Latest news from Flandres (Belgium)

Dr. Luc Colemont
Sint-Vincentius Hospital
Antwerpen
Belgium

May 29th 2015
#ECCDBrno

Stop Darmkanker
Foundation
GOOD NEWS

FLANDRES screening program

2014 (preliminary) results
GOOD NEWS

FLANDRES screening program
2014 (preliminary) results

BAD NEWS

between I – IV ECCD Brnö
GOOD NEWS

FLANDRES screening program
2014 (preliminary) results

BAD NEWS

between I – IV ECCD Brnö

650,000 CRC deaths
#ECCDbrno

12 new CRC cases/month

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CRC SCREENING

1993  2003  2013
1993
The New England Journal of Medicine

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Volume 328  MAY 13, 1993  Number 19

REDUCING MORTALITY FROM COLORECTAL CANCER BY SCREENING FOR FECAL OCCULT BLOOD

Jack S. Mandel, Ph.D., M.P.H., John H. Bond, M.D., Timothy R. Church, Ph.D.,
Dale C. Snover, M.D., G. Mary Bradley, M.D., Leonard M. Schuman, M.D., and Fred Ederer, M.A.,
for the Minnesota Colon Cancer Control Study*

Abstract  Background. Although tests for occult blood in the feces are widely used to screen for colorectal cancers, there is no conclusive evidence that they reduce mortality from this cause. We evaluated a fecal occult-blood test in a randomized trial and documented its effectiveness.

Methods. We randomly assigned 46,551 participants 50 to 80 years of age to screening for colorectal cancer once a year, to screening every two years, or to a control group. Participants who were screened submitted six guaiac-impregnated paper slides with two smears from each of three consecutive stools. About 83 percent of the slides were rehydrated. Participants who tested positive underwent a diagnostic evaluation that included colonoscopy. Vital status was ascertained for all participants over 13 years of follow-up. A committee determined causes of death. A single pathologist determined the stage of cancer for each tissue specimen. Differences in mortality from colorectal cancer, the primary study end point, were monitored with the sequential log-rank statistic.

Results. The 13-year cumulative mortality per 1000 from colorectal cancer was 5.88 in the annually screened group (95 percent confidence interval, 4.61 to 7.15), 8.33 in the biennially screened group (95 percent confidence interval, 6.82 to 9.84), and 8.83 in the control group (95 percent confidence interval, 7.26 to 10.40). The rate in the annually screened group, but not in the biennially screened group, was significantly lower than that in the control group. Reduced mortality in the annually screened group was accompanied by improved survival in those with colorectal cancer and a shift to detection at an earlier stage of cancer.

Conclusions. Annual fecal occult-blood testing with rehydration of the samples decreased the 13-year cumulative mortality from colorectal cancer by 33 percent. (N Engl J Med 1993;328:1365-71.)
Conclusions: Annual fecal occult-blood testing decreased the 13 year cumulative mortality from colorectal cancer by 33 percent. (Minnesota Study)
European Code against Cancer and EU council recommendation (December 2003)

“Men and women from 50 years of age should participate in colorectal screening. This should be within programmes with built-in quality assurance procedures”

“Faecal occult blood testing is actually the only recommended screening strategy”
Colorectal cancer screening works; ‘irrefutable’ evidence that fall in death rates is attributable to screening programmes

Amsterdam, The Netherlands: Screening for colorectal cancer (CRC) in European countries is highly effective in reducing mortality from the disease. Some of the resources currently being devoted to breast and prostate screening programmes, where the evidence of effectiveness is much less clear-cut, should be reallocated to the early detection of CRC, the 2013 European Cancer Congress (ECC2013)\(^1\) will hear today (Sunday).

Professor Philippe Autier, Vice President, Population Studies, at the International Prevention Research Institute, Lyon, France, will report on results extracted from data on CRC collected as part of the Survey of Health, Ageing, and Retirement in Europe (SHARE) project on exposure to screening in men and women aged 50 and over in 11 European countries between 1989 and 2010. Using the World Health Organisation cause of death database, the researchers calculated changes in death rates from CRC in the different countries, and related them to the scope and take-up of CRC screening activities.
13 NEW CASES
5 DEATHS
EVERY DAY
Laat je gratis testen op DIKKEDARMKANKER!
Flemish screening program colon cancer

- invitation letter Flemish government
- one sample FIT
- biannual
- 75 ng/ml
- 1 laboratory
- “free” colonoscopy centers
THE “WINNING” NUMBERS

56  58  60  62  64

66  68  70  72  74

2015
Flemish screening program colon cancer

European Guidelines
February 2011
[Stop Darmkanker] Reactie: "40. Magda V. 58 jaar"
29 mei 2015 10:31

Nieuwe reactie op je bericht "40. Magda V. 58 jaar"
Author: Greet (IP: 81.82.190.13, URL: Whois: http://whois.arin.net/rest/ip/81.82.190.13
Reactie: Ik ben 53

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URL:
Whois:
http://whois.arin.net/rest/ip/81.82.190.13
Reactie: Ik ben 53

2014

314,513

48% participation

7,7% positive

#ECCDbrno
Results Flandres
(5 provinces)

- Vlaanderen: 47.9%
- Limburg: 54.5%
- West Vlaanderen: 46.8%
- Antwerpen: 49.0%
- Oost Vlaanderen: 47.5%
- Vlaams Brabant: 42.0%
FLANDRES
Preliminary participation % 2014

Bron: Centrum voor Kankeropsporing vzw
2014

? colonoscopies

? polyps

? tumors
ColonIS
Flemish screening program colorectal cancer

Results colonoscopies after positive FIT-test
January-June 2014

Department Gastroenterology
St-Vincentius Hospital
GZA Antwerp

Camille Verellen: 3° Master Medicine
Sophie Van Steenbergen: 3° Master Medicine
Bram Dispa: Bachelor Nursing
i.c.w. Dr. Luc Colemont
% colonoscopies via FSP

- Total number colonoscopies
  - n = 1134
  - 100%

- via FSP
  - n = 147
  - 13,0%

- Totaal aantal coloscopies
  - 147
  - 13%

  - 953
  - 87%
Colonoscopy Load

Number of colonoscopies during 6 months

Via FSP

1134

146 (13%)

GI (6)

GI/week

ECCDbrno
@LucColemont
Colonoscopy Load

Number of colonoscopies during 6 months

- Via FSP: 1134
- GI: 146 (13%)
- GI/week: 24.3

#ECCDbrno @LucColemont
Colonoscopy Load

Number of colonoscopies during 6 months

Via FSP

1134

146 (13%)

GI (6)

24,3

GI/week

0,95
Patients with polyp(s): 63.7%
Patients with tumor: 9.6%
Patients "normal": 26.7%

147 FIT-positive patients FSP
Aantal patiënten

- Patients with polyp(s): 63,7%
- Patients with tumor: 9,6%
- Patients "normal": 26,7%

- 9 men
- 5 women

147 FIT-positive patients FSP
I am not a surgeon...

but a gastroenterologist who can cut
## Tumor staging

<table>
<thead>
<tr>
<th>Sex</th>
<th>TNM classification</th>
<th>Stage</th>
<th>Age</th>
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<tbody>
<tr>
<td>Man</td>
<td>Tis</td>
<td>0</td>
<td>68</td>
</tr>
<tr>
<td>Man</td>
<td>cT1N0M0</td>
<td>I</td>
<td>58</td>
</tr>
<tr>
<td>Man</td>
<td>pT1N0M0</td>
<td>I</td>
<td>74</td>
</tr>
<tr>
<td>Man</td>
<td>T2N0M0</td>
<td>I</td>
<td>74</td>
</tr>
<tr>
<td>Man</td>
<td>pT3N0M0</td>
<td>IIA</td>
<td>67</td>
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<tr>
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<td>IIA</td>
<td>56</td>
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<tr>
<td>Man</td>
<td>pT2N1aM0</td>
<td>IIIA</td>
<td>70</td>
</tr>
<tr>
<td>Man</td>
<td>T1-2N1M0</td>
<td>IIIA</td>
<td>61</td>
</tr>
<tr>
<td>Woman</td>
<td>pT3N1aM0</td>
<td>IIIb</td>
<td>74</td>
</tr>
<tr>
<td>Woman</td>
<td>pT1N0M0</td>
<td>I</td>
<td>73</td>
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<tr>
<td>Woman</td>
<td>cT3N1M0</td>
<td>IIIb</td>
<td>71</td>
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#Tumor location

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<th>Number</th>
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<tr>
<td>Ascending colon</td>
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<tr>
<td>Liver flexure</td>
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</tr>
<tr>
<td>Transverse colon</td>
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<tr>
<td>Splenic flexure</td>
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</tr>
<tr>
<td>Descending colon</td>
<td>2</td>
</tr>
<tr>
<td>Sigmoïd</td>
<td>3</td>
</tr>
<tr>
<td>Rectosigmoïd</td>
<td>1</td>
</tr>
<tr>
<td>Rectum</td>
<td>6</td>
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Initial results of the National Colorectal Cancer Screening Program in Lithuania

Poskus, Tomas; Strupas, Kestutis; Mikalauskas, Saulius; Bitinaitė, Dominyka; Kavaliauskas, Augustas; Samalavicius, Narimantas E.; Saladzinskas, Zilvinas

Abstract

The aim of the present study was to review the National Colorectal Cancer Screening Program (the Program) in Lithuania according to the criteria set by the European Union. In Lithuania, screening services are provided free of charge to the population. The National Health Insurance Fund (NHIF) reimburses the institutions for performing each service; each procedure within the Program has its own administrative code. All the information about the performance of the Program is collected in one institution – the NHIF. The results of the Program were retrieved from the database of NHIF from the start of the Program from 1 July 2009 to 1 July 2012. Descriptive analysis of epidemiological indicators was carried out. Results were compared with the references in the guidelines of the European Union for quality assurance in colorectal cancer (CRC) screening and diagnosis. Information service [which involves fecal immunochemical test (FIT)] was provided to 271,396 of 890,309 50–74-year-old residents. The screening uptake was 46.0% over 3 years. During this period, 19,455 (7.2%) FITs were positive and 251,941 (92.8%) FITs were negative. Referral for colonoscopy was performed in 10,190 (52.4%) patients.
Initial results of the National Colorectal Cancer Screening Program in Lithuania

Poskus, Tomas\textsuperscript{a}; Strupas, Kestutis\textsuperscript{a}; Mikalauskas, Saulius\textsuperscript{a}; Bitinaitė, Dominyka\textsuperscript{a}; Kavaliauskas, Augustas\textsuperscript{a}; Samalavicius, Narimantas E.\textsuperscript{b}; Saladzinskas, Zilvinas\textsuperscript{c}

Participation rate 46 %
Initial results of the National Colorectal Cancer Screening Program in Lithuania

Poskus, Tomas\textsuperscript{a}; Strupas, Kestutis\textsuperscript{a}; Mikalauskas, Saulius\textsuperscript{a}; Bitinaitė, Dominyka\textsuperscript{a}; Kavaliauskas, Augustas\textsuperscript{a}; Samalavicius, Narimantas E.\textsuperscript{b}; Saladzinskas, Zilvinas\textsuperscript{c}

- Participation rate: 46 %
- Positive FIT: 7.2 %
<table>
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<th>Metric</th>
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<tr>
<td>Participation rate</td>
<td>46 %</td>
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<tr>
<td>Positive FIT</td>
<td>7.2 %</td>
</tr>
<tr>
<td>Referral for colonoscopy</td>
<td>52.4 %</td>
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IN 2015 INNOCENT PEOPLE ARE DYING BECAUSE OF A LACK OF INFORMATION
Lack of knowledge of colon cancer
FEBRUARY 2010

OUR BUDGET 0.000 Euro
The Social Media Course

- Twitter
- Facebook
- Google search
- e-mail
- YouTube
- Friendfeed
- Blogs
- Yahoo
- Web 2.0
- RSS
- e-patient
- Second Life
What happens online in 60 seconds?
(2012 - 2014)

- 120 hours video uploaded
- 31 billion messages
- 50 billion messages
- 1106 blog posts
- 347 posts
- 1380 blog posts
- 278,000 tweets
- 204 million emails sent
- 31 billion messages
- 204 million emails sent
- 2.5 million Facebook posts
- 41,000 photos uploaded
- 216,000 photos
- 3,480 photos
- 1.4 million Skype voice calls
- 98,000 voice calls
- 1.4 million Skype voice calls
- 168 million emails sent
- 370,000 tweets
- 694,445 Google searches
- 2 million Google searches
- What happens online in 60 seconds?
- YouTube
- Instagram
- Wordpress
- Twitter
A LETTER TO BRAD PITT
TO SAVE HIMSELF FROM COLON CANCER

Dear Brad Pitt,

First of all: congratulations on your 50th birthday last month. But we are writing to you because we want you to save your life. You might not know it, but you may have a genetic predisposition for colon cancer. The good news is that it is very easy to save yourself from colon cancer, with a simple test.

We’ve sent this letter to you 10 times, hoping at least one will reach you. You can help us too! Share this story as much as you can. Help Brad Pitt save his life and thousands of others, just like his wife Angelina Jolie did.

Help us reach Brad Pitt and share this story on: Facebook, Twitter, Pinterest, Google+, or Tumblr.
HAPPY CITIZEN → ANXIOUS PATIENT
A TRAIN THAT SAVES LIVES!

16-17/09/2014
LUIK

17-18/09/2014
HASSELT

18-19/09/2014
VERVIERS

Bezoek de reuze darm en leer hoe je darmkanker kunt voorkomen

In de stations www.3130שנתיים.com

Campagne screening darmkanker
www.levenstrein.be

STOP DARMKANKER VZW
FÉDÉRATION LIÉGÉDISE
DE CANCERLOGIE DIGESTIVE
SANOFI

Op wandel in de dikke darm

HASSELT: De van Stop Darmkanker wil met een opvallende campagne mensen overtuigen om hun darmen te laten scannen. Aan het station van Hasselt kwam getrokken een opblaasbare reuzedarm waar pendelaars doorheen konden lopen en zich informeren over darmkanker. “Elke dag sterven er in Vlaanderen vijf mensen aan de ziekte. Daar is een vrij goede kans op behandeling,” zegt de Hasseltse dokter Luc Colmont, de arijgende kracht achter de campaigne.
Triatlonclub zwemt voor ‘vzw Stop Darmkanker’

3900 euro

2500 euro

Music for Life zwemmarathon brengt 3.900 euro op.

7500 euro
DIBA’s
Dress in Blue Awards

ex-MEP Frieda Brepoels

WRITTEN DECLARATION

pursuant to Rule 123 of the Rules of Procedure

for fighting endometrial cancer in the European Union

Pavel Pec, Frieda Brepoels, Cristina Silvia Hajoi, Jo Leinen, Alojz Peterle

@LucColemont
LUC COLEMONT
STOP DARM KANKER
KENNIS DELEN KAN LEVENS REDDEN
MARCH
International CRC Awareness Month

#ECCDbrno

@LucColemont
March 5, 2015

7 political parties, same point-of-view, it’s possible #monstercoalitie
We absolutely agree, save yourself, do the test!

#MONSTERCOALITIE
We absolutely agree, save yourself, do the test!

#MONSTERCOALITIE
Flemish Minister of Health  Jo Vandeurzen
#MONSTERCOALITIE
March 6, 2015
Cruciani C carries forward its commitment to medical research by launching the STOP DARMKANKER bracelet, with a blue bow, emblem of the struggle against colorectal cancer. Part of the proceeds from sales of the bracelet...

Colour: Bluette

12,00 € ADD TO CART >
DO YOU KNOW THE NUMBERS OF CRC?
YOU REALIZE

DO YOU KNOW THE NUMBERS OF CRC?
2015

81,400 CRC deaths
580 deaths EVERY DAY
EVERY 3 MINUTES

1 death
every day

2 x every day
WE MUST STOP COLON CANCER!

#ECCDbrno

@LucColemont
My dream
My dream

The reality
If someone in the family has colon cancer, the whole family has colon cancer...

Erik Deferme

@LucColemont