



MINISTERSTVO ZDRAVOTNICTVÍ
ČESKÉ REPUBLIKY

Fighting the Wrong Choices: Organization of Prevention and Treatment of Colorectal Carcinoma

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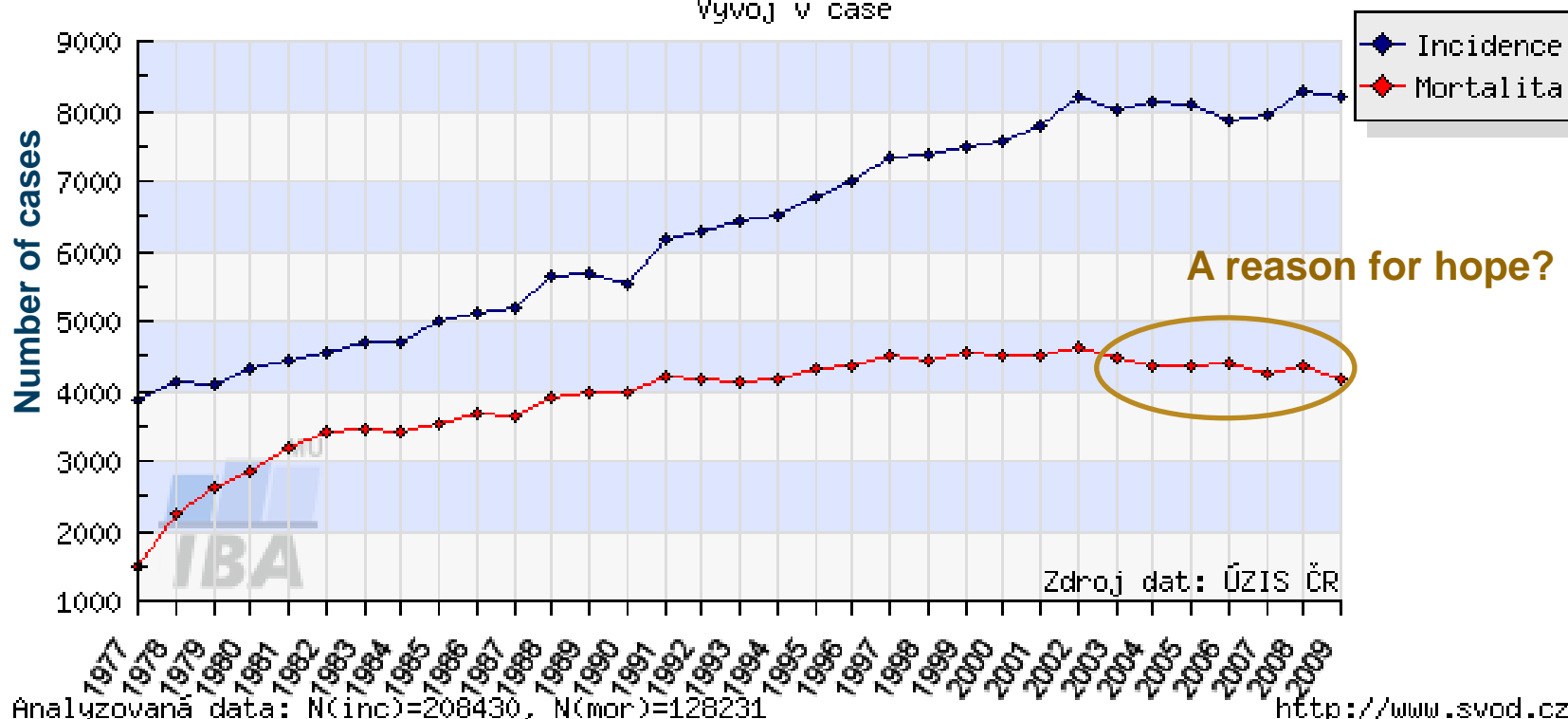
State of Affairs: Colorectal Carcinoma in Czech Republic

■ Colorectal Carcinoma: A Serious Challenge

- 1) High incidence (>8000 cases/y) and mortality in real terms
 - Prediction for 2012: **8930 cases** (Confidence Interval: 90%, Source: Institute of Biostatistics and Analyses, Masaryk University, Brno)

C18-C21 - ZN tlustého střeva a konečníku

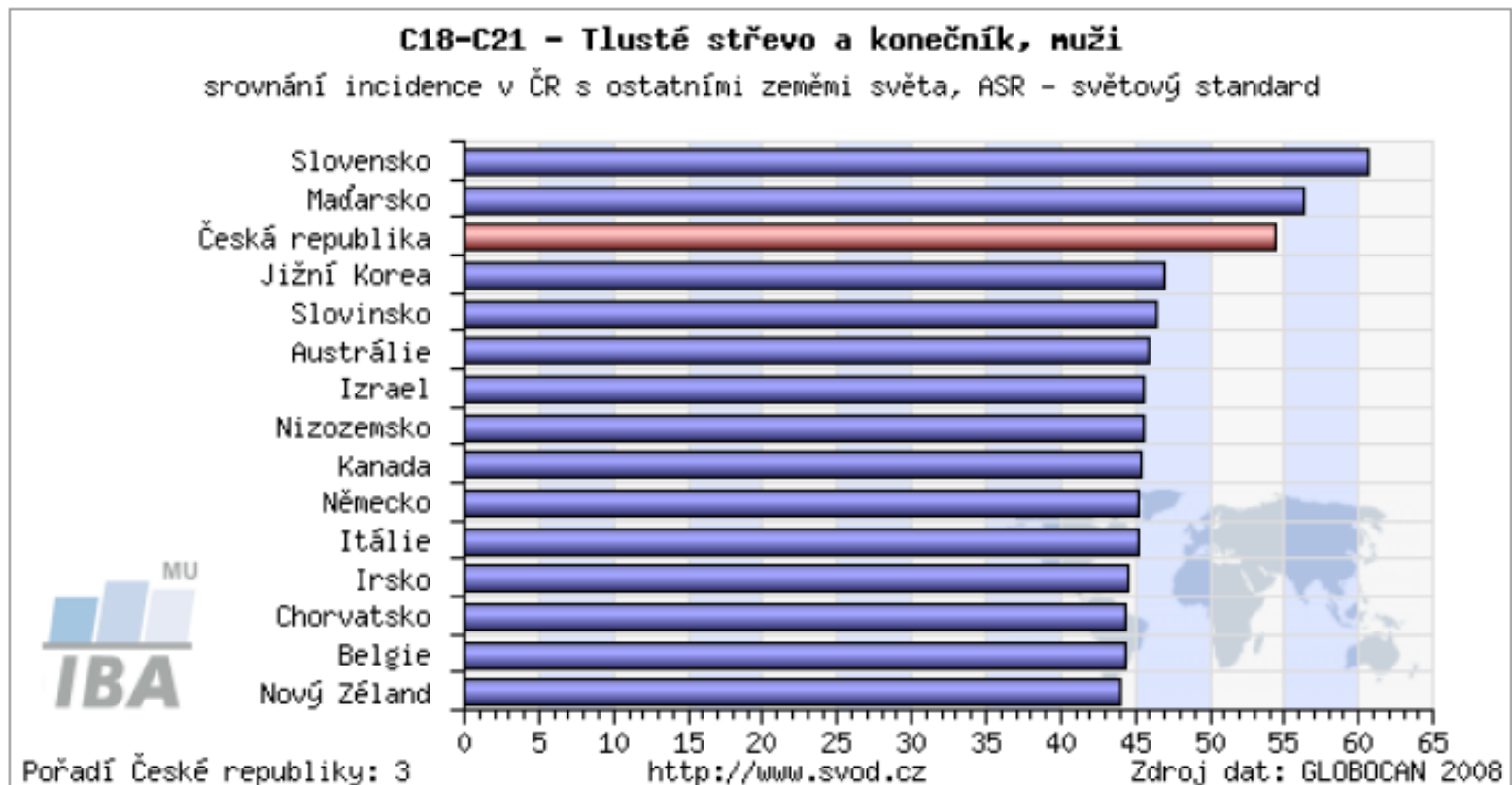
Vývoj v čase



State of Affairs: Colorectal Carcinoma in Czech Republic

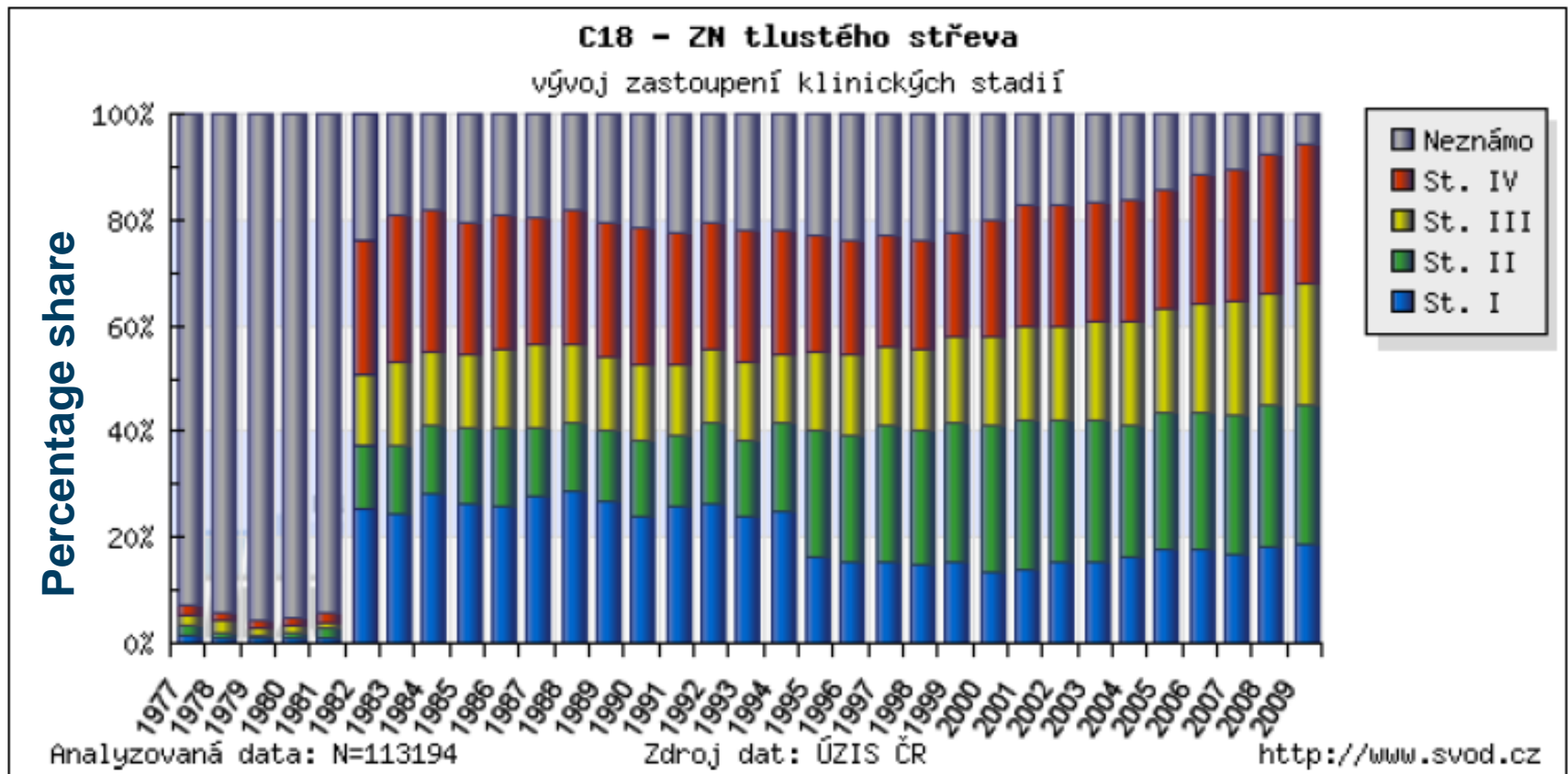
2) High incidence in international comparison

- Czech Republic **consistently** ranks near the top in international charts of incidence
- Adjusted comparison, males only (Source: IBA, Masaryk University)



3) Late detection – almost half of the patients are diagnosed only in the 3rd or 4th clinical stage

- Data: Colon Cancer, clinical stages when diagnosing patients



Fighting the Wrong Choices: The Health Conduct

▪ Among the Drivers:

- Lack of Prevention
- Inadequate Lifestyle and Health Conduct, Negligence of Risk Factors (Dietary Regimen, Obesity etc.)



▪ Introduction of an organized continuous and evaluated **screening programme** with the aim to:

- Detect early stages and start the treatment as soon as possible
- Minimize the pain and suffering caused by the disease

(+ Minimize the financial impact of treatment of late detection)

- **The Screening Programme for asymptomatic individuals (covered by the health insurance since 2010):**
 - Fecal occult blood test (FOBT) for aged 50-54 once per year
 - For aged 55+ FOBT once every two years **or** primary screening colonoscopy every ten years
- **But: Limited impact so far** (despite 160 screening centers)
 - Only about 17,9% of the target population covered by the whole programme
 - E.g. 529.081 gFOBTs performed in 2010 on a population which was 3.758.959 in 2009 (aged 50+)

Fighting the Wrong Choices: The Health Conduct

- Location of the Screening Centers



Source: www.kolorektum.cz

▪ How to Set the Incentives for Prevention Right?



1) **Information campaign** targeting both public and experts

- Aims:**
- Benchmarking: to at least meet EU's average in participation in the programme
 - To motivate, warn and inform

2) Improved and **widened screening programme**, e.g.:

- Collection and evaluation of data
 - Maintaining and controlling the screening centers network
 - Screening committee, legislative action (Ministry's bulletin)
- Both are also about to be co-financed through EU structural funds

▪ Future Options on the System Level?

- We are impatiently awaiting the 2011 data (number of screenings) to judge the impact of the programme to lead **future discussions** on:
- Changing the relationship between health insurance funds and insurees → **bonus for insurees** adhering to preventive programme?
- Introducing **competition between insurance plans on the basis of price and quality** → lower prices for people taking prevention and personal responsibility seriously?



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Thank you for your attention.