Colorectal cancer screening in Europe

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Europe

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Global limits

- Unsatisfactory epidemiological data
  - incidence
  - mortality

- Unsatisfactory adherence of population to screening of colorectal cancer
Why?

- WHO
  - Screening for colorectal cancer (CRCA) meets all the criteria for mass screening

- Surveys
  - Organization of the screening
  - Faecal occult blood test
    - kind of test
    - periodicity
  - Screening colonoscopy, sigmoideoscopy
  - New methods - Calprotectin

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Czech screening model

1/ Faecal occult blood test is performed on people between 50 - 55 y.o. annually and if result is positive it is followed by Screening Colonoscopy

2/ Faecal occult blood test performed on people from 55 y.o. bi-annually and if result is positive it is followed by Screening Colonoscopy

or

3/ At 55 y.o. – Primary screening colonoscopy - if negative, 10 year pause in screening

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Czech screening model

- Who works with FOBT?
  - general practitioners
  - gynecologists

- FOBT
  - immunochemical
  - guajak

- Executive role of GPs
  - (run the process)
Experience behind project

- UEGF, UEGW
  - many interesting presentations about screening
    - stimulating, great medical analysts of the topic
  - many differences between countries in preventative screening

- Aim:
  - to identify opinions of medical analysts of GE in European countries
  - to learn screening programs and barriers in individual countries

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Survey

Data providers from ESPCG network

- 21 DPs from 12 European countries:
  - Belgium, Estonia, Great Britain, Italy, Netherlands, Norway, Poland, Romania, Slovakia, Slovenia, Sweden, Czech Republic

Method

- Distribution via online form - google m.
  - www.oursurvey.biz

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Results

- 8/12 - ongoing program
- 3/12 - screening being prepared
- 1/12 - screening not considered

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Result

Role of GP
- Informative: 63%
- Executive: 38%

Screening modality
- G: 25%
- FIT: 25%
- G + FIT: 38%
- CS: 13%
Results

- Screening of colorectal cancer is included in public health schemes
- Screening program differences
- Inconsistent programs - Belgium, Italy, Sweden
- Financial motivation of populations no exists
How to improve screening

- Czech R., Italy, Poland, Sweden, Great Britain - Media

- Belgium, Czech. R., Great Britain, Norway - Motivation of population (Bonus system, Support from state)

- Czech R., Slovenia, Poland, Great Britain, Sweden - Special training for Family doctors

- Slovakia, Belgium, Great Britain - Low financial motivation of GPs

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Conclusion

- Discussion needed of screening
  - among medical societies, patients, politicians

- Survey
  - more detailed and wider study
  - more data from other European countries

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Thank you for attention

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