problems can be avoided by sharing knowledge, reducing the uncertainties and by an effective communication on multiple levels. Progress in colorectal cancer prevention increasingly requires **standardized and multi-disciplinary exploitation of information resources and their usage in all levels of the “information pyramid” that supports the CRC screening:**

- widespread “CRC-education” strategy, addressing also young generation
- widespread advertising and image-making promotion of screening and prevention
- addressed invitation and recalling of the target population to the screening
- quality assurance and control, including its international benchmarking
- cross-boundary communication and networking

TOPICS

1. Pros and cons of different data-based information strategies supporting CRC screening in real world of health care
2. Are we able to communicate financial benefits of the CRC prevention in a convincing way?
3. E-learning, e-networking, ... e-promotion: can it work?

Most principal questions to be answered are where to get relevant data base and how to optimize CRC communication in a changeable health care world, where new knowledge is continuously accumulating through growing experience and medical research and where any statement can be regarded just as “snapshot in time” of the given state. **Hospital-based, routinely renewable sources of clinical data** will be presented as a tool in service of CRC screening promotion. **Potential role of modern communication modes including social networks** in sustainable promotion of cancer prevention will be discussed.



PHOTO GALLERY: MISCELLANEOUS





PROGRESS IN THE CZECH NATIONAL COLORECTAL CANCER SCREENING PROGRAMME: POST-CONFERENCE NEWS

CZECH POPULATION-BASED CRC SCREENING LAUNCHED IN 2013



**World Health
Organization**

Kancelář WHO v České republice
Country Office in the Czech Republic

The workshop “Cancer Screening Programmes in the Czech Republic and Importance of Personalised Invitation”, held on 5 December 2013 in Prague, was organised by the Institute of Biostatistics and Analyses at the Masaryk University in cooperation with the WHO Office

in the Czech Republic, the Kolorektum.cz Initiative, and the Office of Member of the European Parliament Dr. Pavel Poc. The workshop was held under the auspices of Martin Holcát, MD, MBA (Czech Minister of Health), Alena Šteflová, PhD, MPH (Director of the WHO Office in the Czech Republic), and Dr. Pavel Poc (Member of the European Parliament).

Guarantors of Czech cancer screening programmes, representatives of the Czech Ministry of Health, health insurance companies and specialties involved in cancer screening, as well as other medical experts (76 participants in total) met in Prague two days after the official announcement by the Czech Ministry of Health that a project of personalised invitation to participate in cancer screening examinations would be launched. A discussion on short- and long-term impact and effects of this undoubtedly positive step was the main purpose of this meeting.

Personalised invitation has been recently confirmed by health care professionals and experts as the only way to increase the participation of Czech citizens in screening programmes of breast, colorectal, and cervical cancer. The coverage rate of the target population is currently over 50% in breast and cervical cancer screening, and only slightly above 25% in colorectal cancer screening. However, these numbers represent a ceiling that cannot be overcome without a personal invitation of each individual who has not yet attended a screening examination.

The workshop was attended, among others, by Dr. Pavel Poc, Member of the European Parliament, a recognised protagonist of cancer prevention in the European Union, who is an initiator and co-author of the Declaration of the European Parliament of 25 November 2010 on fighting colorectal cancer in the European Union. In his opening speech, he mentioned that due to the personalised invitation, the Czech Republic now ranks among the most developed countries with respect to the fight against preventable cancer diagnoses, such as Finland or Slovenia. “It took us a long time to push this project through, and its results (i.e., significant reduction of mortality) will not be evident immediately. However, it is an investment into the future, which will bring benefits to all of us, not just to the health care system alone,” said Pavel Poc.

Methodology for personalised invitation to cancer screening programmes in the Czech Republic, developed with a valuable support by the Czech WHO Office and the Czech Ministry of Health, was introduced at the beginning of the workshop by Assoc. Prof. Ladislav Dušek (IBA MU). The latest developments and current status of all three Czech cancer screening programmes were subsequently summarised by their guarantors – Prof. Jan Daneš (General University Hospital in Prague), Prof. Miroslav Zavoral (Military University Hospital Prague) and Vladimír Dvořák, MD (Centre for Outpatient Gynaecology and Primary Care, Brno). Assoc. Prof. Bohumil Seifert (1st Faculty of Medicine, Charles University in Prague) introduced the involvement of general practitioners in cancer screening; the attitude of health care payers

was presented by Hana Šustková, MD (General Health Insurance Company), and Renata Knorová, MD (Czech Industrial Health Insurance Company).

Presentations of speakers stated above were ensued by a discussion, from which the following main points regarding the future of Czech cancer screening emerged:

- Personalised invitation is a step that will turn the existing organised screening programme into a population-based screening programme. All three Czech screening programmes have a comprehensive diagnostic and information background at their disposal, which is well prepared for the expected increased attendance due to the personalised invitation, and is able to assess the project results quickly.
- Invitation of the citizens must be accompanied by a high-quality information campaign, which is now under preparation. Top representatives of the specialties involved in cancer screening expressed their wish to contribute to the campaign form and content, at least at its final stage.
- Long-term effects of personalised invitation and the inevitably higher participation in screening programmes are undoubtedly positive, as proven by a number of previously published studies: tumour detection in earlier stages, higher chance of a successful treatment, and lower expenses for treatment of advanced cancer. Physicians and health care payers, however, have pointed out that the short-term effect can be quite opposite. A higher number of people who have neglected prevention and would come to the screening examination for the first time would probably lead to a higher incidence of advanced cancers at the beginning (the so-called “harvesting effect”). Sending out letters and leading a health education campaign will therefore not be the only costs related to the project of personalised invitation; the expected higher number of diagnostic examinations and treatment of newly detected cancers will have to be covered as well.

The personalised invitation must be a sustainable project in order to achieve the long-term benefits in the form of improved cancer detection and lower mortality rates.







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