



**3rd EUROPEAN COLORECTAL CANCER DAYS:**  
**BRNO 2014 - PREVENTION AND SCREENING**  
25-26 April 2014, Brno, Czech Republic



# THE STRATEGY AND RESULTS OF THE COLORECTAL CANCER SCREENING PROGRAMME IN THE BASQUE COUNTRY

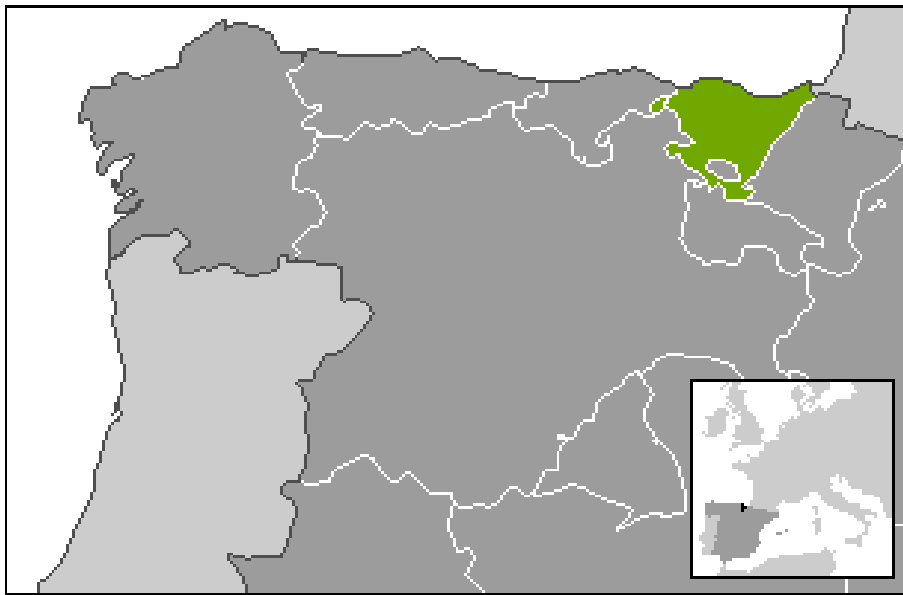
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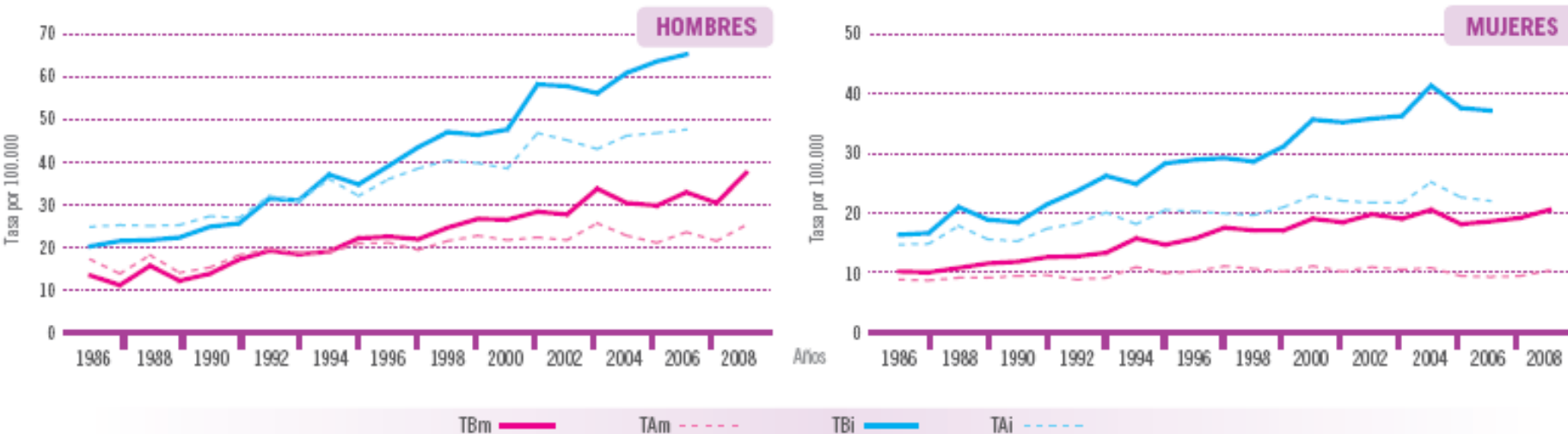
## The Basque Country Autonomous Region

- 2,200,000 inhabitants
- very industrialized
- Autonomous Government

Screening Programmes	Type	Started	Coverage
Breast Cancer	Population based	1990	100%
Colorectal Cancer	Population based	2009	100%
Cervical Cancer	Opportunistic	1999	65-82%

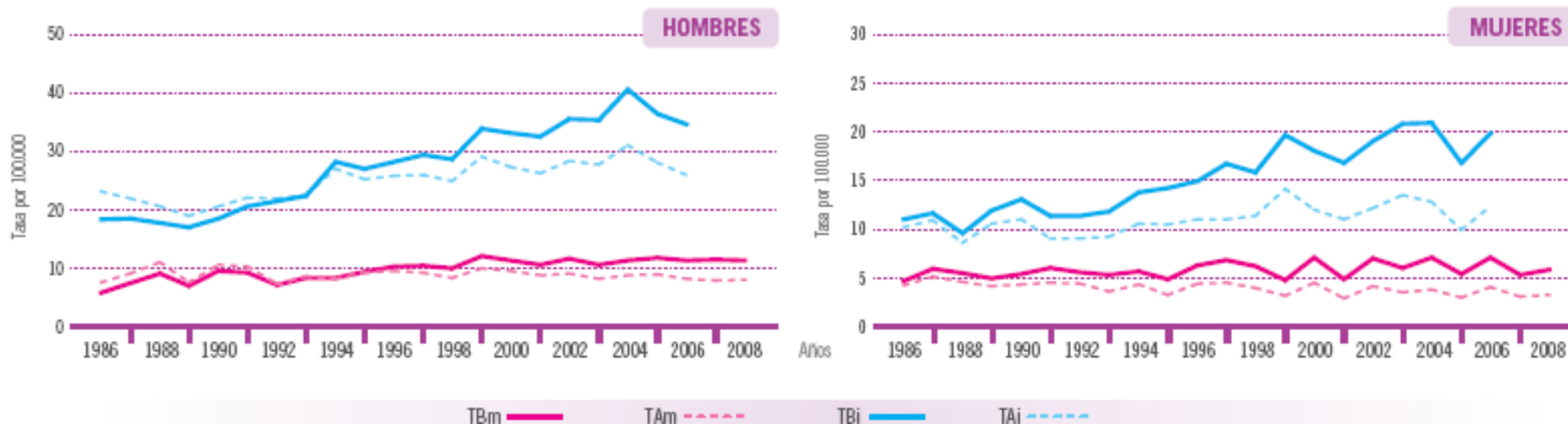
# Incidence and Mortality rates trends in colon cancer 1986- 2008.

FIGURA 1. EVOLUCIÓN DE LA INCIDENCIA Y MORTALIDAD DE CÁNCER DE COLON POR SEXO Y AÑO. CAPV



# Incidence and Mortality rates trends recto-sigma union and anus 1986-2008.

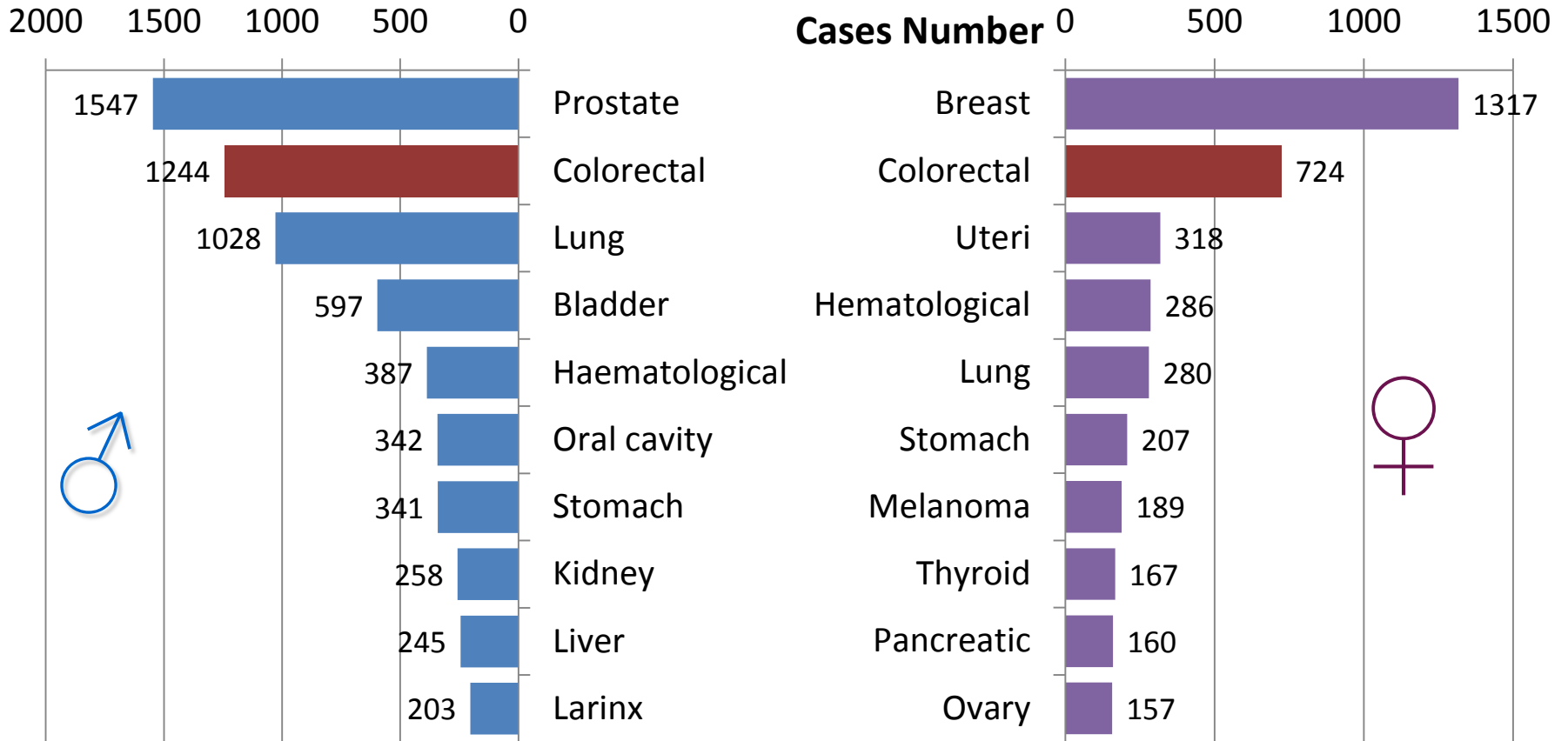
FIGURA 1. EVOLUCIÓN DE LA INCIDENCIA Y MORTALIDAD DE CÁNCER DE UNIÓN RECTO-SIGMOIDEA, RECTO Y ANO POR SEXO Y AÑO. CAPV



40% detected in stages I-II

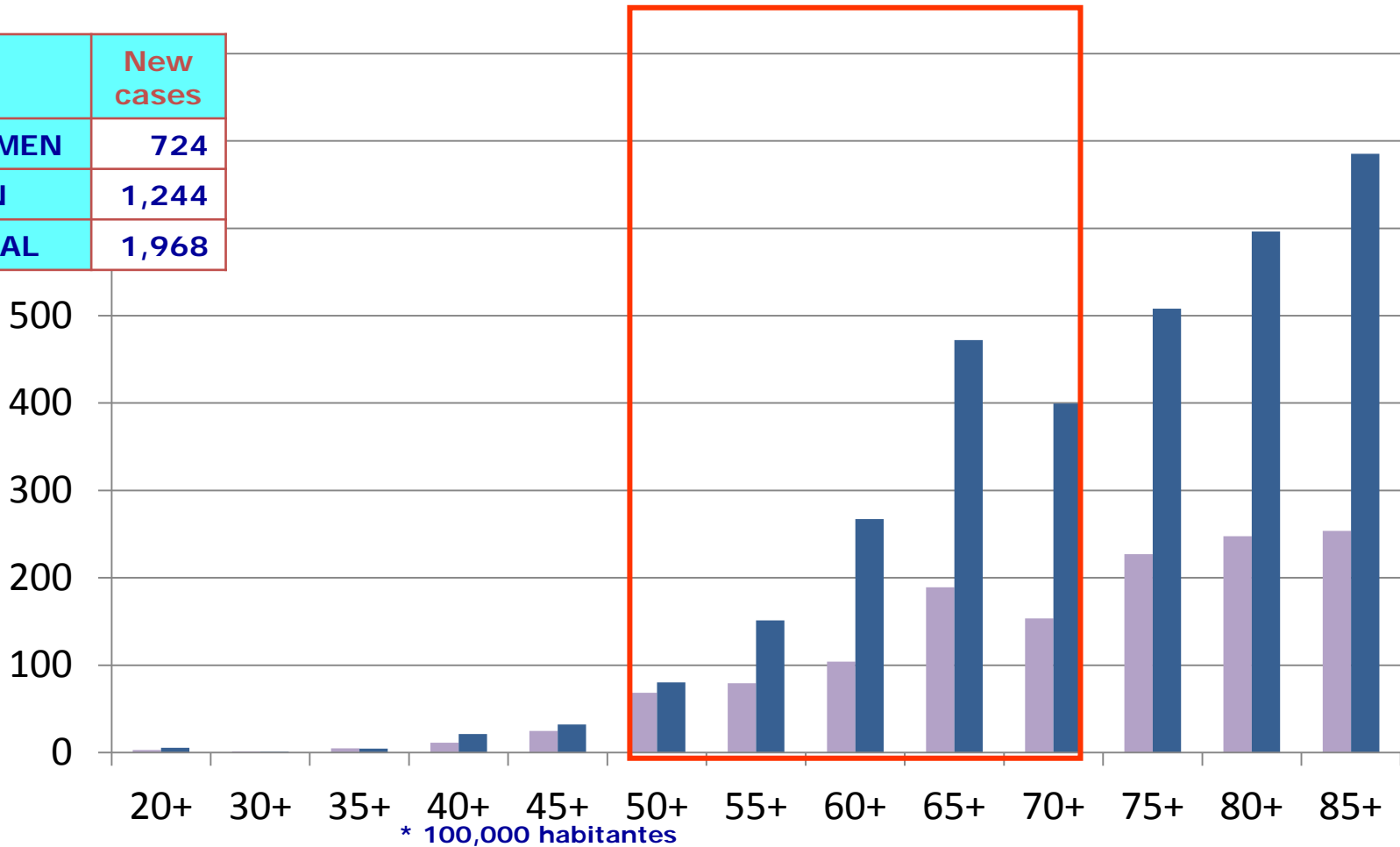
# THE 10 MOST FREQUENT LOCATIONS OF CANCER IN THE BASQUE COUNTRY 2009

CCR. 1st in Incidence both sex



# INCIDENCE SPECIFIC RATE BY AGE GROUPS AND GENDER IN THE BASQUE COUNTRY – 2009

CCR	New cases
WOMEN	724
MEN	1,244
TOTAL	1,968



Source: Cancer Population-based Registry

## RECOMENDATIONS: Cancer Advisory Council for the Basque Country 2008

- FOBT (immunochemical quantitative test ) every two years
- Complete colonoscopy under sedation for case confirmation
- Target population: 50-69 years (EU 2003 50 to 74)
- Centralized Programme Coordination
- Engaging Primary Care and Specialized Care
- Information System linked with medical record

# STRATEGY TO CARRY OUT THE PROGRAMME

**INVOLVEMENT**

PRIMARY CARE  
RECOGNIZED TRAINING  
TEAM GROUPS  
CIVIL SOCIETY SUPPORT

**PARTICIPATION  
FACILITIES**

SENDING KIT BY POST AND  
COLLECTION IN PRIMARY  
HEALTH CENTRES  
WITHOUT APPOINTMENT

**INFORMATION SYSTEM**

SOFTWARE LINKED WITH  
REGISTRIES, AND MEDICAL  
RECORD

**RESEARCH-INNOVATION**

MULTIDISCIPLINARY  
RESEARCH TEAMS AND  
PROJECTS

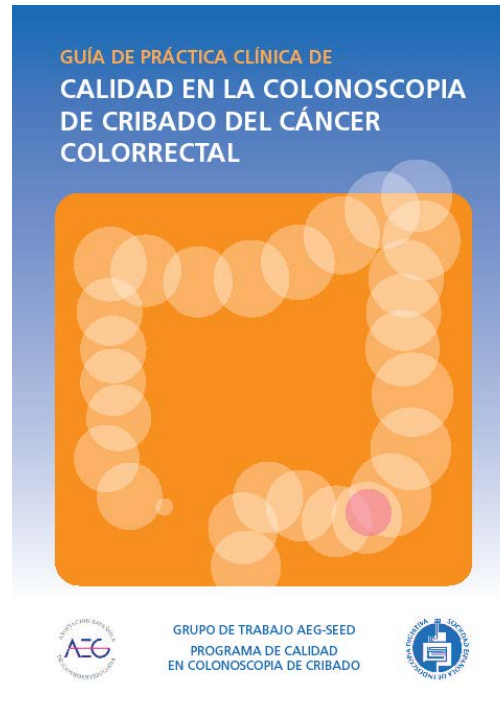
# EUROPEAN GUIDELINES (2011) AND SPANISH SCREENING COLONOSCOPY GUIDELINES (2011)



European guidelines for quality assurance in colorectal cancer screening and diagnosis *First Edition*



European Commission



## Recommendations

Organization

Test using

Colonoscopy indication

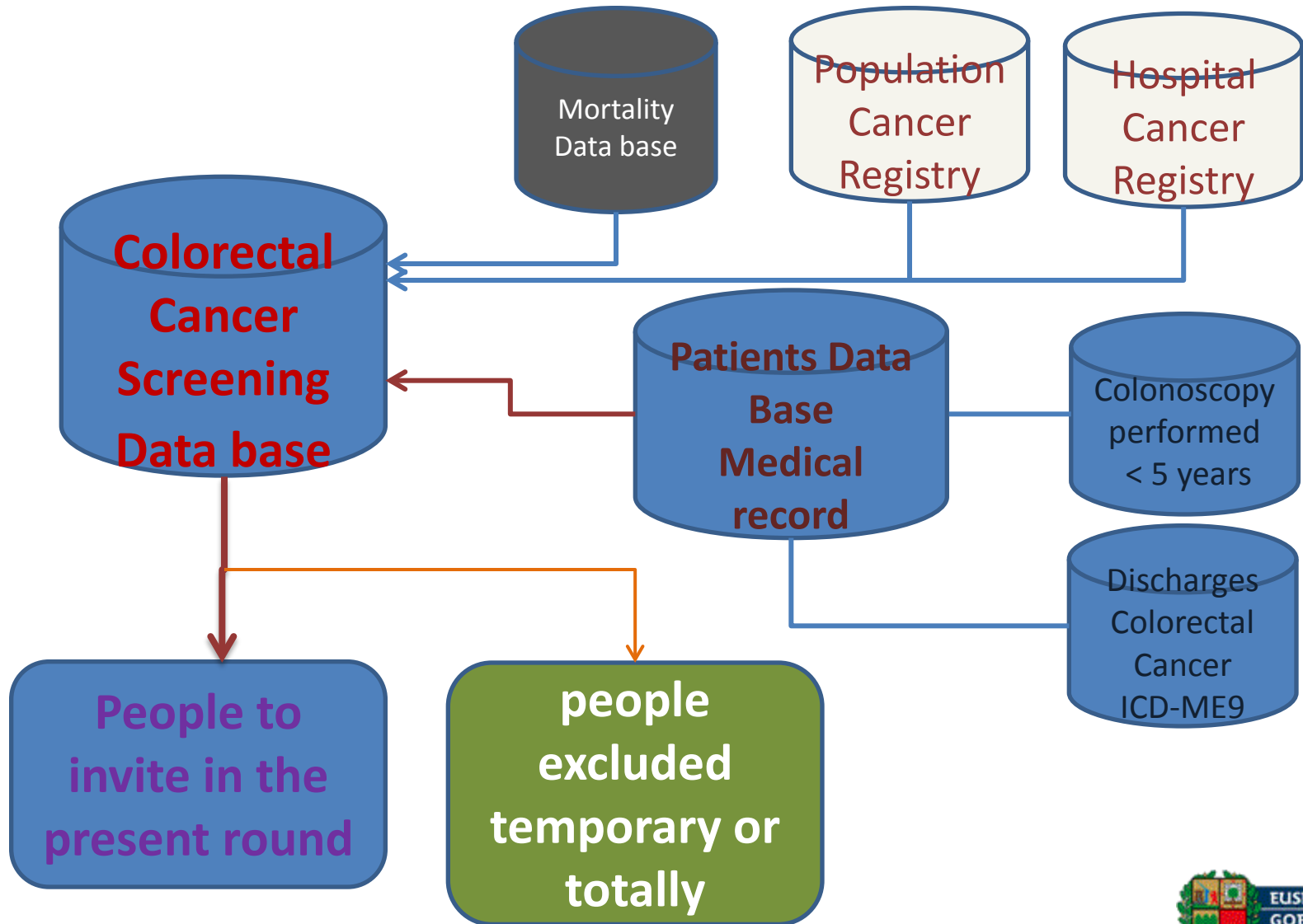
Colonoscopy quality

Criteria and indicators

Evaluation

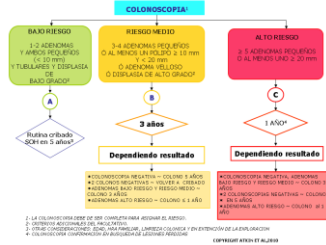


# POPULATION SELECTION TO INVITE

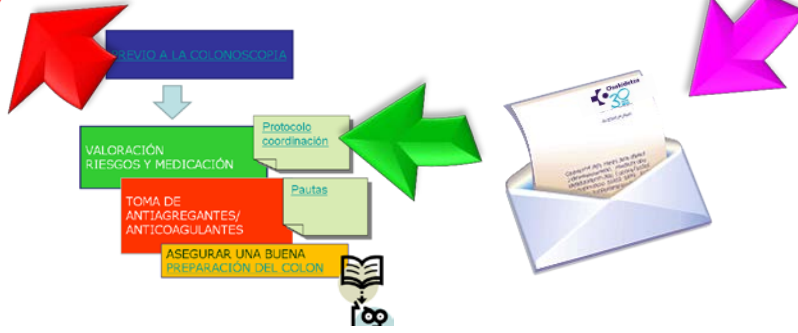
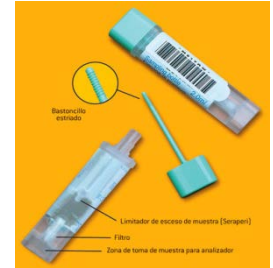
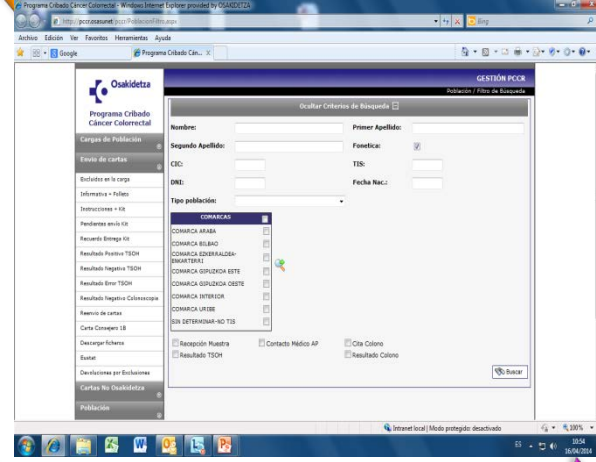
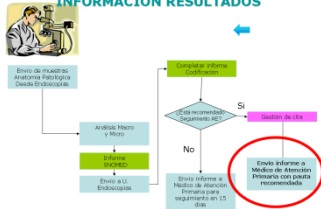


# INVITATION PROCESS

## SEGUIMIENTO TRAS EXTIRPACIÓN DE ADENOMAS. U.E 2010



## INFORMACIÓN RESULTADOS



# POSITIVE CONFIRMATION PROCESS

Primary  
Health Centre

Endoscopy

Coordinator  
Centre

Positive  
participant

GP  
Appointment

Positive control

GP outpatient

Information  
Medical Record  
Informed Consent

Colonoscopy  
Uptake

Nurse outpatient

Information  
Colon preparation

Colonoscopy  
performance

Waiting List  
control

Colonoscopy  
Appointment

Information post-  
procedure

Results coding  
and control

Colonoscopy  
uptake

Biopsy and  
polyps removal

letter if negative  
result

Follow-up and  
surveillance

Pathological  
Analysis

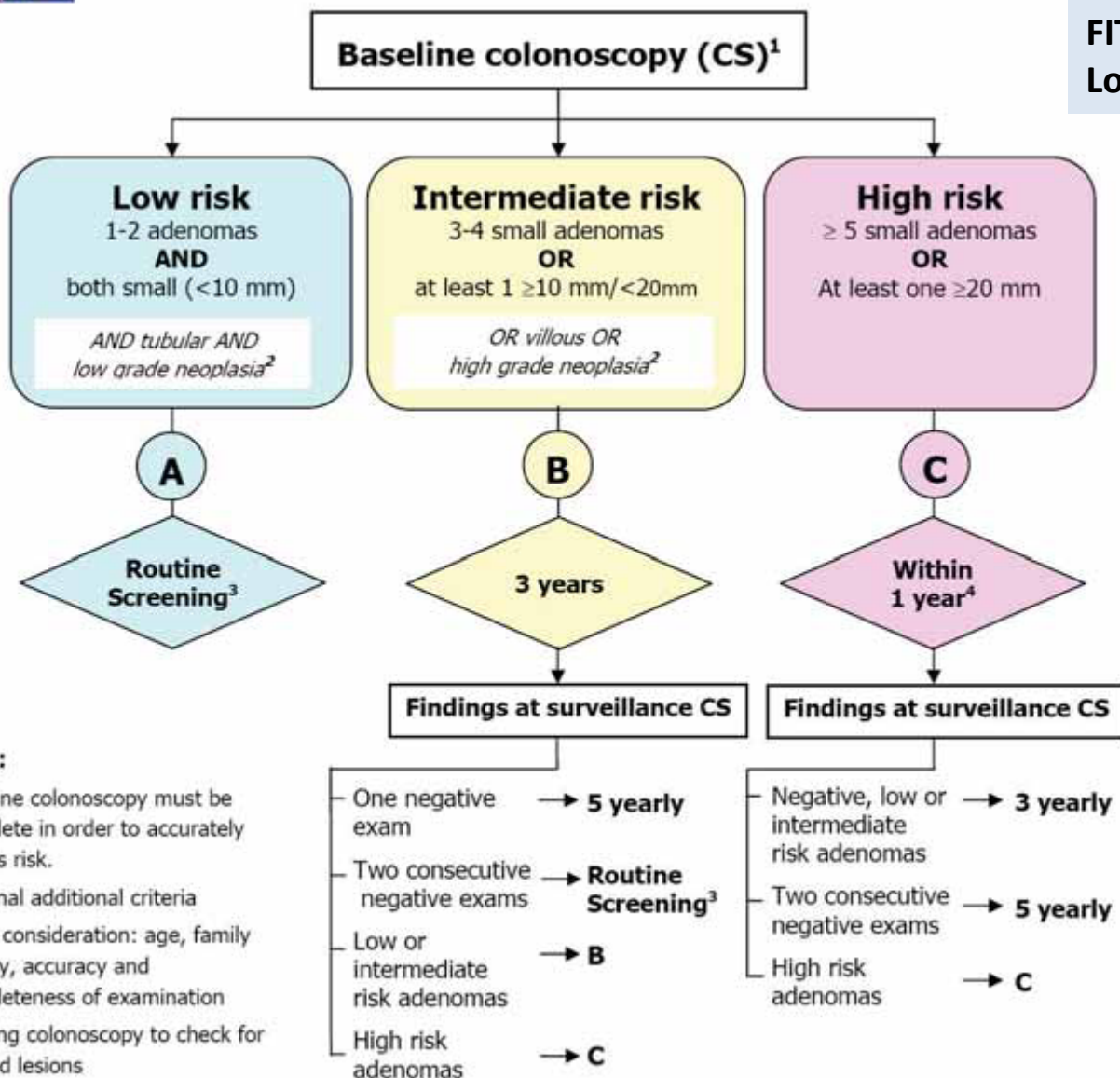
Follow-up and  
surveillance





# COLONOSCOPIC SURVEILLANCE FOLLOWING ADENOMA REMOVAL (EU 2010)

Normal and Hiperplastic Polyps  
FIT in 10 years  
Low Risk - FIT in 5 years

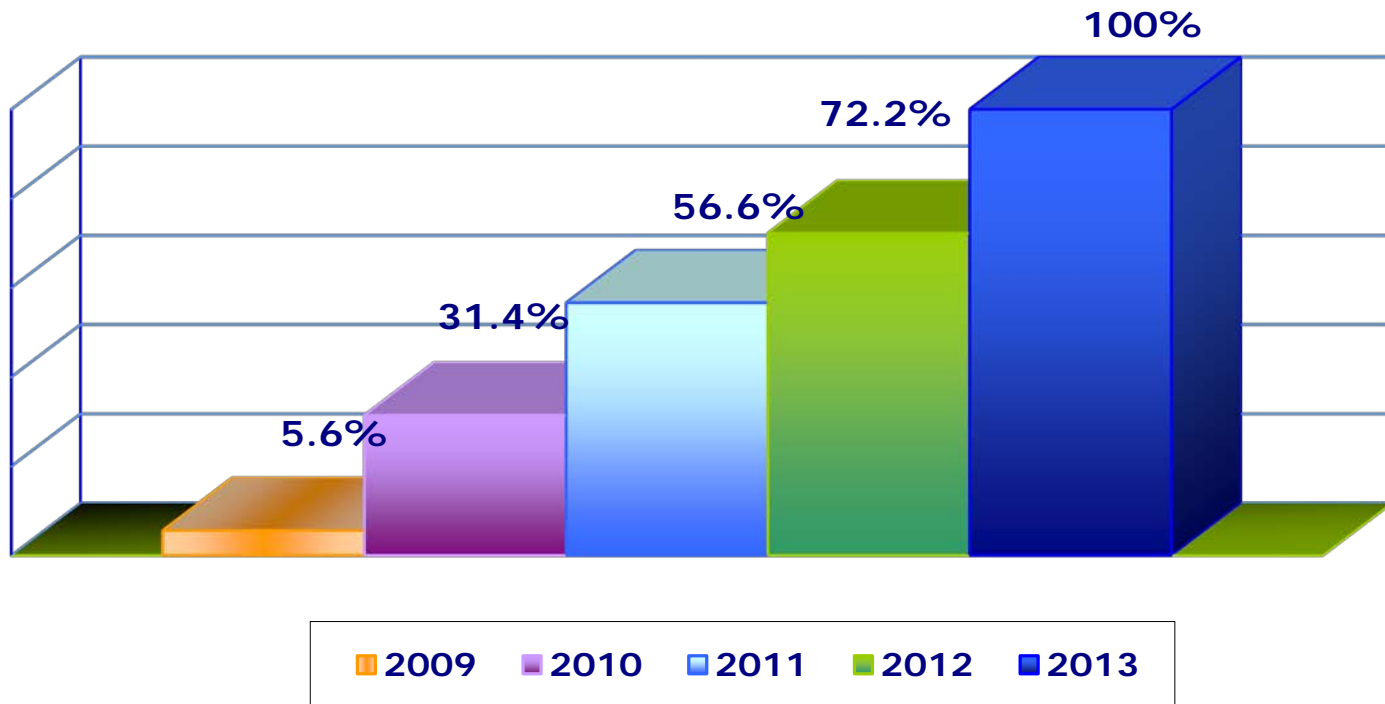


**Notes:**

- <sup>1</sup> Baseline colonoscopy must be complete in order to accurately assess risk.
- <sup>2</sup> Optional additional criteria
- <sup>3</sup> Other consideration: age, family history, accuracy and completeness of examination
- <sup>4</sup> Clearing colonoscopy to check for missed lesions

# GENERAL OBJECTIVE and COVERAGE

To reduce incidence and mortality rates in CRC by pre-malignant and malignant lesions detection and treatment



# RESULTS OF THE COLORECTAL CANCER SCREENING PROGRAMME FIRST AND SECOND ROUND

# 1st ROUND INVITED POPULATION AND MAIN RESULTS

03/26/2014

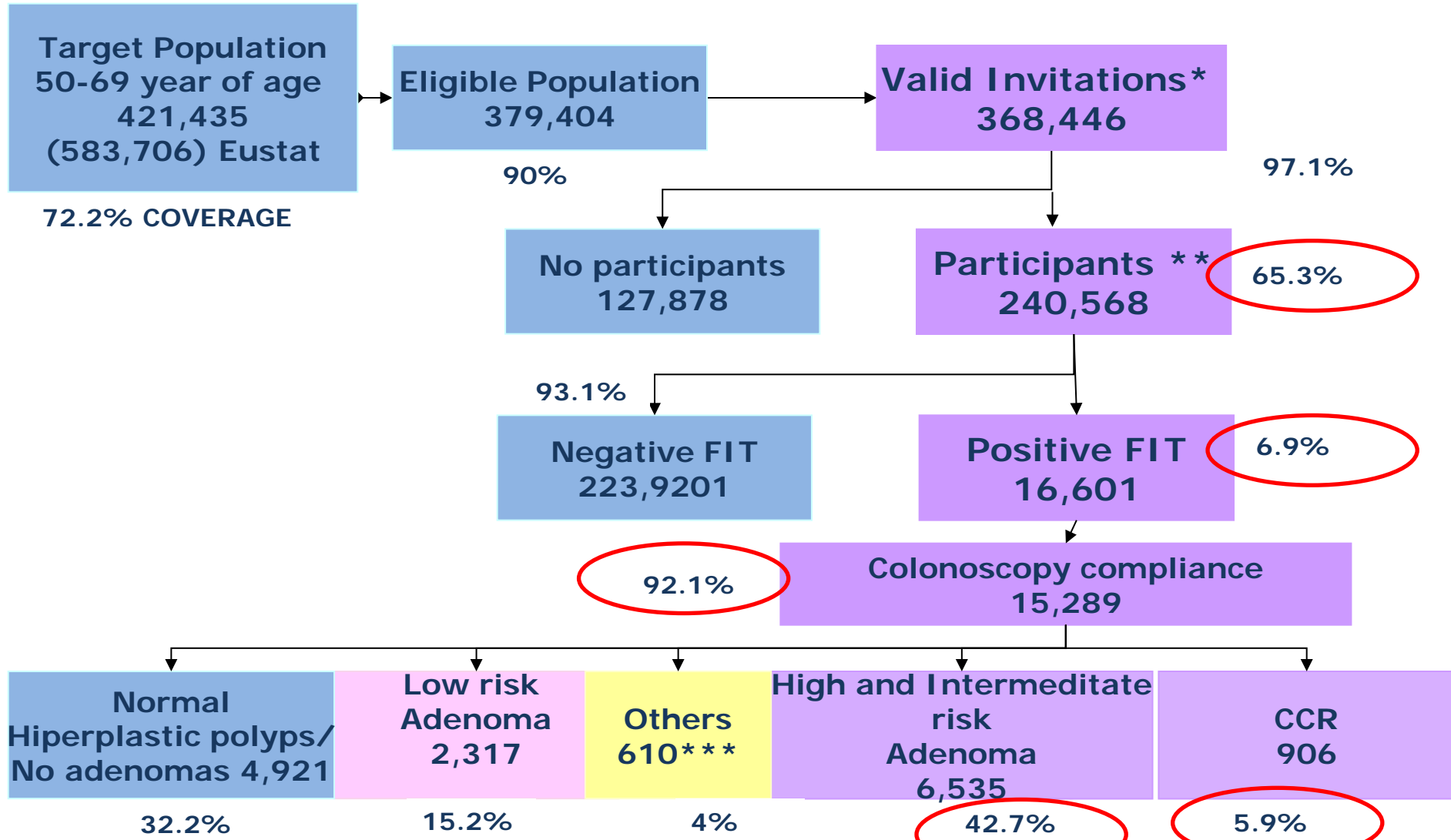
Year	Valid Invitations	Participants	Participation Rate	High and Intermediate Risk Adenoma detected	CCR detected
2009	32,017	18,658	58.3	656	75
2010	110,195	72,090	65.4	1,944	288
2011	96,838	63,093	65.2	1,656	230
2012	129,396	86,727	67.0	2,279	313
TOTAL 1 <sup>st</sup> Round	368,446	240,568	65.3	6,535	906

## 2nd ROUND (1st ROUND WITH NEGATIVE FIT RESULT/NO PARTICIPANTS ON THE 1st ROUND) 03/26/2014

Year	Valid Invitations	Participants	Participation Rate	High and Intermediate Risk Adenoma detected	CCR detected
2011	21,006	14,376	68.4	244	40
2012	7,223	54,110	68.3	832	126
TOTAL 2ND ROUND	100,229	68,486	68.3	1,076	166



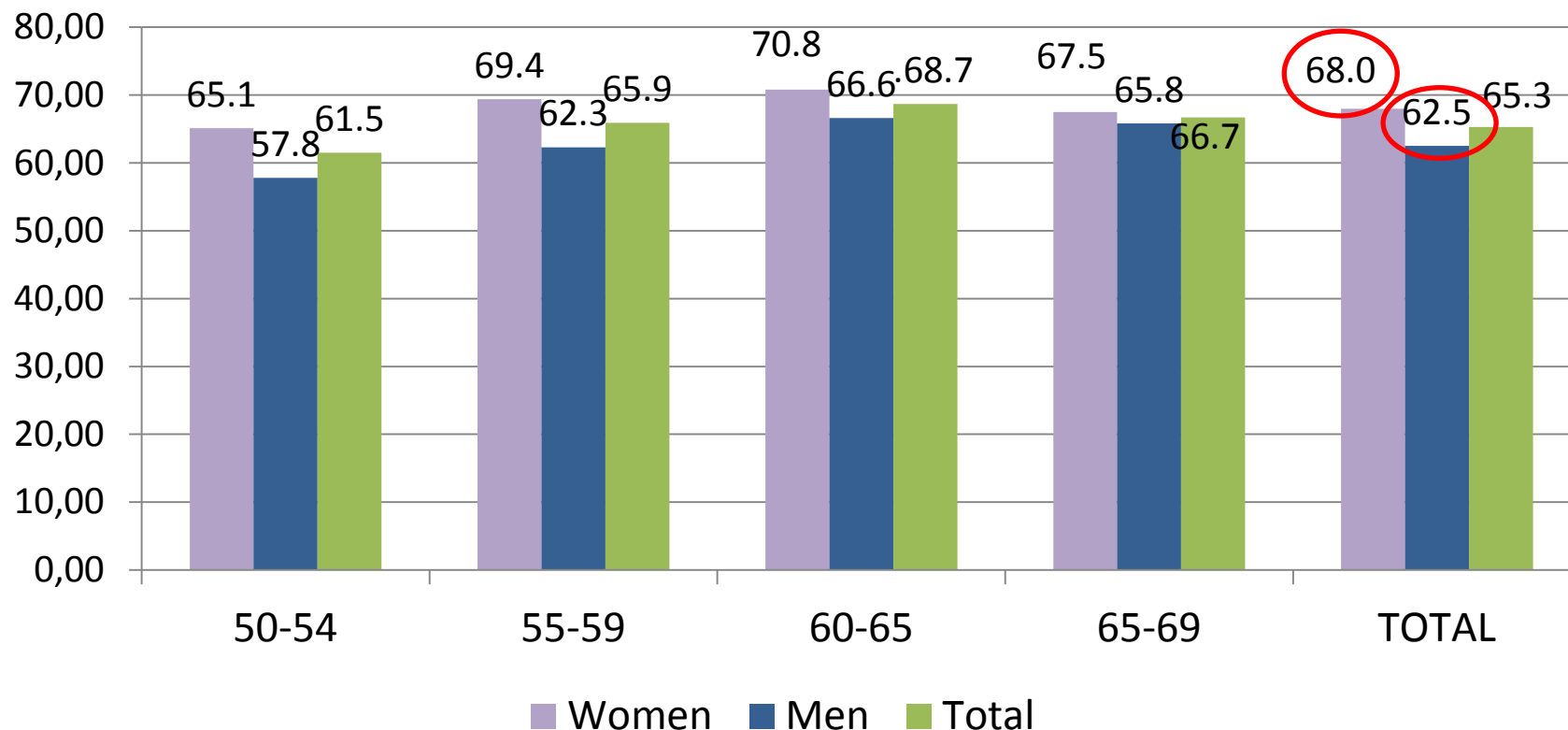
# 1st ROUND RESULTS 2009-2012 Basque Country (03/26/2014)



Fit kit sent\*; Fit analysed\*\*. ColonPrev study included\*\*\*

# DIFFERENCES IN PARTICIPATION RATE BY GENDER

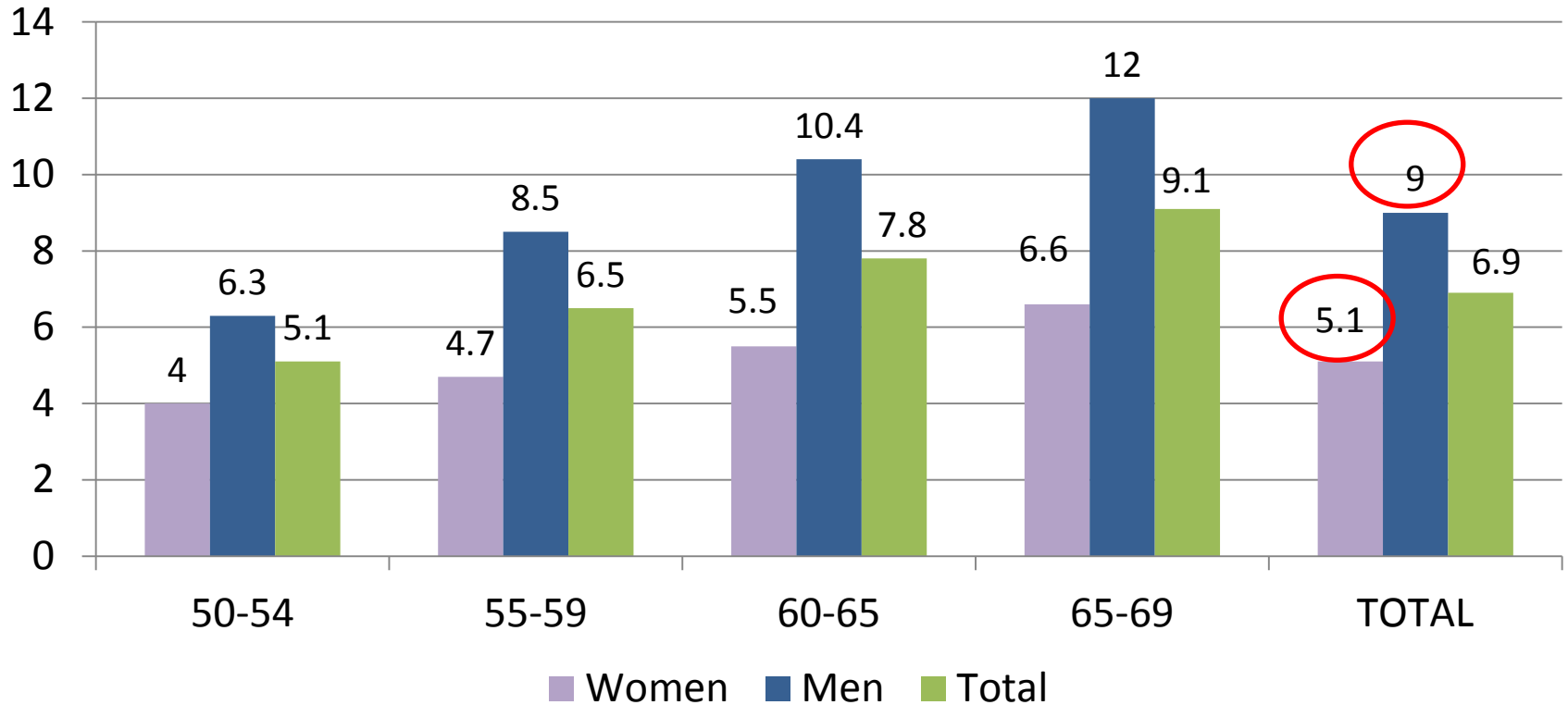
## 2009-2012 (03/26/2014) 1st Round



**TOTAL = 368,446**  
**Women = 188,372**  
**Men = 180,074**

# Positivity rate by gender

## 2009-2012 (03/26/2014) 1st round



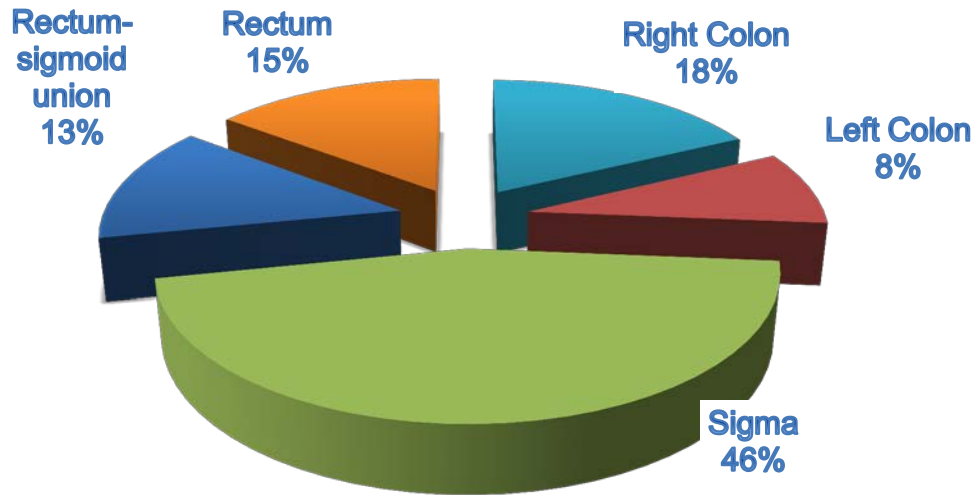
**Participants = 240,568**  
**Women = 128,068**  
**Men = 112,500**

# COLORECTAL CANCER, ADENOMA DETECTION RATE AND POSITIVE PREDICTIVE VALUE FOR FIT 2009-2012. 1<sup>ST</sup> ROUND

## BASQUE COUNTRY (03/26/2014)

1 <sup>st</sup> Round 2009-2012	Women	Men	Total	DIF
Cancer detection rate / 1,000 participants	2.35	5.38	3.77	P < 0.001
Advanced Adenoma detection rate/1,000 participants	13.83	42.34	27.17	P < 0.001
Cancer detection rate by intention to screen/ 1,000 invitations	1.60	3.21	2.46	P < 0.001
Advanced Adenoma detection rate by intention to screen/ 1,000 invitations	9.40	26.46	17.74	P < 0.001
PPV low, Intermediate and High risk Adenoma	45.03	67.59	58.78	P < 0.001
PPV Intermediate and High Risk Adenoma	29.17	50.33	42.06	P < 0.001
PPV cancer	4.96	6.39	5.83	P = 0.001

# COLORECTAL CANCER 2009-2012. 1st round Basque Country (03/26/2014)



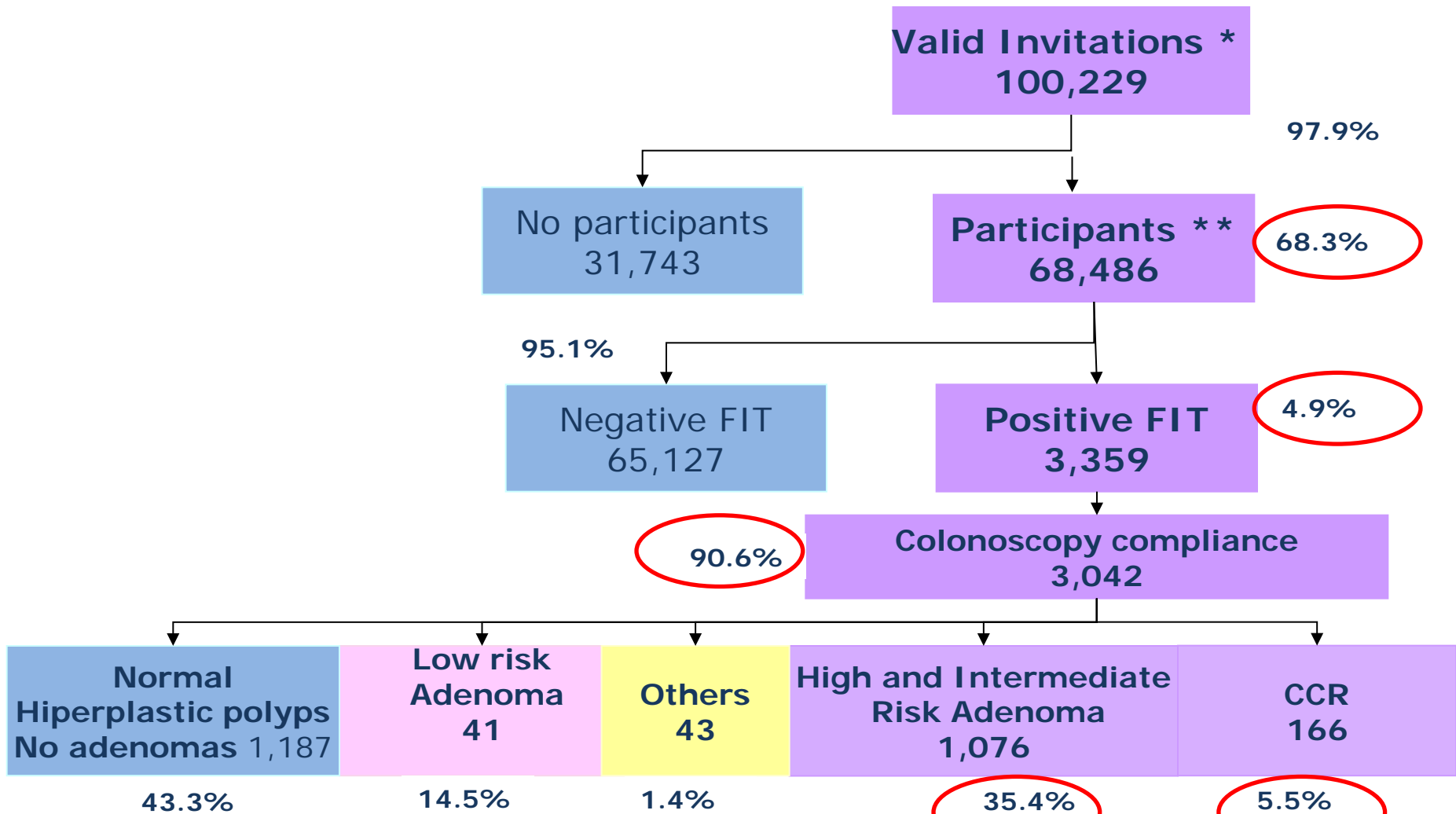
- STAGE I y II 66.0%
- STAGE III y IV 30.2%
- UNKNOWN 0.6%

Groups	50-54	55-59	60-64	65-69	TOTAL
MEN	68	121	188	228	605
WOMEN	60	68	79	94	301
TOTAL	128	189	267	322	906

1 – Cancer(=>pT1). “Tis” included in High and Intermediate Risk Adenoma

The most frequent cancer treatment was the surgery over 65%  
28-30% of cancers were diagnosed and treated by the endoscopy removal

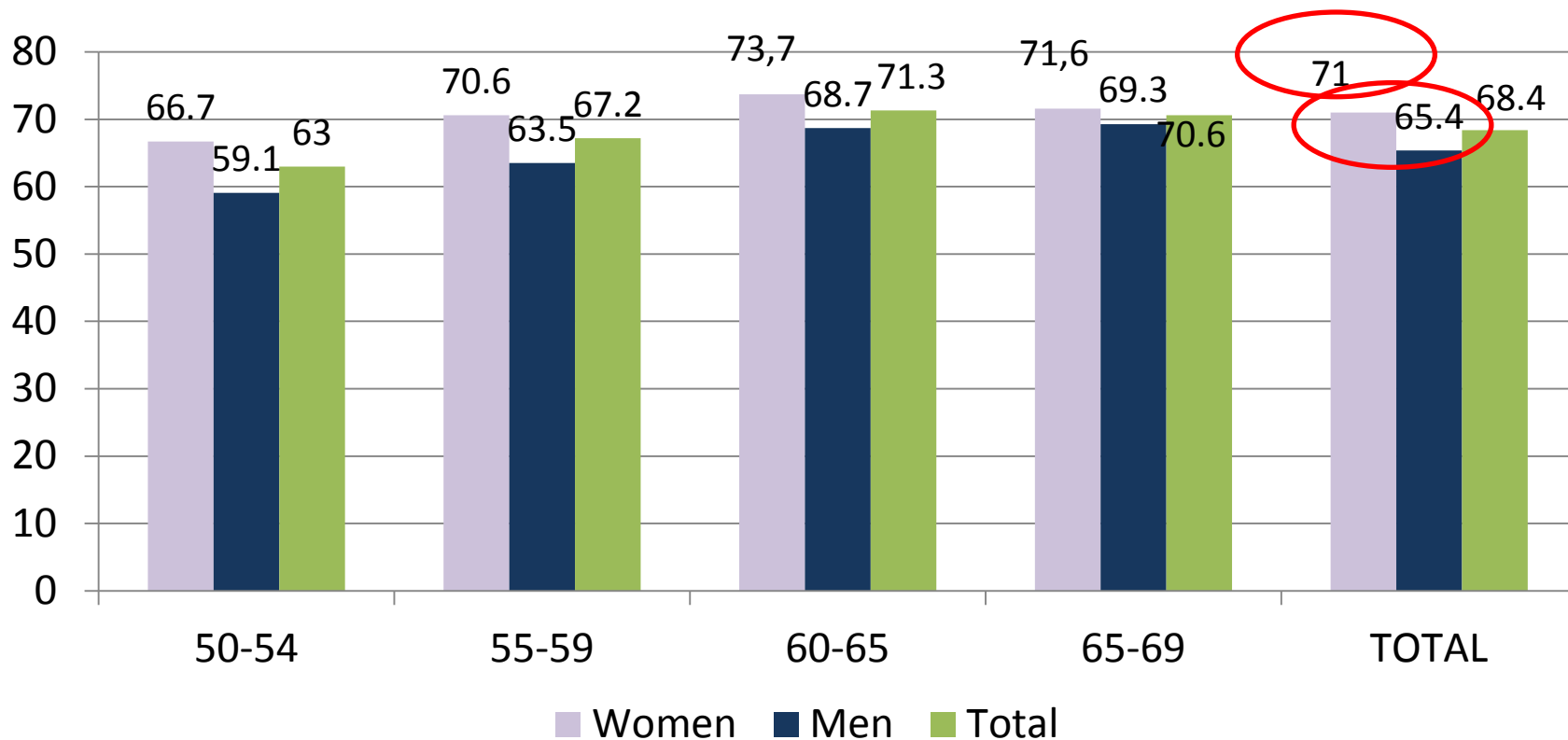
# 2nd ROUND RESULTS 2011-2012. Basque Country (03/26/2014)



Kit SOH sent\*; FIT analysed\*\*

# DIFFERENCES IN PARTICIPATION RATE BY GENDER

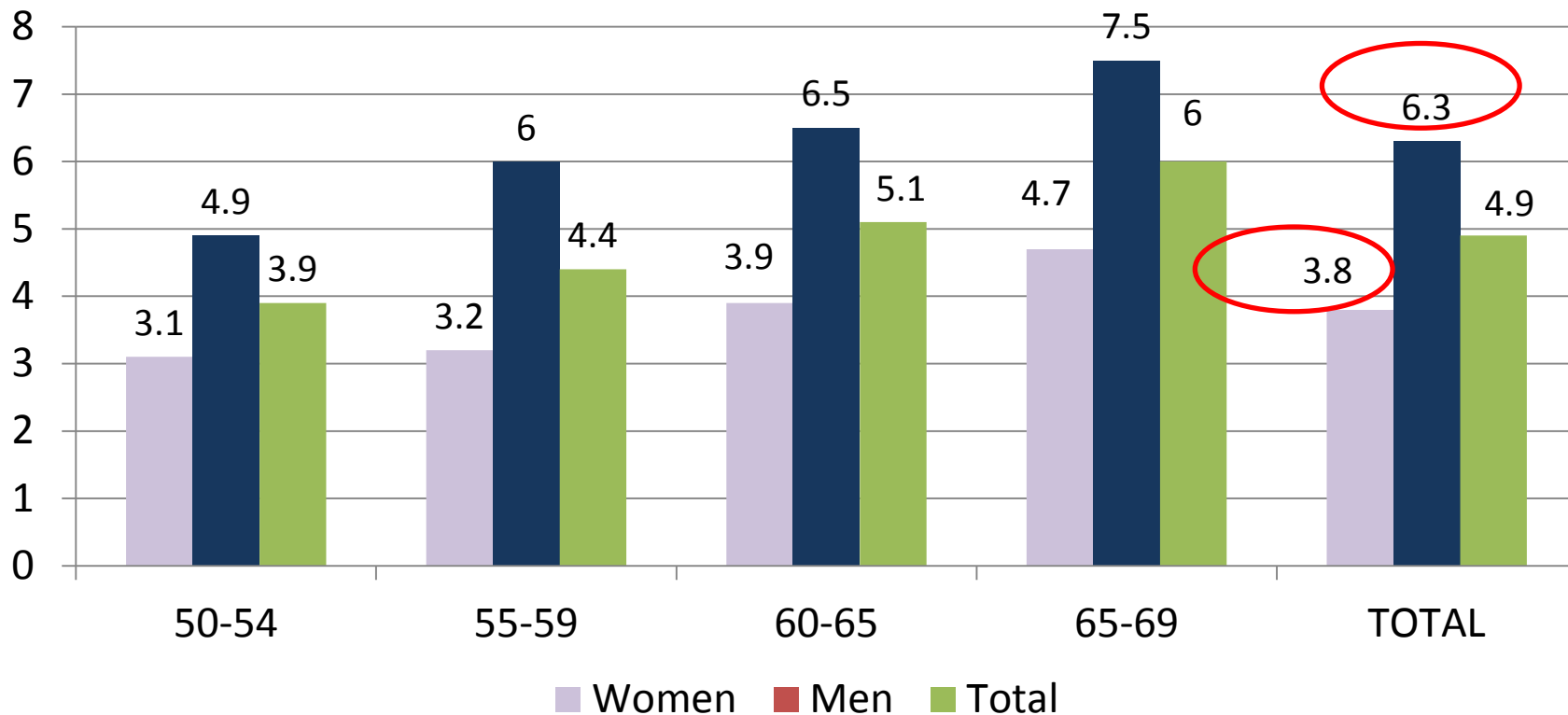
## 2011-2012 (03/26/2014) 2<sup>nd</sup> Round



**TOTAL = 100,229**  
**Women = 52,856**  
**Men = 47,373**

# Positivity rate by gender

## 2011-2012 (03/26/2014) 2nd round



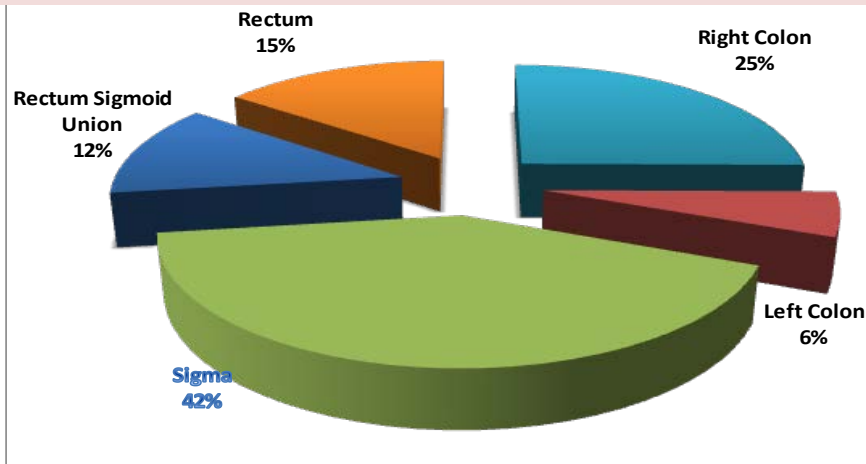
**PARTICIPANTS= 68,486**  
**WOMEN = 37,499**  
**MEN = 30,987**



# COLORECTAL CANCER, ADENOMA DETECTION RATE AND POSITIVE PREDICTIVE VALUE FOR FIT 2011-2012. 2<sup>nd</sup> ROUND. THE BASQUE COUNTRY (03/26/2014)

2 <sup>nd</sup> ROUND 2011-2012	Women	Men	Total	DIF
Cancer detection rate / 1,000 participants	1.49	3.55	2.42	P < 0.001
Advanced Adenoma (Int+HR) detection rate/1,000 participants	8.56	24.37	15.71	P < 0.001
Cancer detection rate by intention to screen/ 1,000 invitations	1.06	2.32	1.66	P < 0.001
Advanced Adenoma detection rate by intention to screen/ 1,000 invitations	6.07	15.93	10.69	P < 0.001
PPV Low, intermediate and High Risk Adenoma	38.3	58.61	50.10	P < 0.001
PPV Intermediate and High Risk Adenoma	24.47	41.62	34.42	P < 0.001
PPV cancer	4.27	6.06	5.31	P < 0.001

# COLORECTAL CANCER 2011-2012. 2<sup>ND</sup> round Basque Country (03/26/2014)



- STAGE I y II 69.3%
- STAGE III y IV 24.7%
- UNKNOWN 1.2%

Gruops	50-54	55-59	60-64	65-69	TOTAL
MEN	12	28	37	33	110
WOMEN	7	18	13	18	56
TOTAL	19	46	50	51	166

1 – Cancer(=>pT1). “Tis” included in Intermediate and High Risk Adenoma

The most frequent cancer treatment was the surgery over 65%  
28-30% of cancers were diagnosed and treated by the endoscopy removal

# CONCLUSIONS

## STRONG POINTS

- **COVERAGE**
- **PARTICIPATION RATE**
- **DETECTION RATE**
- **PRIMARY CARE INVOLVEMENT**
- **INFORMATION SYSTEM**

## TO IMPROVE

- **INEQUITIES**
- **INCREASING PARTICIPATION**
- **FALSE POSITIVE RATE**
- **FALSE NEGATIVE DETECTION**
- **QUALITY IMPLEMENTATION IN THE WHOLE PROCESS**
- **RESEARCH AND INNOVATION**

# Kolon eta ondesteko minbizia goiz detektatzeko programa

Programa de detección precoz del **cáncer** de **colon y recto**

Prebentzioa, tratamendurik hoberena

La prevención es el mejor tratamiento



**Osakidetza** abian jarri du jada **kolon eta ondesteko minbizia goiz detektatzeko programa, 50 eta 69 urte** bitarteko pertsoneri zuzenduta.

Zu adin-tarte horretan bazaude, etxean informazio gutun bat eta detekzio goiztiarraren proba egiteko behar den materiala jasoko dituzu.

Proba egindakoa, entregatu zure ohiko osasun-zentroan eta Osakidetza gutun bat igorriko dizu emailazekin.

**Osakidetza** ha puesto en marcha un **programa de detección precoz del cáncer de colon y recto**, dirigido a las personas de entre **50 y 69 años**.

Si usted pertenece a ese grupo de edad, recibirá en su domicilio una carta informativa y el material necesario para la realización de la prueba de detección precoz.

Una vez realizada, entregue la prueba en su Centro de Salud habitual y desde Osakidetza le enviaremos una carta con el resultado.



Informazio gehiago nahi izanez gero, zure eskura dituzu **900 840 070** doako telefonoa, **prevencionccr@osakidetza.net** posta elektronikoa eta **www.osanet.net** web orria.

Para obtener más información, tiene a su disposición el teléfono gratuito **900 840 070**, el correo electrónico **prevencionccr@osakidetza.net** y la página web **www.osanet.net**

# THANK YOU VERY MUCH

# ESKERRIK ASKO

