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Czech CRC screening program at the point of switch to the population based design

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Programme involvement

- **2000:** programme launched
 - GPs, biennial gFOBT – colonoscopy in positives
- **2006:** preventive colonoscopies database
 - on-line database, data quality control
- **2009:** new program design introduced
 - screening colonoscopy, FIT, gynecologists
- **2013:** programme update
 - switch to population based programme
 - gFOBT abandoned → FIT only

Actual programme design

- asymptomatic individuals:
 - age 50-54:
 - FIT annually
 - age ≥ 55 :
 - FIT biannually
 - screening colonoscopy in 10 years interval

Programme organization

- Centers for screening colonoscopy
- Board for CRC screening of the CGS
- Commission for CRC screening of the Ministry of Health

Centers for screening colonoscopy

- nationwide network
- 225 GE units available, 160 involved (71%)
- strict quality control of colonoscopy
- minimum of preventive colonoscopies: 50 per year
- accreditation and audits of the Ministry of Health

Council for CRC screening

- regional coordinators of gastroenterology
- representatives of professional societies (GP, CGPS, CSKB, SGO) and IBA
- programme monitoring
- provides expert recommendations to the Commission for CRC screening MH

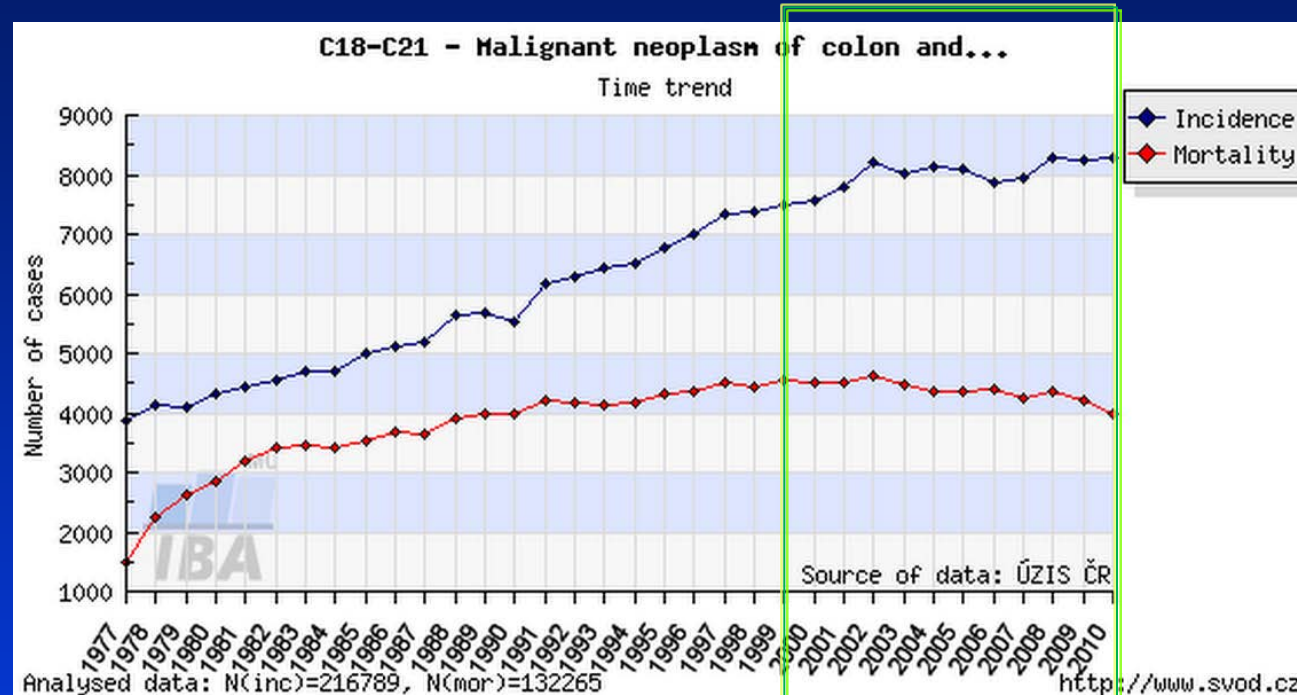
Commission for CRC screening

- executive authority
- chairman: Deputy of Minister of Health
- representatives of professional societies, Ministry of Health, Health Insurance Companies
- approves the Centers for screening colonoscopy
- provides recommendations to **Advisory Board of Minister of Health** (minister, first deputy, economic deputy)
- consensus of all members required and necessary

Programme positive influence

- epidemiologic characteristics
 - decrease of CRC mortality
 - increase of early stage CRC diagnosed
- increase of target population participation

CRC incidence and mortality

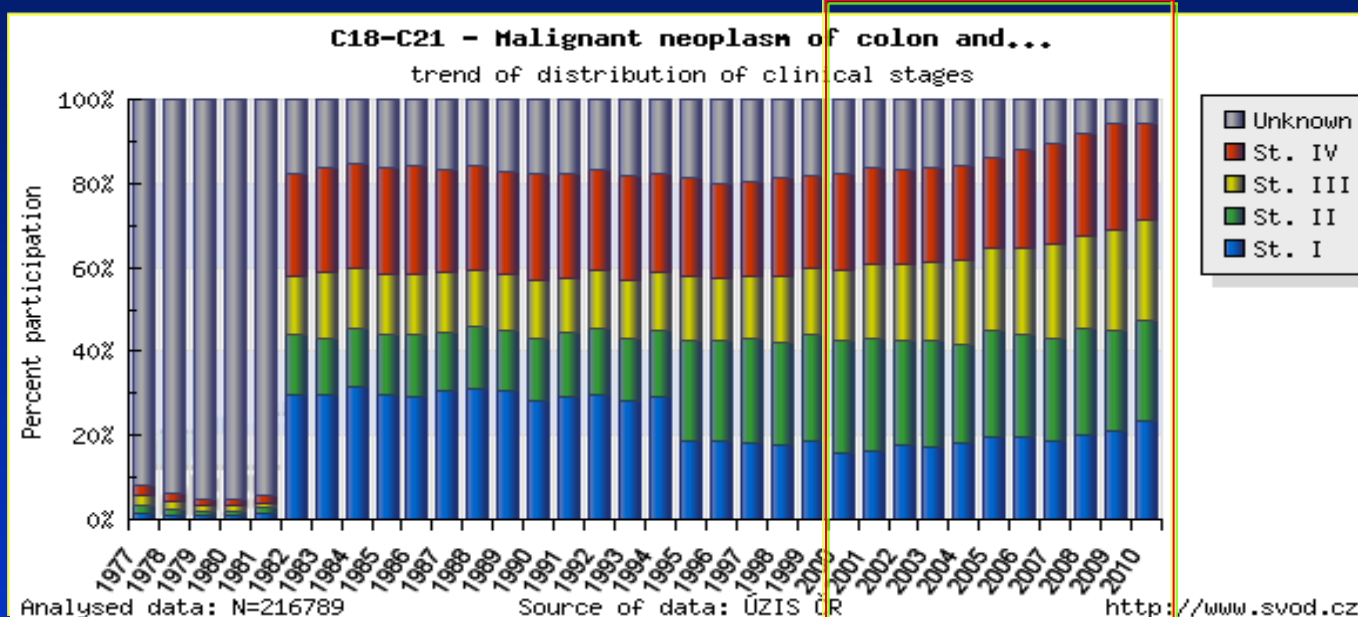


	2000	2009	Difference
Incidence	7 456	8 265	+ 800
Mortality	4 506	3 991	- 515

Prevalence 2010	No.	%
Stadium I	17 077	31%
Stadium II	16 287	30%
Stadium III	11 412	21%
Stadium IV	7 243	13%
Stadium unknown	2 983	5%
Total	55 002	100%

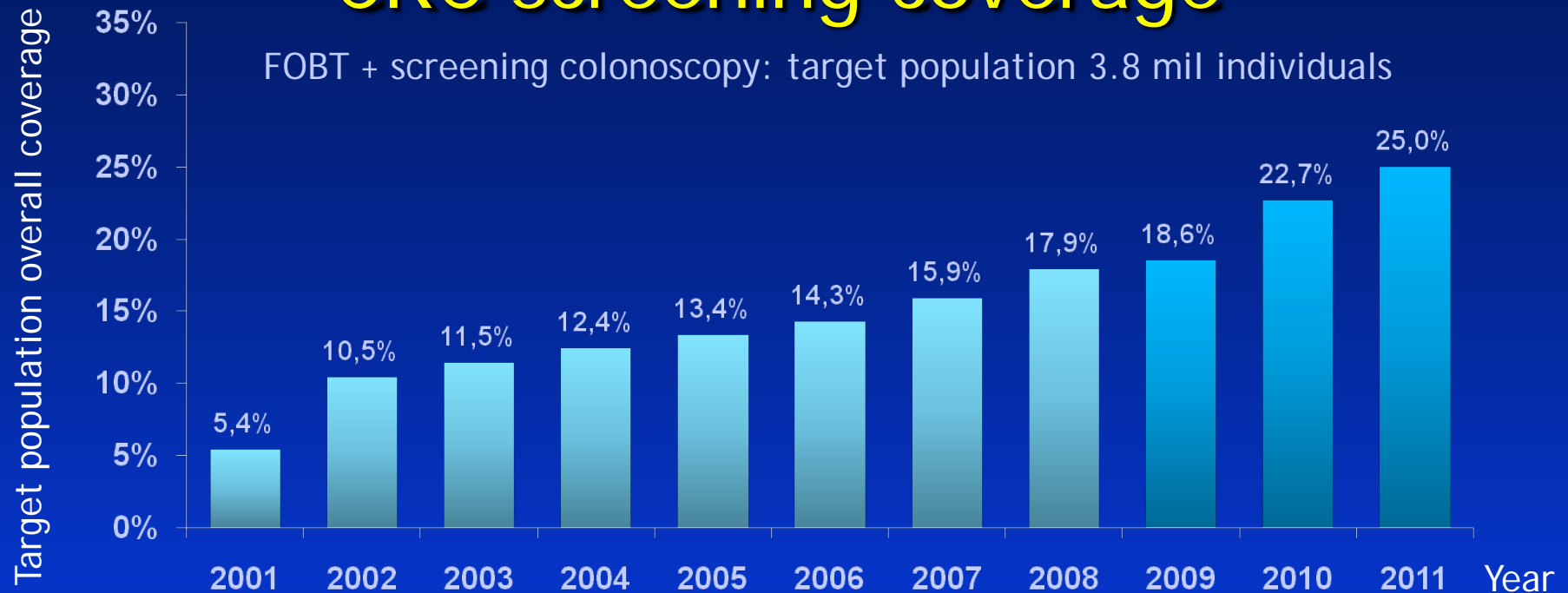
Source: Institute of Health Information and Statistics of the Czech Republic

Detection of early stage cancers



	2000	2010	Trend
Stage I	15.6 %	23.3 %	↑
Stage II	26.9 %	24.0 %	↓
Stage III	17.0 %	23.8 %	↑
Stage IV	22.5 %	23.0 %	↔
Stage unknown	17.9 %	5.8 %	↓

CRC screening coverage

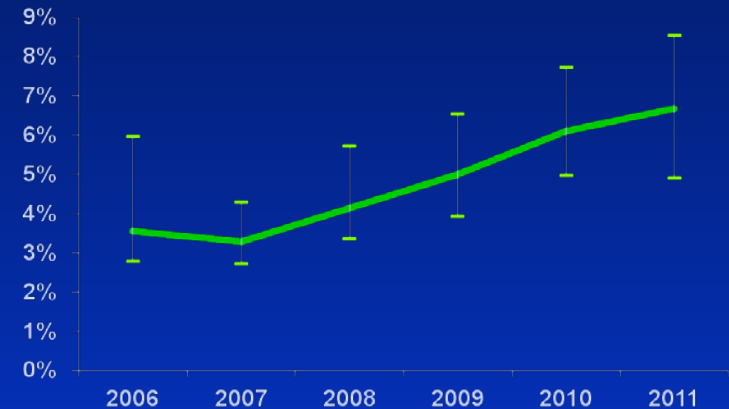


Source: National Reference Centre

- identification and organized personal invitation of target population
- EU Recommendation:
 - accepted coverage: 45%
 - recommended coverage: 65%

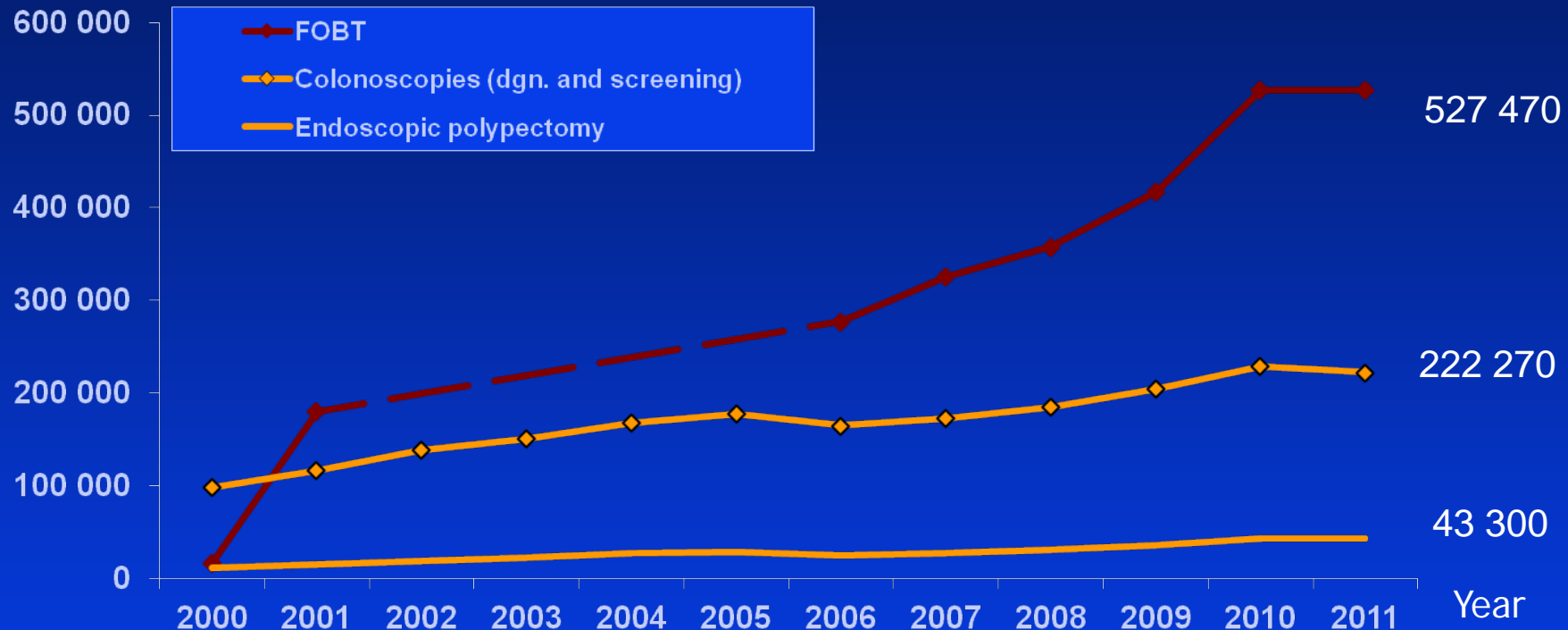
Issues to be solved: FOBT

- increase of FOBT positivity
- gFOBT: not used since 2013
- FIT:
 - various tests allowed
 - qualitative (GPs and gynecologists' office)
 - quantitative (biochemical laboratory)
 - discussion of suitable test
 - adequate reimbursement negotiation



Issues to be solved: opportunistic programme

Number of individuals with procedure



- maximum impact of opportunistic programme reached, stagnation in:
 - FOBs and colonoscopies performed
 - adenomas and cancer diagnosed

Programme basic results

Year	Patients with colonoscopy	Patients with detected adenoma	Proportion	Patients with detected cancer	Proportion
2006	5 335	1 578	29,6%	335	6,3%
2007	5 680	1 635	28,8%	337	5,9%
2008	7 457	2 367	31,7%	446	6,0%
2009	13 074	4 123	31,5%	623	4,8%
2010	22 727	7 311	32,2%	872	3,8%
2011	24 704	8 294	33,6%	775	3,1%
2012	24 800	8 557	34,5%	756	3,0%
2013*	1 858	588	31,6%	44	2,4%
Celkem	105 635	34 453	32,6%	4 188	4,0%

* Preliminary results (March 2012)

Population based programme

- nationwide project supported by EU
- 3 screening programmes: CRC, mamma, cervix
- 2 parts:
 - organized individual invitation
 - health insurance companies databases – target population selection (already set up)
 - letter with programmes explanation, recommendations
 - reminders
 - massive media campaign (TV, radio, newspapers)
- start: second half of 2013

Conclusion

- Immunochemical FOBT is now the only FOBT used
- Target population participation has been continuously rising, reaching the 25% level
- Further increase is possible by switch to population based screening
- Organized individual invitation is prepared to be started in the second half of 2013