

3rd EUROPEAN COLORECTAL CANCER DAYS: BRNO 2014 — PREVENTION AND SCREENING

25—26 April 2014, Brno



CONFERENCE SUMMARY



NETWORKING IS THE SOLUTION!

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3rd EUROPEAN COLORECTAL CANCER DAYS

CANCER PREVENTION — VALUE OF SCREENING — MANAGEMENT OF CARE



Pavel Poc
Member of the European Parliament



Ladislav Dušek
*Masaryk University,
Institute of Biostatistics and Analyses*

Dear participants of the 3rd European Colorectal Cancer Days, dear colleagues, friends,

the 3rd ECCD conference followed in a recently established tradition of spring international meetings focused on one of the biggest problems in European health care, the issue of colorectal cancer (CRC). Unfortunately, incidence and mortality rates remain the same in comparison with previous years; in fact, they are not expected to change dramatically in such a short period. CRC remains to be the most commonly diagnosed cancer and the second most common cause of cancer deaths in Europe. More than 200,000 Europeans die each year from malignant tumours of the colon and rectum. However, many of these deaths could be avoided, because CRC is a fully preventable disease. Effective prevention, standardisation and scientifically driven promotion of CRC screening were among the main topics of the first two ECCD conferences held in 2012 and 2013 in Brno, Czech Republic. The highly constructive atmosphere, inspiring discussions and outcomes of the previous meeting had challenged us to continue in this networking activity in 2014. That is why we decided to organise the 3rd ECCD event, which was held from 25th to 26th April 2014 in Brno, Czech Republic.

The events in 2012 and 2013 were primarily focused on experience sharing and networking among European countries with respect to the standardisation of colorectal cancer screening. Apart from collaboration and networking, the most common keywords of lectures included standardisation as a necessary solution to the heterogeneity in quality assurance and quality control systems in rather different national CRC screening programmes. The most important executive outcome was in full accordance with the European guidelines for CRC screening, which were published in 2010 and recommended the transformation from an “opportunistic CRC screening” to a “population-based CRC screening”.

Therefore, the topic of CRC prevention and screening is not new. Nowadays, we have very powerful tools for an early detection of this disease, with a big potential to reduce both incidence and mortality rates. Organised cancer prevention has been repeatedly emphasised and declared as an obligatory component of modern health care systems and policies. Scientific evaluations have provided clear results as well; it has been widely published in clinical trials and official guidelines that CRC screening really does have the potential to prevent colorectal cancer and to save lives. The content of the upcoming 3rd ECCD event was designed to contribute to an already shared knowledge in the following areas:

Effectiveness of prevention: value of CRC screening – is it worth considering? Why are we still lacking a comprehensive and widespread information support on this monetary as well as ethical dimension of CRC prevention?

Harmonisation in reporting: how to effectively communicate and share various designs of CRC prevention programmes and their outcomes in different countries?

Convincing promotion: what is the best model to promote population-based CRC screening, including call-recall systems? How to utilise data for an effective communication and “image-making promotion” of the CRC prevention in order to attract the attention of target population?

From the viewpoint of population-based screening programmes, the word “effectiveness” can be translated in two principal modes, which are more or less related to the information basis and communication. Firstly, any population-based health intervention cannot be successful without citizens (or clients) attending the programme and the proposed examinations. The effectiveness of communication addressing target groups is undoubtedly one of the most important elements contributing to a good screening performance and a high population coverage. Secondly, well-organised screening cannot reach remarkable outcomes without the support of health care management and payers. The previously proved cost-effectiveness as well as the safety of such interventions is a legitimate claim, which must be addressed and reliably substantiated. A screening programme always represents some kind of investment, and its value and recoverability must be communicated in a convincing way.

Effectiveness is also very closely related to sustainability. Only sustainable health programmes can be effective, and vice versa. Sustainability of any prevention programme certainly does not mean an endless financial support; it also has to include a well-optimised logistics as well as capacity of the system responsible for the diagnostics of patients, and the subsequent care for those who were diagnosed positively. Recent Europe-wide studies, mainly the EURO-CARE-5 project, have documented significantly improved survival times of cancer patients in almost all European countries. Rising numbers of survivors represent a new challenge in the fields of proper health care accessibility and quality, risk of multiple cancers and tertiary prevention. To some extent, these aspects should be also considered when designing nationwide population-based intervention programmes.

Many European countries have recently implemented CRC screening programmes. However, the heterogeneity in both design and content of various prevention strategies in different countries is still significant, which inevitably makes the analyses focused on screening effectiveness very difficult. Evidence-based data, scientific calculation background, feedback analyses, effective communication and publishing should be harmonised and supported in this field. That is why we had prepared the third year of the ECCD conference to be focused mainly on the value and effectiveness of CRC prevention and screening.

On behalf of the Programme and Organizing Committees
Pavel Poc & Ladislav Dušek

Programme

Fri, 25 April

Sat, 26 April

Pre-conference roundtable workshop	8.00	
	8.30	Value of CRC prevention and awareness as a European issue II Societal and political value of the CRC prevention commented by representatives of recognised European organisations and institutes – various national approaches
	10.15	<i>Coffee break</i>
	10.45	Value of CRC prevention and awareness as a scientific issue Impact of CRC screening and its cost-effectiveness viewed by evidence-based medicine and scientific models
	12.00	Value of CRC prevention and awareness as an ethical issue Representatives of patient organisations, physicians, patients
<i>Lunch</i>	12.30	
Press conference Recent progress in the Czech National Programme of Colorectal Cancer Screening	13.00	Conclusions, closing summary <i>Lunch</i>
Opening ceremony	14.00	Multidisciplinary workshop Are the CRC screening tests well optimised and used?
State of the art session	15.00	
<i>Coffee break</i>	16.00	
Value of CRC prevention and awareness as a European issue I Societal and political value of the CRC prevention commented by representatives of recognised European organisations and institutes – various national approaches	16.30	
<i>Networking reception</i>	19.00	

UEG PRE-CONFERENCE WORKSHOP

UNITED EUROPEAN
GASTROENTEROLOGY
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Just as in 2013, a pre-conference workshop was held by one of the main partners of the conference, the United European Gastroenterology (UEG); this workshop was primarily intended for representatives of those countries in which organised screening programmes had not been introduced yet. The meeting was chaired by Thierry Ponchon and Reinhold Stockbrügger, i.e. the current Chair and the past Chair of the UEG Public Affairs Committee, respectively. The attending experts on cancer screening agreed on the fact that a mutual cooperation and coordination across Europe is essential in order to achieve a substantial decrease in CRC mortality rates. Each of the participating countries has slightly different experience with CRC screening, which is due to cultural, political or economic differences among individual countries. Nevertheless, it is still pos-



sible to outline common procedures, which might be subsequently adapted by each country, according to its specific needs and conditions. After all, EU has highlighted the fight against preventable cancers (including CRC) as one of its priorities, as confirmed by the Written Declaration 68/2010 on the Fight against Colorectal Cancer in the EU [1] and by the publication in 2010 of the European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis [2].

The role of general practitioners (GPs) was emphasised in particular, because GPs represent the imaginary gateway to cancer prevention, and because patients usually turn to their GPs with their health-related concerns. GPs should be able to inform their patients truthfully about the benefits and potential risks of CRC screening, to provide faecal occult blood tests (FOBTs) to those who are interested, and to refer eligible patients to colonoscopy. At the same time, a patient's participation in the screening programme gives his/her GP a good opportunity to explain the benefits of a healthy lifestyle, including a lower risk of developing colorectal cancer. In fact, UEG recently called on GPs to get their patients involved in CRC screening (UEG Press Release, 30 Apr 2014) [3].



[1] Poc P, Brepoels F, Busoi CC, Leinen J, Peterle A. Written Declaration on the Fight against Colorectal Cancer in the EU. European Parliament, PE449.546v01-00. 20. 12. 2010.

[2] Segnan N, Patnick J, von Karsa L (eds.) European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis - First Edition (2010) European Commission, Publications Office of the European Union, Luxembourg.

[3] United European Gastroenterology. Family doctor intervention is crucial in the fight against Europe's second biggest cancer killer [Internet]. Available from WWW: <http://www.ueg.eu/press/releases/ueg-press-release/article/family-doctor-intervention-is-crucial-in-the-fight-against-europes-second-biggest-cancer-killer/>

PRESS CONFERENCE



Brno (Czech Republic), 25 April 2014: Brno, the second largest city in the Czech Republic, hosts the international conference European Colorectal Cancer Days (ECCD) for the third time. The recently established tradition of this conference can be attributed to Dr. Pavel Poc, Member of the European Parliament, and to Assoc. Prof. Ladislav Dusek, Director of the Institute of Biostatistics and Analyses of the Masaryk University (IBA MU). ECCD 2014 has again attracted a wide spectrum of visitors from 20 countries across Europe and from many groups interested in the fight against colorectal cancer. The economic, political and social “value” of CRC screening, follow-up care for CRC patients, as well as current complications and obstacles, are the unifying elements of this year’s rich programme.

Pavel Poc, MEP and co-organisator of the conference, said: “Coming back to Brno is matters of the heart for me. We had pushed the conference through in an attempt to put pressure on the authorities to introduce a programme of personalised invitations, and we have finally succeeded. It is now essential to sustain the programme, to look for its shortcomings and to eliminate them, to motivate both patients and physicians, and last but not least... to persevere! Cancer prevention must not be a time-limited project, it is a long-distance run.”

Ladislav Dusek, Director of IBA MU, added: “The programme of personalised invitations is now up and running, mainly thanks to the excellent methodical cooperation between health insurance companies and the Czech Ministry of Health. We are longing to see the ongoing health education campaign significantly reinforced, because we cannot move forward without it: invitations are focused on particularly resistant citizens who have not participated in cancer screening programmes yet. We must use all available means in order to make the issue of colorectal cancer visible. People should learn to perceive cancer prevention as part of their everyday lives.”

“CRC screening is also worthwhile from the economic point of view. Surely there will be some initial investments in examinations and related care. But in the long term - in a period of approximately 5 to 10 years - our health care system will save huge costs on complex and much more expensive treatment of CRC patients diagnosed at late stages, which can be prevented by means of an effective prevention programme. At the same time, we must not forget about care provided to patients who have already been diagnosed with CRC; there is much space for improvement in this area, too, particularly as regards the availability of care. Let us not forget that the current CRC prevalence in the Czech Republic exceeds 50,000 patients, and that more than 8,500 new CRC cases are diagnosed each year,” concluded Dr Dusek.



“We have made the first few steps, but it is important not to stumble. For example, the Czech Ministry of Health has not yet approved gastroenterology and endoscopy as screening specialties, which means that an endoscopist is light years away from a breast radiologist, for example. That is a problem. Employment of various types of faecal occult blood tests (FOBTs) can also cause difficulties,” explained Dr Poc. Since the very start of this tradition, European Colorectal Cancer Days have always been exceptional with regard to the participation of a wide range of specialties, organisations, and institutions. This year, representatives of Czech health care payers (i.e., health insurance companies) have joined the ranks of conference participants for the first time.

“Each month, health insurance companies send invitations to colorectal cancer screening to approximately 120,000 citizens of the Czech Republic. If you receive such a letter, do not throw it away but read it carefully. Do not neglect cancer prevention,” warned Marie Redinova, chairwoman of the Czech ILCO (association of patients with ostomy), who has participated in all three years of the ECCD conference. Like each year, the 2014 conference was held under the patronage of leading experts in the field, many of whom made a personal appearance.

COMMENTS MADE BY LEADING CZECH EXPERTS IN THE FIELD:

"I attach great importance to an international conference on colorectal cancer taking place in Brno. Czech CRC incidence rates rank 1st globally - and despite the existing CRC screening programme, more than half of CRC patients are diagnosed at late stages and cannot therefore be cured. Personalised invitations of clients to CRC screening, which has only been launched recently, could improve this situation significantly. It would not only save lives of many patients, but there would also be significant savings in costs paid by health insurance companies, because treatment of advanced stages of cancer is very expensive."

Prof. Jiří Vorlíček, MD, PhD, Director of the Masaryk Memorial Cancer Institute, President of the Czech Society for Oncology

"A well-performed screening for colorectal cancer is determined by many factors, of which the most important ones are awareness and cooperation by the public, as well as an adequate capacity of workplaces and specialists involved in screening. If those conditions are met, advanced stages of colorectal cancer might be eliminated in the majority of low-risk population".

Assoc. Prof. Bohumil Seifert, MD, PhD, Senior Consultant of the Institute of General Medicine of the 1st Faculty of Medicine at Charles University in Prague, Research Secretary of the Czech Society of General Practice: "A country which introduces a programme of personalised invitations and supports it with a media campaign must be serious about it, and also must take into account that there will be an investment that will pay off after many years."

Prof. Julius Špičák, MD, PhD, Senior Consultant of the Department of Hepatogastroenterology of IKEM, President of the Czech Society of Gastroenterology

"Colorectal cancer is the most common cancer in the Czech Republic, and development of its advanced stages can only be avoided by a well-planned prevention, by faecal occult blood tests provided by GPs, by colonoscopies and removals of precancerous lesions such as polyps and adenomas, and most importantly by early detections, which would allow a reliable surgical removal of the tumour and a permanent cure. Advanced forms of colorectal cancer are much more difficult to treat, and patients are exposed to a much more intense treatment; moreover, treatment costs are staggering, while the treatment results are uncertain. Colorectal cancer incidence rates in the Czech Republic are among the highest in Europe, but CRC presents an important problem in all European countries, as it is considered to be a serious lifestyle disease."

Prof. Jan Žaloudík, MD, PhD, Vice President of the Health Committee of the Senate of the Czech Parliament

"To a certain degree, the level and quality of organisation of cancer screening programmes, as well as care of cancer patients, reflects the state of the entire society, its ability to acknowledge the value of human health and its willingness to invest in it. In terms of cancer prevention and treatment, availability of standardised care remains to be the main problem in the Czech Republic. When comparing individual regions of the Czech Republic, there are large differences not only in screening coverage, but also in modern surgical treatment, and in the availability of modern innovative therapies. Further improvement of health care availability and quality is the main challenge for the Czech Health care system, and that is particularly true for colorectal cancer."

Prof. Rostislav Vyzula, MD, PhD, President of the Health Committee of the Chamber of Deputies of the Czech Parliament



STATE OF THE ART LECTURES



Ladislav Miko, Deputy Director General for the Food Chain,
Directorate General for Health and Consumers, European Commission

Developing tools for cancer screening is not enough: these tools must be widely implemented in order to make the screening programme effective. Cancer screening must be available to each EU citizen, regardless of his/her socio-economic status.



Rostislav Vyzula, President of the Health Committee
of the Chamber of Deputies of the Czech Parliament

Current needs of comprehensive colorectal cancer care: screening and diagnosis represent first steps of very complex patient's trajectory

Equality of health care is still a challenge in the Czech Republic: the level of cancer care still varies among individual Czech regions. Inequality has even been reported in FOBT uptake rates among various regions. Data on cancer treatment is very important to assess cancer treatment from various standpoints.



Jiří Běhounek, Vice-president of the Association
of Regions of the Czech Republic

Cancer prevention and treatment

Highly organized cancer screening programmes on the national level are very welcome. It seems that Czech citizens still do not feel responsible for their own health, and this attitude must be changed. Promotion of prevention is just one the first step in our effort. This applies not only to cancer, but also to other non-communicable diseases.



Petr Honěk, Deputy Director of the VZP ČR
(General Health Insurance Company)

Population-based CRC screening: an investment which must be carefully controlled

Investment into population-based cancer screening programmes is expected to pay off in the long term. Personalized invitation of citizens to cancer screening is a costly procedure, but costs on treatment of patients with advanced CRC are much higher. Our data show obvious increase of people's interest in screening examinations after launching the personalised invitation project.



Thierry Ponchon, Chair of the Public Affairs Committee,
United European Gastroenterology

Colorectal cancer screening: the logistics behind the scene

Communication of benefits and potential risks of CRC screening to the public is very important: citizens must be well informed but not deterred from their participation in screening. Do not convince people saying “you will die of cancer if you do not go to the screening examination”, because that is exactly what they are afraid of.



Pavel Poc, Member of the European Parliament,
Committee on the Environment, Public Health and Food Safety

Colorectal cancer screening — on the road

CRC screening efforts have been successful in some countries, but not in others due to various administrative, legislative and other obstacles. Scaremongering by poorly informed journalists can destroy long-term efforts to introduce effective cancer screening programmes. Sometimes complicated legislation and/or administration might make the implementation of cancer screening programme difficult in a specific country.

VALUE OF CRC PREVENTION AND AWARENESS AS A EUROPEAN ISSUE



John Triantafyllidis, Saint Panteleimon General Hospital, Nicea, Greece

Screening programs for colorectal cancer in Greece: Present situation and future perspectives

Awareness of CRC screening is very low in Greece, and adherence to CRC screening is really poor. Even medical students do not have sufficient knowledge on CRC and on CRC screening. Therefore, adequate measures need to be adopted. There is an urgent need for the implementation of national guidelines for CRC screening.



Luc Colemont, Stop Colon Cancer Foundation, Belgium

The story of “Dear Brad Pitt”

The paradox is that people at the Information Age still die of colorectal cancer due to a lack of information. Information and education is essential in our fight against CRC. Unusual ways of informing people about CRC risk can be adopted, such as addressing well-known celebrities and making the message public on social media. The effect can be even bigger than expected, if the campaign is well designed and meticulously prepared.



Nurdan Tözün, *Turkish Society of Gastroenterology*

Challenges in the implementation of National CRC screening programme: Turkish experience

People understand importance of colorectal cancer screening once they get the disease! GET SCREENED! Colorectal cancer is not the disease of „others“.



Štěpán Suchánek, *Scientific Secretary of the Czech Society of Gastrointestinal Oncology*

Colorectal cancer screening in the Czech Republic at the advent of population-based programme

Population-based programme of CRC screening in the Czech Republic is at the very beginning, and it is too early now to analyze its impact on the population. Nevertheless, the fact that the opportunistic CRC screening programme was transformed into a population-based programme is an important milestone for the Czech Republic. The first results of the project are expected to be available in the second half of 2014.



Lawrence von Karsa, *International Agency for Research on Cancer, France*

Making screening happen – a recipe for success

EU members should make every effort to adhere to all three cancer screening guidelines in order to make their cancer screening programmes effective on the national level. In a fully established programme, the proportion of the expenditure devoted to quality assurance should be no less than 10–20%, depending on the scale of the programme. In the initial years, this proportion may be substantially higher due to the low volume of screening examinations compared with the situation after complete rollout of a nationwide programme. This investment is cost-effective and will save lives.



Isabel Portillo Villares, *Manager of the Colorectal Cancer Screening Programme, Basque Country Health Service, Bilbao, Spain*

The strategy and results of the colorectal cancer screening programme in the Basque country

Coverage of cancer screening programmes in the Basque country is very high due to an effective system of personalized invitation. GPs are very involved in cancer screening programmes, and are supported in their efforts by the autonomous government. Although the Basque system of cancer screening programmes has many strong points, there is also some space for improvement, such as the decrease in false positive rates, false negative detections, or improving the quality assurance.



Reinhold Stockbrügger, *University of Ferrara, Italy*

Colorectal cancer screening should be combined with primary prevention of common serious disorders:

1 + 1 makes 5!

Preventable risk factors – such as obesity, smoking, excessive alcohol consumption, lack of physical activity, unhealthy diet – can be avoided to decrease the risk of developing colorectal cancer, cardiovascular disease, COPD, diabetes etc. Paradoxically, some people tend to adopt unhealthy habits after their cancer screening test turns out to be negative, increasing their risk of developing cancer in future. GPs play an essential role in the education of patients, as they are the ones whom patients trust the most.



Rudolf Hřčka, *University Hospital Bratislava, Slovakia*

12 years of colorectal cancer screening programme in Slovakia: success or disappointment?

Opportunistic CRC screening programme in Slovakia failed to turn into a population-based programme due to legislative obstacles. Slovakia is a bad “example” of country where the government prefers the protection of “personal data” of screenees to an effective cancer screening programme, which inevitably requires data collection and analysis. The only possible action in the current situation in Slovakia is to make every effort and convince the lawmakers about the importance of a population-based CRC screening programme.



Julius Špičák, *President of the Czech Society of Gastroenterology*

Current management of CRC – preliminary results of multi-centric study

A multicentre national study was performed to analyze management of CRC patients and differences between those diagnosed with screening and diagnostic colonoscopy. We recorded relatively high detection rate in both groups and potentially lower clinical stage detected in the screening group.



Jan Žaloudík, *Vice-president of the Health Committee of the Senate of the Czech Parliament*

Diagnostic achievements and deficiencies in colorectal carcinoma over the century

From the surgical point of view, there is a huge difference between colon cancer and rectal cancer, and those two need to be treated differently. At the beginning of the 21st century, surgeons still face several challenges when dealing with CRC patients: half of patients are still diagnosed in advanced stages, radicality of the surgical intervention is often insufficient, there is a poor preoperative diagnosis of nodal metastases, and there is no detection of subclinical dissemination.



Rostislav Vyzula, *President of the Health Committee of the Chamber of Deputies of the Czech Parliament*

Prevention is not only screening; lessons learned from long term registration of CRC clinical data in the Czech Republic

High-quality data is essential for an effective CRC prevention. In the Czech Republic, data on mCRC is collected in specialized registries of patients treated with targeted therapies, for example. The registries have shown, among others, inequalities with respect to availability of treatment in different regions of the Czech Republic. The Czech government did not sufficiently support CRC prevention and screening in the past, therefore the Czech health care system has to pay a high price: there is a very high number of patients requiring targeted (and expensive) therapy of advanced CRC. Effective CRC prevention is the only way how to decrease the costs for CRC treatment in future.

VALUE OF CRC PREVENTION AND AWARENESS AS A SCIENTIFIC ISSUE



Ahti Anttila, *Finnish Cancer Registry, Helsinki, Finland*

Requirements for the evidence base for implementing colorectal cancer screening programmes

Cancer screening programmes have their undoubted benefits but also potential harms, and the balance between them must be always significantly in favour of the benefits. Information on harms and benefits must be undoubtedly provided to the public. However, a sensible way of communication must be adopted, otherwise citizens will be deterred from screening programmes rather than convinced to participate in them.



Hermann Brenner, *German Cancer Research Center, Heidelberg, Germany*

Current evidence of colorectal cancer screening effectiveness

Sigmoidoscopy is easier to perform than colonoscopy, and some countries have tried it as a CRC screening method. The obvious disadvantage of sigmoidoscopy is the fact that this method can only reveal pathological findings in the distal part of the colon. Therefore, it is not recommended in the latest EU guidelines on CRC screening.





Stephen Halloran, *NHS Bowel Cancer Screening Programme, Guildford, UK*

Screening for CRC – the UK experience

UK experience with CRC screening is somewhat different from that of other European countries, starting with the invitation process itself: five screening hubs cover the entire population in England, sending invitations to citizens, and even contacting individual GPs in case of positive iFOBT results. Uptake rates vary among different regions, and there is a link between socio-economic status of citizens and their uptake rate. The integrated organisation and information system, which is employed in the UK, provides power to monitor the programme, to evaluate quality assurance, provides knowledge to challenge and possible change if necessary, and is ready to share experience with others.



Ondřej Májek, *Institute of Biostatistics and Analyses, Masaryk University, Brno, Czech Republic*

Monitoring of equity in access to CRC screening and CRC care: two sides of the same coin

Inequality of iFOBT coverage in the Czech Republic will have to be dealt with, and an approximately equal coverage is the aim of our endeavour.

However, this will inevitably lead to an increase in the number of colonoscopy examinations, and health care payers will have to take this into account. Capacity of colonoscopy screening centres will have to be raised at the same time. High-quality data is needed to effectively plan and monitor the population-based CRC screening programme in order to ensure accessible and high-quality health services, and thus promote equity.

VALUE OF CRC PREVENTION AND AWARENESS AS AN ETHICAL ISSUE



Wendy Yared, *Director of the Association of European Cancer Leagues*

Raising CRC awareness with social media

Social media might be used in the attempts to raise CRC awareness, but this must be done with caution. Many well-intended messages have been misinterpreted by the public. Cultural differences among various countries must be taken into account, together with the age groups for which the campaign is intended.



Jana Pifflová Španková, *President of EuropaColon Slovakia*

Activities of the EuropaColon Slovakia patient organisation

Pre-pilot CRC screening project was performed in 2009-2010, and the interest from the public was much higher than expected: there were 80,000 requests for iFOBT, while only 5,000 were ordered. The pilot project revealed numerous adenomas and carcinomas, which is unfortunately the tip of the iceberg within the Slovak population. Change in the legislation is necessary in order to implement a population-based CRC screening programme, which should subsequently decrease incidence and mortality rates for CRC in Slovakia.



Tomáš Kruber, *Onkomaják, Czech Republic*

Screening... and what's next? Who is going to take care for diagnosed patients?

A well-established community of CRC patients, CRC survivors and other supporters can be very helpful for those who have just been diagnosed.

Onkomajak has recently launched a community of “indomitable” patients who will support each other in their fight against CRC.



Michaela Fridrichová, *League Against Cancer Prague, Czech Republic*

24 years of cancer prevention – activities of the League Against Cancer Prague

For 24 years, the League Against Cancer Prague helps cancer patients and their families, and promotes cancer prevention.

When considering preventable risk factors, smoking is one of the biggest challenges in the Czech society. Prevention efforts should focus on education of the population about the importance of non-smoking, starting at a very young age.



Marie Ředinová, *Director of the Czech ILCO, Prague, Czech Republic*

Preventive screening – colorectal cancer prevention

Czech ILCO puts emphasis on both primary prevention (healthy lifestyle) and secondary prevention (cancer screening).

The Czech population in general does not care too much about healthy lifestyle, and does not appreciate the availability of “free” cancer screening programmes; these attitudes should be changed.

MULTIDISCIPLINARY WORKSHOP: ARE THE CRC SCREENING TESTS WELL OPTIMIZED AND USED?



Stephen Halloran, NHS Bowel Cancer Screening Programme, Guildford, UK

Why FIT (Faecal Immunochemical Testing) is the best biomarker?

FIT will be the primary tool for CRC screening for next 10–15 years. Nowadays FIT is used as a single risk factor with a simple cut-off. Tomorrow CRC risk will combine FIT with other parameters to provide a new more powerful predictor of colorectal cancer. A high attention should be paid to people with various disabilities when designing test kits and the screening programme in general to maximise the uptake.



Norbert Král, 1st Faculty of Medicine, Charles University, Prague, Czech Republic

Wild spectrum of immunochemical tests in Czech colorectal cancer screening

Introduction of FIT into the CRC screening has brought increased interest and attendance both from GPs and their patients. A survey among the Czech GPs revealed that there are 10 different FIT used with different prices and cut-offs. This results, among others, in very different specificity and sensitivity of CRC screening examinations.



Petr Kocna, General University Hospital, Prague, Czech Republic

Quantitative FIT tests in the Czech Republic – present reality and future

There are several tasks to be addressed in the near future. Above all, we should learn from European experience in the field of CRC screening and using FIT, and also follow evidence-based recommendations and guidelines.



Bohumil Seifert, Czech Society for General Practice

Štěpán Suchánek, Scientific Secretary of the Czech Society of Gastrointestinal Oncology

The future development in colorectal cancer screening programs should emphasize quality and safety of procedures; particularly standardization of FOBT methods and quality of colonoscopies, but also equity in access to information and quality of information provided by health professionals about benefits, risks and limitations of these methods.

PROJECT OF PERSONALISED INVITATION TO CANCER SCREENING PROGRAMMES IN THE CZECH REPUBLIC - FIRST RESULTS

The project of personalised invitation to cancer screening programmes started in January 2014; namely cervical and breast (mammography) cancer screening for women and colorectal cancer screening for both women and men. The project aims to strengthen the existing prevention programmes, and to increase the insufficient participation rates to date – that is why invitations are sent to citizens who do not attend these programmes on a long-term basis, and thus are at a higher risk of developing a serious malignant disease. The project is coordinated by the Czech Ministry of Health in cooperation with the involved medical societies (gynaecology, gastroenterology, gastrointestinal oncology, diagnostic radiology, general practice), health insurance companies, and other experts appointed by the Czech Ministry of Health. The clients (persons insured) are invited by their health insurance companies, which also reimburse all required examinations. The project of personalised invitation is supported by the EU funds. This report presents results of the project of personalised invitation after the first 9 months (January to September 2014), during which more than 1.6 million of Czech citizens were addressed.

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The Czech cancer screening programmes are well established and significantly contribute to the detection of early stages of cancer or even precancerous stages – the non-malignant lesions which precede the development of malignant tumours. According to recent data, nearly 650,000 women undergo mammography examination annually; breast carcinoma is found in about 3,500 of them, predominantly at an early stage and with a high chance for successful treatment.

Over 500,000 men and women undergo faecal occult blood test annually. Adenoma, a non-malignant neoplasm which might develop into colorectal carcinoma, is found and removed in approximately 9,000 persons by subsequent colonoscopy. Unfortunately, about 800 colorectal carcinomas are found in screening examinations as well; early detection, however, gives the patients a good prognosis of treatment.

Cervical cancer screening examination is performed once a year in more than 2 million of women. Precancerous lesions are found in several thousands of them, which can be successfully treated and thereby prevent the development of cervical cancer.

Despite these promising results, there are dozens of percent of Czech men and women who do not attend cancer screening programmes, and therefore deprive themselves of the chance of preventing cancer or reducing its consequences. The lowest participation rates have been observed in colorectal cancer screening, in which only about one quarter of men and women undergo preventive examinations regularly. In order to deliver the information on cancer screening benefits and convince as many people as possible to participate in preventive examinations, a comprehensive project of cancer prevention was launched this year, in which the most important part is the personalised invitation of Czech citizens to cancer screening programmes. Within the target groups, the health insurance companies invite those

citizens who do not attend cancer screening programmes on a long-term basis. The invitation is realised in the form of personal letters, which include, among others, instructions on how to become involved in a particular programme. The clients are invited continuously throughout the year depending on the month of their birth. After one year of progress, the particular health insurance company will invite clients who newly meet invitation criteria, and repeatedly those who have not responded to the first invitation and still meet the criteria. If the invited person undergoes a preventive examination, he/she will be invited to further examinations in the following years by his/her physician or screening centre. The continuous mode of invitations and examinations in time is important to prevent the screening centres and physicians from the batch overload by insured persons from the screening target groups. This report presents the first results of the project. Assessment of screening programmes and the personalised invitation itself is performed by the Institute of Biostatistics and Analyses at the Masaryk University in cooperation with the Ministry of Health on the basis of data provided by health insurance companies.

Over 1.6 million of persons were invited during the first nine months of 2014; the health insurance companies distribute around 200,000 invitations letters per month. About 498,000 women of the target population aged between 25 to 70 were invited to the cervical cancer screening programme. Invitation to the mammography screening examination was sent to almost 435,000 women aged 45–70 years. The highest number of persons were invited to the less attended screening programme of colorectal cancer: almost 1,256,000 men and women aged 50–70 (see Table 1). Of the 3.4 million of women aged 25–70 (target population of cervical cancer screening), 15% of them were invited in the first nine months of 2014. In the mammography screening, 24 % of the target population comprising more than 1.8 million of women were invited. A more significant part of the population was invited to the colorectal cancer screening programme: 44% of 2.8 million of persons received the invitation letter. Participation rates in the screening programmes change with age, which results in a varying proportion of invited persons in individual age groups. While only 7% of women aged 25–29 years were invited to cervical cancer screening, the invitation was delivered to 29% of women in the age group 65–70 years, where the attendance is significantly lower. In breast cancer screening, most of the invitations were sent to women aged 45–50; in this age group, Czech women are eligible for the first mammography reimbursed from the public health insurance. Similar patterns were recorded in colorectal cancer screening, which is available for persons aged 50 years and over. The proportion of invited persons was higher in men (Figure 1).

The pilot results (which involve clients invited from January to March 2014 only!) show that approximately 13% and 14% of persons reflected the invitation to breast and colorectal cancer screening, respectively. In cervical cancer screening, in which there is a relatively small group of women who refuse the preventive examination on a long-term basis, the response rate was lower (Table 2). Therefore, the project of personalised invitations has already helped tens of thousands of Czech citizens to use the benefits of cancer screening programmes, and to effectively prevent serious malignant diseases. However, it is evident that most of the invited persons have still not reflected the invitation to free preventive examinations. In order to achieve a long-term sustainability and further increase in participation rates in screening programmes, it is essential to provide continuous support for cancer prevention. In particular, this will be done through personalised invitations, and by keeping the public aware of cancer risks and the potential benefits of prevention programmes.

Detailed information on the Czech cancer screening programmes is available both in Czech and in English on the websites www.mamo.cz (breast cancer screening), www.kolorektum.cz (colorectal cancer screening) and www.cervix.cz (cervical cancer screening), while the overall information about the project (in Czech language only) is available at www.bezrakoviny.cz.

Table 1. Number of insured persons invited to individual cancer screening programmes in the period January–September 2014

Type of invitation letter	Invitation to screening programme		
	Cervical cancer	Breast cancer	Colorectal cancer
Men invited to colorectal cancer screening			652,736
Women invited to cervical cancer screening	182,283		
Women invited to breast cancer screening		105,771	
Women invited to cervical and breast cancer screening	95,122	95,122	
Women invited to colorectal cancer screening			329,841
Women invited to cervical and colorectal cancer screening	39,350		39,350
Women invited to breast and colorectal cancer screening		52,273	52,273
Women invited to cervical, breast and colorectal cancer screening	181,615	181,615	181,615
Total number of invited persons	498,370	434,781	1,255,815

Table 2. Response to the invitation letter – participation rate of persons invited in January to March 2014

Screening programme	Number of invited	Participation rate (%)
Cervical cancer	209,018	8.1
Breast cancer	181,650	12.6
Colorectal cancer	525,225	14.2

Figure 1. Colorectal cancer screening - coverage of the target population by invitation letters.
Period January–September 2014, men and women 50–70 years, 1,255,815 invited in total.

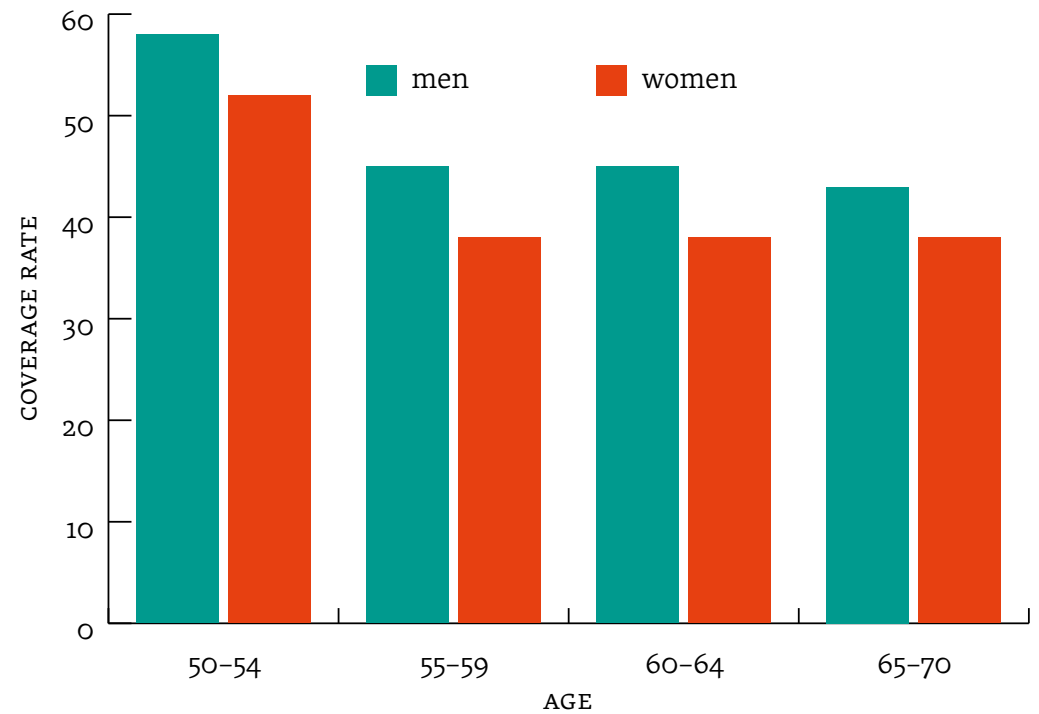
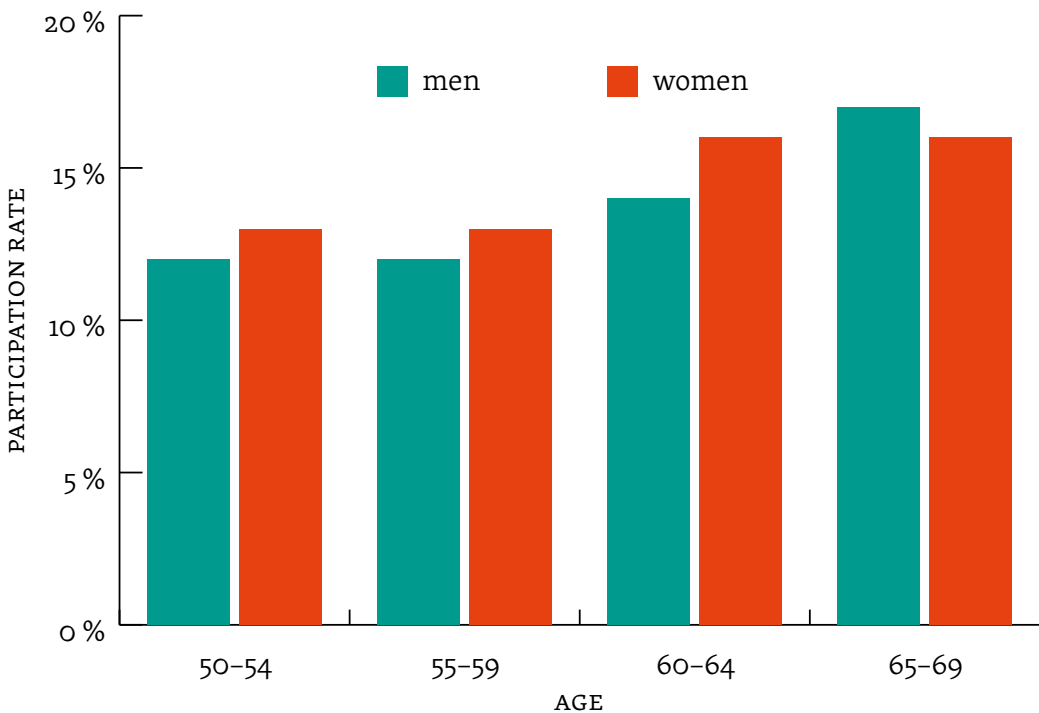


Figure 2. Colorectal cancer screening - participation rate according to sex and age. Persons invited in January to March 2014, men and women 50–70 years, 525,255 invited in total.



CONFERENCE EXHIBITION: EDUCATIONAL CANCER PREVENTION PROGRAMME WITH AN INFLATABLE MODEL OF BOWEL BY ONKOMAJÁK

Onkomaják was founded in 2009 with the main aim to help anybody who is in need to get some information about cancer diseases. The first and still ongoing project is focused on colorectal cancer and is called “Colontour”.

Since the end of 2009 OnkoMaják has been travelling with an inflatable model of colon across the Czech Republic. During the first year (2010) OnkoMaják visited all the major cities with special hospitals – Cancer Centres. Smaller towns and hospitals were further included into the itinerary in 2011. In 2012 OnkoMaják started to visit unusual places such as town halls, special events in cooperation with radio stations, TV stations, smaller hospitals, theatres. “Every man is the founder of his own fortune” was the title of the autumn 2013 tour organized in cooperation of the League Against Cancer Prague, Czech ILCO, and Onkomaják, which notched up ten destinations and more than five thousands visitors.

On the occasion of the ECCD 2014 conference, OnkoMaják introduced an on-line project of “The Invincibles”, which is intended for patients and their families. The community website allows people to share their experience and concerns, and to support each other in their fight against cancer.

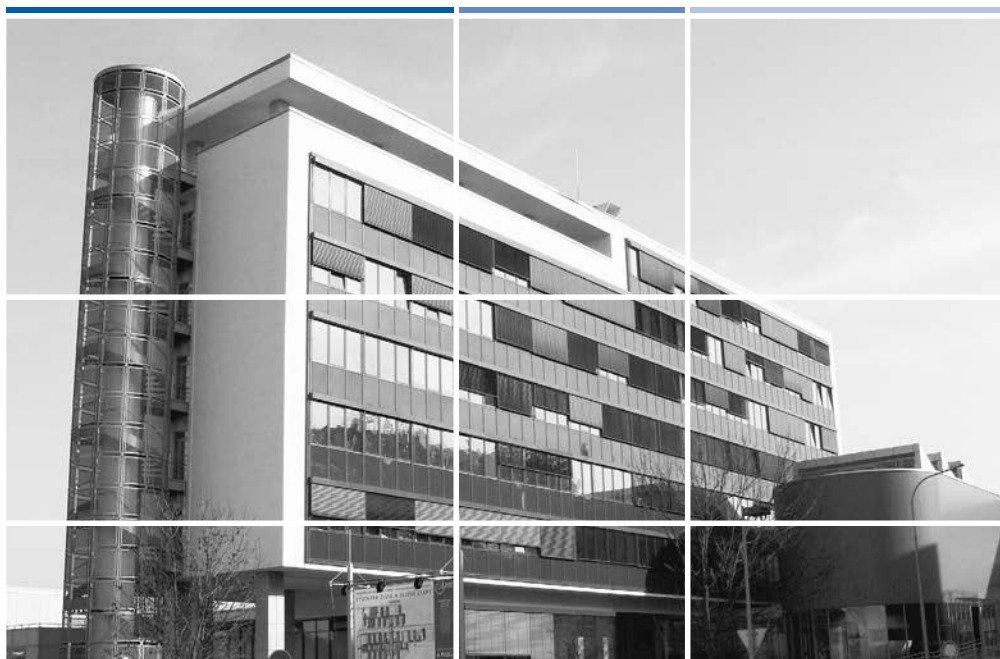
All projects are focused on:

- colorectal cancer prevention
- the education of general public and cancer patients about the way how their treatment plan should go, what steps should be made, about their rights to have second opinion from independent doctor, about the importance of a multidisciplinary team when being a cancer patient.









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