

II. EUROPEAN COLORECTAL CANCER DAYS

BRNO, April 26-27, 2013, Czech Republic



GERMAN COLON CANCER SCREENING PROGRAM

FROM THE NATIONAL CANCER PLAN TO AN IMPROVED LAW

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EU POLICY ON CANCER SCREENING

★ to achieve the potential benefit of cancer screening

★ **Quality** must therefore be **optimal**
at every step in the process including

★ **Information, Identification** (including risk groups)
Barcelona Declaration !!

★ **Personal invitation** of the target population

★ **Performance** of the screening tests

von Karsa et al. 2010



Table 1.1: Age-standardised (Europe) incidence and mortality rates for colorectal cancer by country and gender, rate per 100 000 in 2008 (data source: Ferlay, Parkin & Steliarova-Foucher 2010)

Country/Region	Females		Males	
	Incidence	Mortality	Incidence	Mortality
Austria	33.4	14.0	55.5	24.4
Belgium	42.3	15.5	66.3	22.7
Bulgaria	34.4	14.6	53.2	26.5
Cyprus	23.4	9.3	34.3	12.4
Czech Republic	44.3	19.1	91.2	40.3
Denmark	52.6	22.7	68.4	29.8
Estonia	32.8	16.7	47.7	29.0
Finland	29.1	11.0	41.4	16.8
France	36.4	14.0	54.8	23.0
Germany	41.5	15.4	68.5	25.0
Greece	17.1	10.1	24.7	14.6
Hungary	43.8	25.2	93.8	53.3
Ireland	42.9	15.4	66.9	27.9
Italy	43.7	14.3	68.3	23.6
Latvia	28.8	18.3	45.5	29.2
Lithuania	29.3	16.7	49.9	29.1
Luxembourg	38.1	13.2	63.8	22.1
Malta	29.9	18.0	47.9	25.8
Netherlands	25.7	15.7	49.3	29.8
Poland	34.4	16.6	61.6	30.6
Portugal	27.9	14.7	41.2	25.2
Romania	43.9	20.2	88.6	46.9
Slovakia	37.4	18.9	74.6	37.4
Slovenia	34.1	15.0	60.4	28.6
Spain	38.4	15.4	47.8	20.6
Sweden	46.2	18.5	65.1	26.0
United Kingdom	35.4	14.4	54.9	21.9

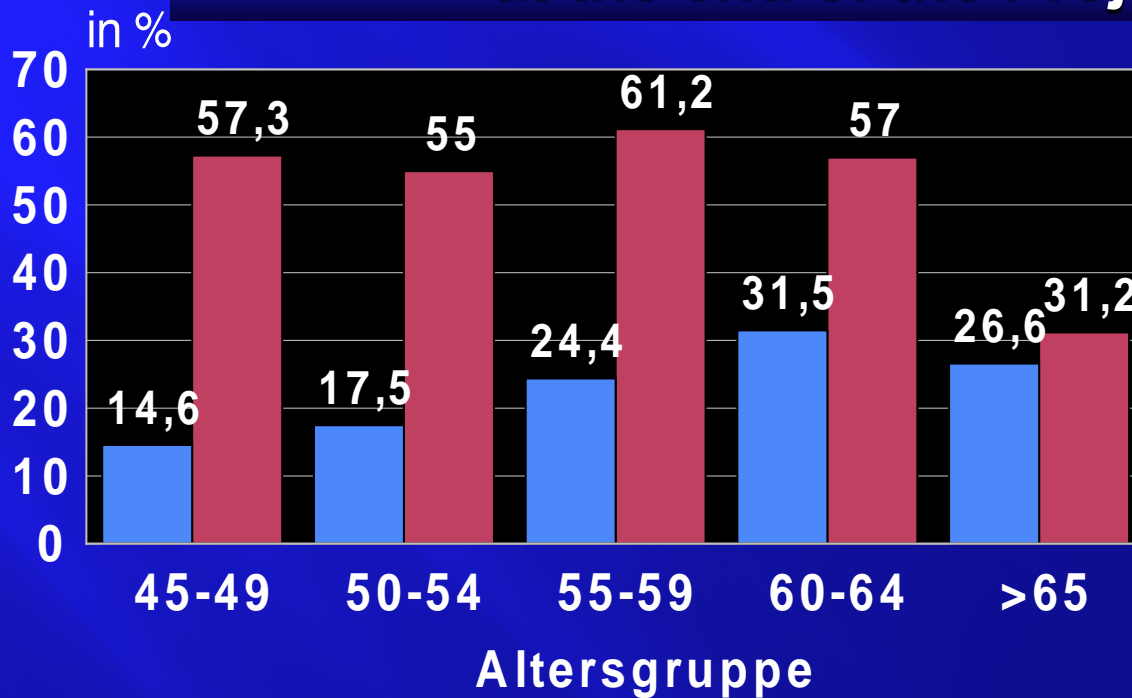
BAVARIAN MODEL PROJECT 1996-1999

PARTICIPATION IN FOBT-SCREENING

prior to the Project:

MEN 11-12 %
WOMEN 25-30 %

at the end of the Project:



= Increase
15 % MEN and
30 % WOMEN

Ernst-von-Leyden-Medaille 1998

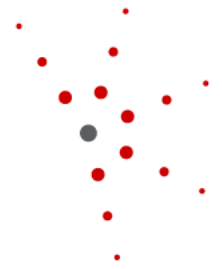
COLORECTAL CANCER

- GERMAN SCREENING GUIDELINES-

Since 2002:

- **g-FOBT annually starting with 50 years**
(every 2 years with 55, if no endoscopy)
(Evidence/ Recommendation: 1a / A)
- **Screening colonoscopy with 55, repetition after 10**
years (if first examination inconspicuous)
(Evidence/ Recommendation: 3b / A)





The National Cancer Plan

- Ø Progress of the fight against cancer is only moderate
- Ø Therefore a need for a National Cancer Plan is evident
- Ø The National Cancer Plan should contain :
 - § General Information
 - § Organized structure
 - § Fields of action and goals
 - § Operating procedures



Necessity for a National Cancer Plan

Ø Increasing requirements to cancer patient's care

- § increasing complexity und specialisation**
- § continuing high level training and education**
- § Interdisciplinarity**
- § Quality assessment**
- § Evidence based data indispensable**
- § necessary patient orientation**



Organisationsstruktur

**BMG
(Federführung)**

315
Allgemeine
Koordinierung

**Steuerungsgruppe
(gesundheitspolitische Akteure und
große Organisationen)**

Projekträger DLR
(wissenschaftliche, fachliche,
administrative Unterstützung)

AG 1

**Krebsfrüherkennung
(Ziele 1-3)**
(UAG 1, 2, 2a, 2b,
3 und risikoadaptierte
KFÜ)

AG 2

**Qualität/
Versorgungs-
strukturen
(Ziele 4-9)**
(UAG 5,6,8,9)

Handlungsfeld 3

**Wissenschaftliches
Fachgutachten**
Onkologische
Arzneimittel-
versorgung

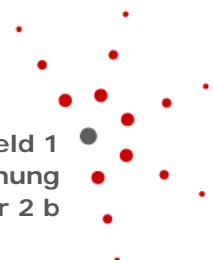
AG 4

**Patientenorientierung
(Ziele 11-13)**
(UAG 11a/b
12a/12b/13)



Four fields of action and goals of the National Cancer Plan

- 1. Further development of early cancer detection
(goals 1-3)**
- 2. Further development of infrastructure and quality
of health care structures in oncology (goals 5-9)**
- 3. Ensuring of an efficient treatment of oncologic
patients (center of gravity first in the best drug
supply of oncologic patients (goal 10)**
- 4. Boosting of the patient orientation (goal 11-13)**



Background

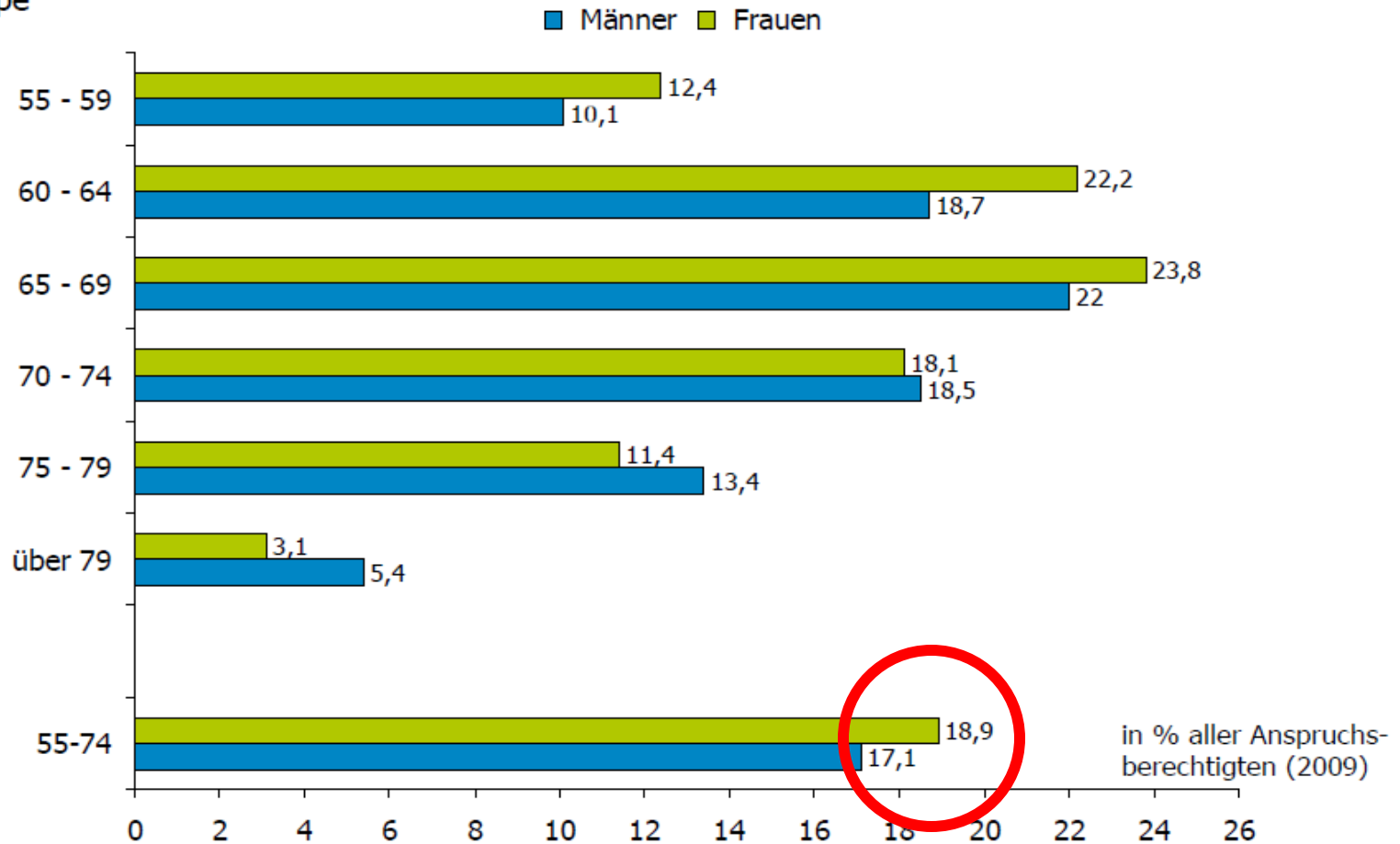
The annual participation in the FOBT screening stagnates for women at a rate of ca. 35 % (Gynecologists!), for men at 12-15 %

The ongoing screening procedures (G-FOBT and, since 2002 colonoscopy as alternative) do not have led to the expected and possible increase

The expenses of new therapeutic strategies have exploded in recent years concerning especially progressive and metastatic colon cancer

Kumulierte Teilnahme an Früherkennungs-Koloskopien in berechtigten Altersgruppen (2003 bis 2009)*

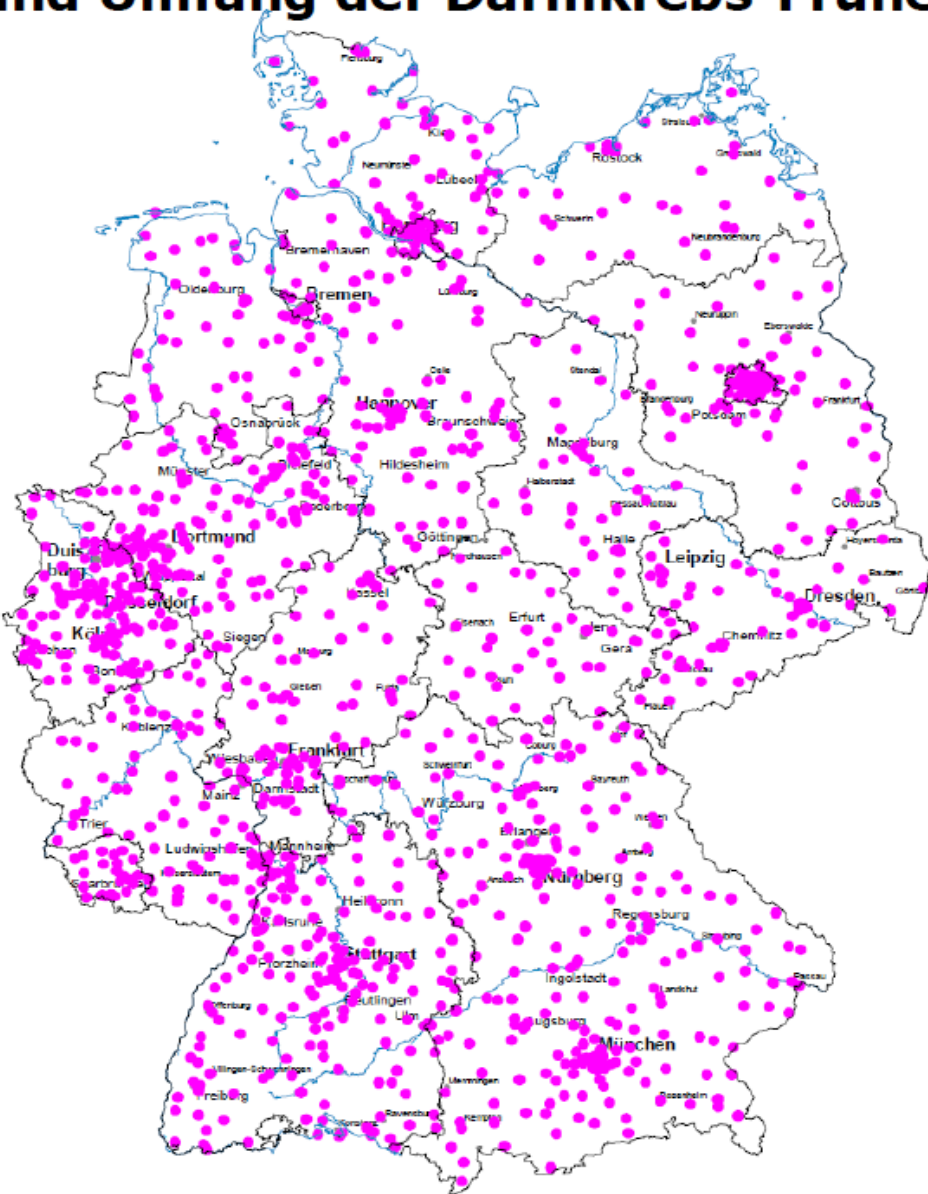
Altersgruppe



* Nenner: KM-6-Statistik 2009 und Berücksichtigung erwarteter Sterbereignisse bei Screeningteilnehmern



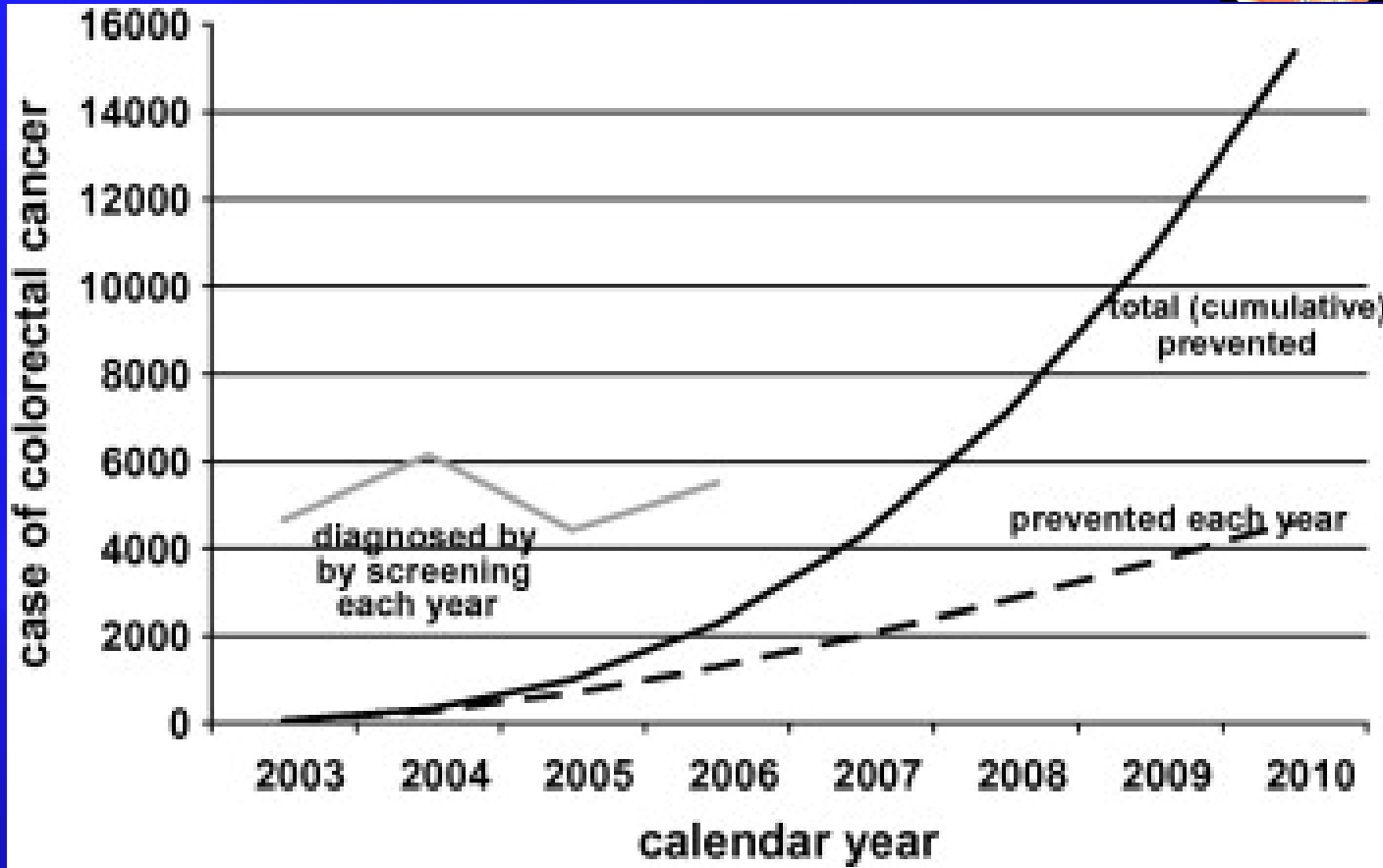
Praxisstandorte koloskopierender Praxen (n: 1.750) in Deutschland und Umfang der Darmkrebs-Früherkennungsleistungen



- ✓ **Beratungen** von Patienten zu den Möglichkeiten einer Früherkennung des kolorektalen Karzinoms:
ca. 2.240.000 / Jahr
- ✓ **Präventive Tests** auf verstecktes Blut im Stuhl:
ca. 4.051.000 / Jahr
- ✓ **Früherkennungs-Koloskopien:**
ca. 395.000 / Jahr
- ✓ **Anspruchsberechtigte:**
ca. 16,7 Mio. gesetzlich Versicherte zwischen 55 und 74 Jahren

COLONOSCOPY

- screening success -

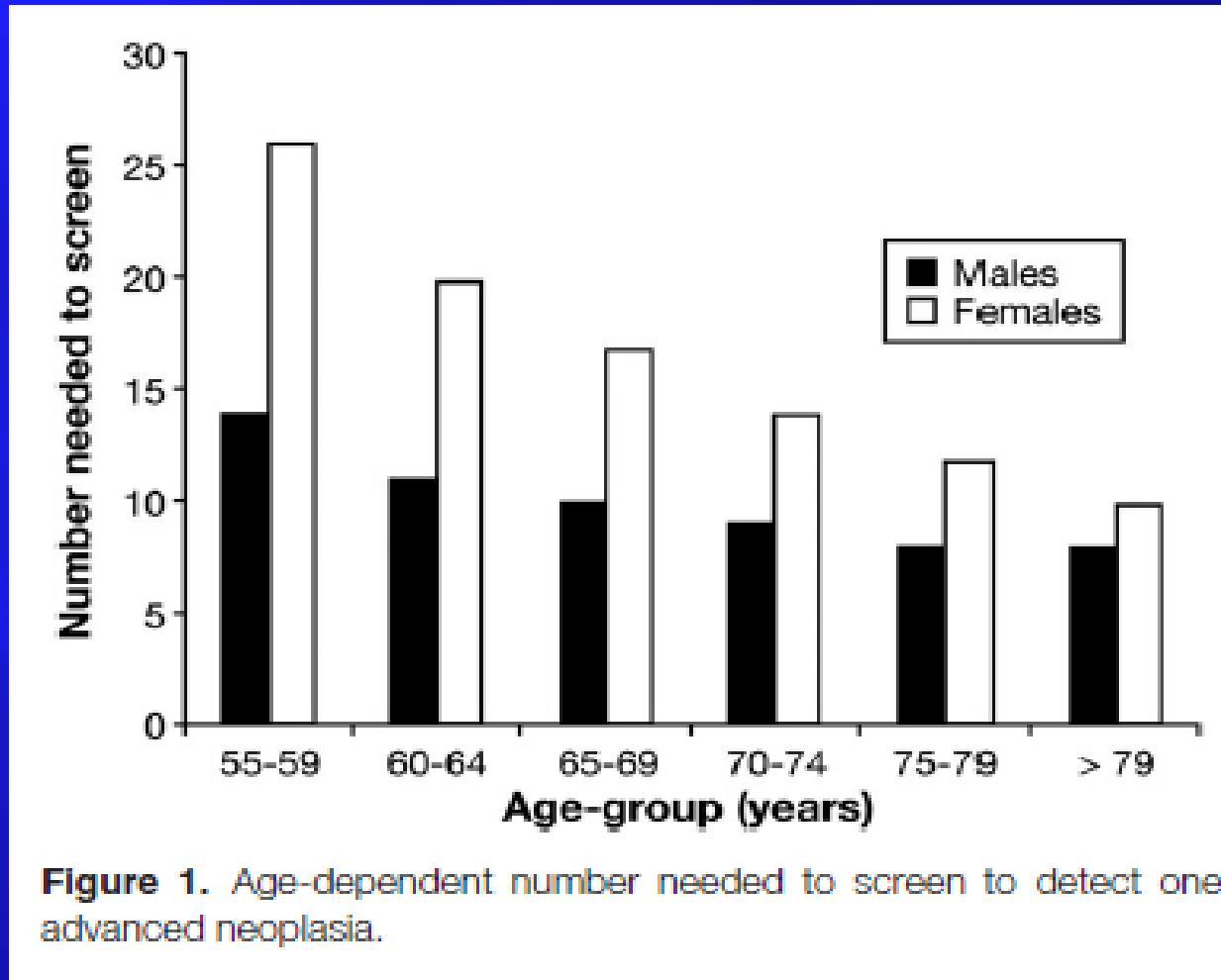


expected and prevented colon cancer (Markov- model)

Brenner et al., European Journal of Cancer 2009



NUMBER NEEDEDED TO SCREEN TO DETECT A PROGRESSIVE COLON NEOPLASIA



CRC- RISK REDUCTION

Population-based Case-Control-Study:

1688 patients with colorectal cancer
1932 controls > 50

CRC – total reduction 77%

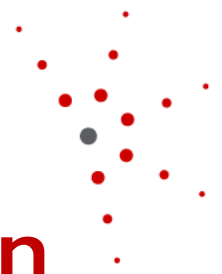
Left Colon 84 %

Right Colon > 50 %



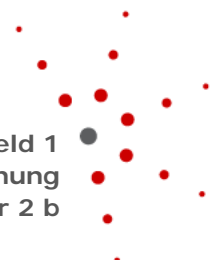
Brenner et al. Ann Intern Med 2011;154:22





Necessitiy for a National Cancer Plan

- Ø Recommendation of WHO and EU (finally EU council summary of 9./10. Juni 2008)
- Ø Demography: age related increase of cancer
- Ø Cancer responsible for the second place in mortality in Germany
- Ø Tendency to chronification of the disease



Weiterentwicklung der Darmkrebsfrüherkennung

Einführung eines organisierten Darmkrebs-Screenings

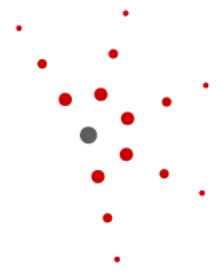
Dr. Christa Maar

Prof. Dr. Michael Betzler

Prof. Dr. Hermann Brenner

Prof. Dr. Jürgen F. Riemann (Sprecher)

Prof. Tilman Sauerbruch



Field of Action 1:

Further Development of early cancer detection

- Ø **Goal 1: use of early cancer detection**
- Ø **Goal 2a: organized cervix cancer screening**
- Ø **Goal 2b: organized colon cancer Screening**
- Ø **Goal 3: evaluation of early cancer detection**

- Ø **Cross cutting issue: risk-adapted early cancer detection**



„Milestones“



- Ø **Initiation on Juni 16th, 2008**
- Ø **Set up of a control group und three working groups in 2008**
- Ø **National cancer conference Berlin on Jun23th, 2009**
- Ø **Numerous discussion rounds**
- Ø **Cancer congress Berlin Februar 22-25., 2011**
- Ø **Decision making how to implement the different recommendations of the goals**
- Ø **Internet Publication**
- Ø **Advertisement to promote research projects**

ADVANCES IN TUMOR SCREENING

Screening tests in use:

g-FOBT, i-FOBT, sigmoidoscopy, sigmo + FOBT, colonoscopy

Screening tests under evaluation:

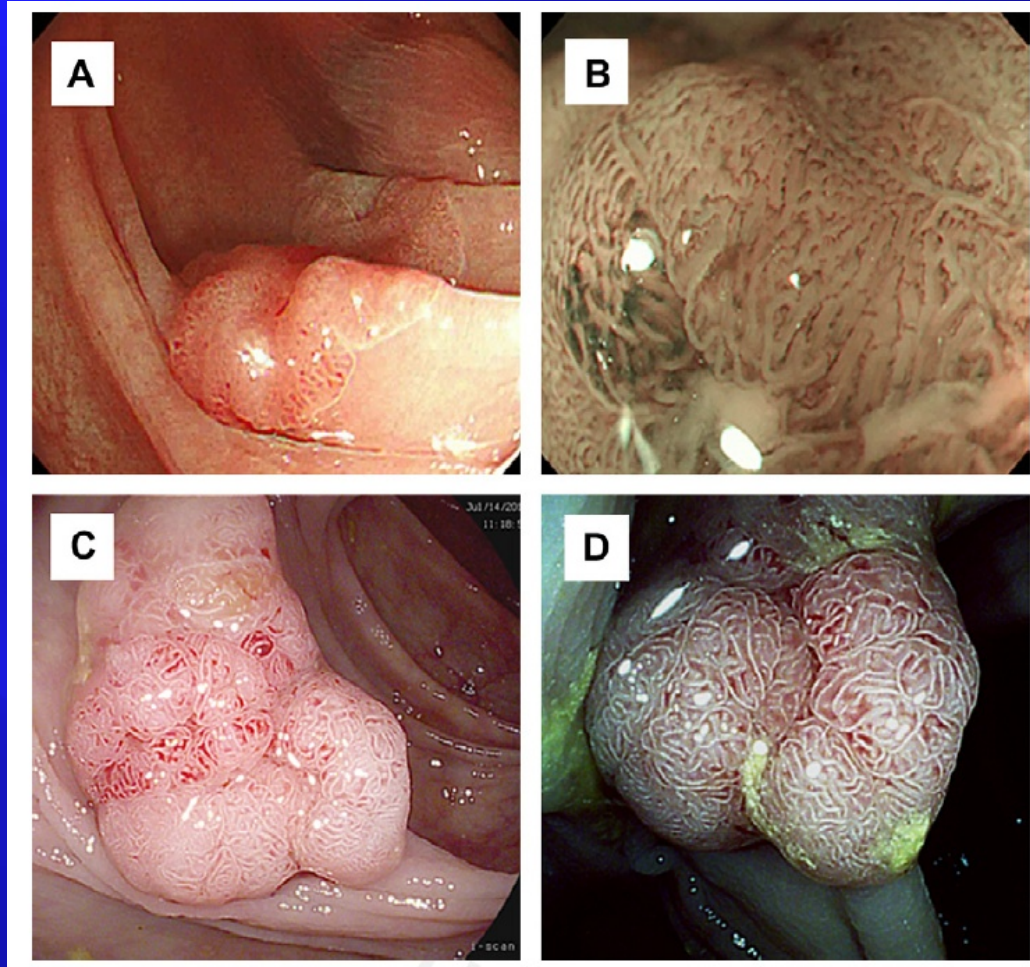
CT colonography

Capsule endoscopy

Biological markers (stool/blood)



DIGITAL (VIRTUAL) CHROMOENDOSCOPY



NBI

- Accuracy
- 81-93%

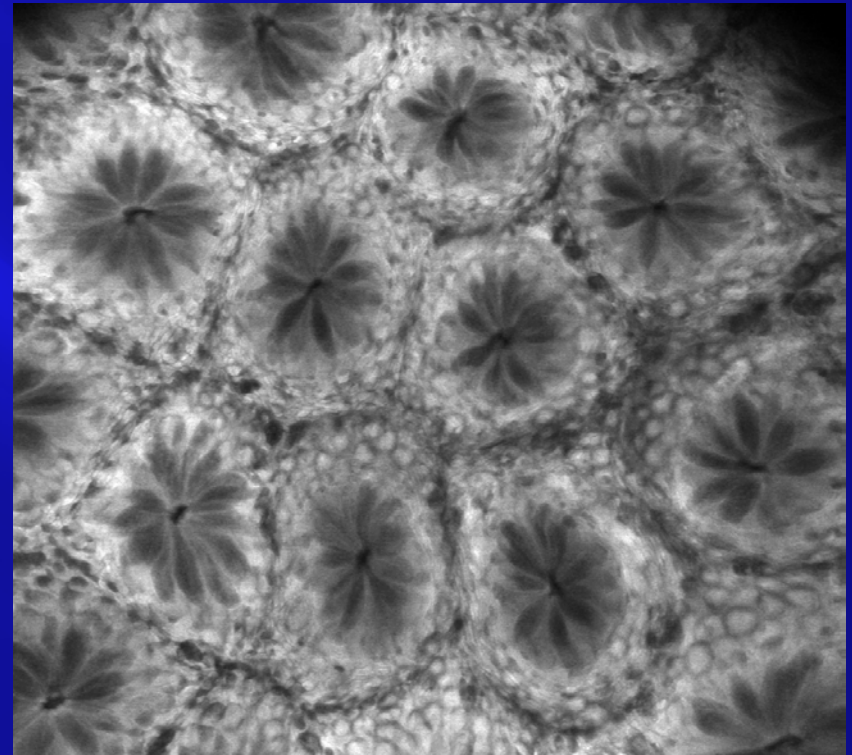
i-Scan

- Accuracy
- 89-97%

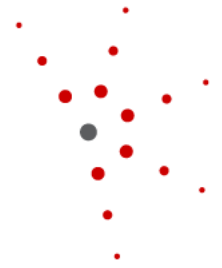
Sauk et al. Gastroenterol Clin North Am 2010



SIMULTAENOUS INFORMATION

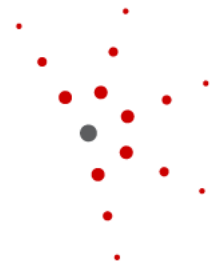


Courtesy of Ralf Kiesslich



Goal 2: Organized Screening: keypoint

The early cancer detection programs which have demonstrated to reduce the mortality of the target disease take into account the European recommendations for systematic population-based screening



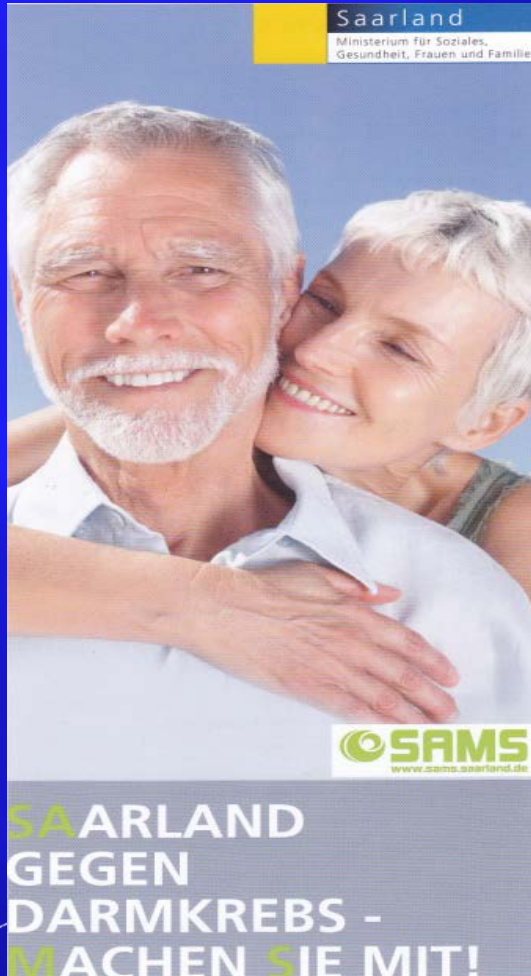
Goal 2b: Colon Cancer Screening

Ø Recommended Measures

- 1. Creation of a legal framework for a nationwide organized colorectal cancer screening program with a personal invitation**
- 2. Regional testing of different models of such a screening strategy**
- 3. benefit assessment of the fecal immunological tests by the Federal Joint committee(G-BA)**

MODEL-PROJECT SAARLAND

SUPPORTED BY THE GERMAN FEDERAL MINISTRY OF HEALTH



Saarland
Ministerium für Soziales,
Gesundheit, Frauen und Familie

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Goal 2b: Colon Cancer Screening

Ø Recommended Measures

4. Ensuring that a patient-related documentation and a merging of data including a centrally based data evaluation will be possible
5. Registration of the 4-week-Complication-rate
6. Inclusion of the „risk-adapted early detection“ into the guidelines of the federal joint committee
7. Financing of an organized screening program
8. Concerted PR work

EU – RECOMMENDATION



European Commission

FOBT IS,
BUT COLONOSCOPY IS **NOT**

A SCREENING TEST FOR CRC
RECOMMENDED BY THE EU TO DATE



RESULTS OF A FRENCH FOBT PILOT PROJECT

621.449 invitations sent
324.389 responders (**52% compliance**)
9.427 positive FOBT (2.9%)
7.947 colonoscopies (**84.3%**)
763 CRC's (9.6% >80% stage T1 or T2)
2.623 Adenomas (33.9%)



COMPLICATIONS IN SCREENING COLONOSCOPY

INTERNATIONAL REFERENCES

	Lieberman et al. 2000	Regula et al. 2006	Schoenfeld et al. 2005	Rainis et al. 2007	Kim et al. 2007
Severe complications	0.3%	0.1%	0%	0.08%	0%

Segnan N, Patnick J, von Karsa L, 2010



CRC Screening in Europe in 2009

Population-based, nationwide

■ Roll-out complete

■ Roll-out ongoing

● Piloting

▲ Planning

Population-based, regional

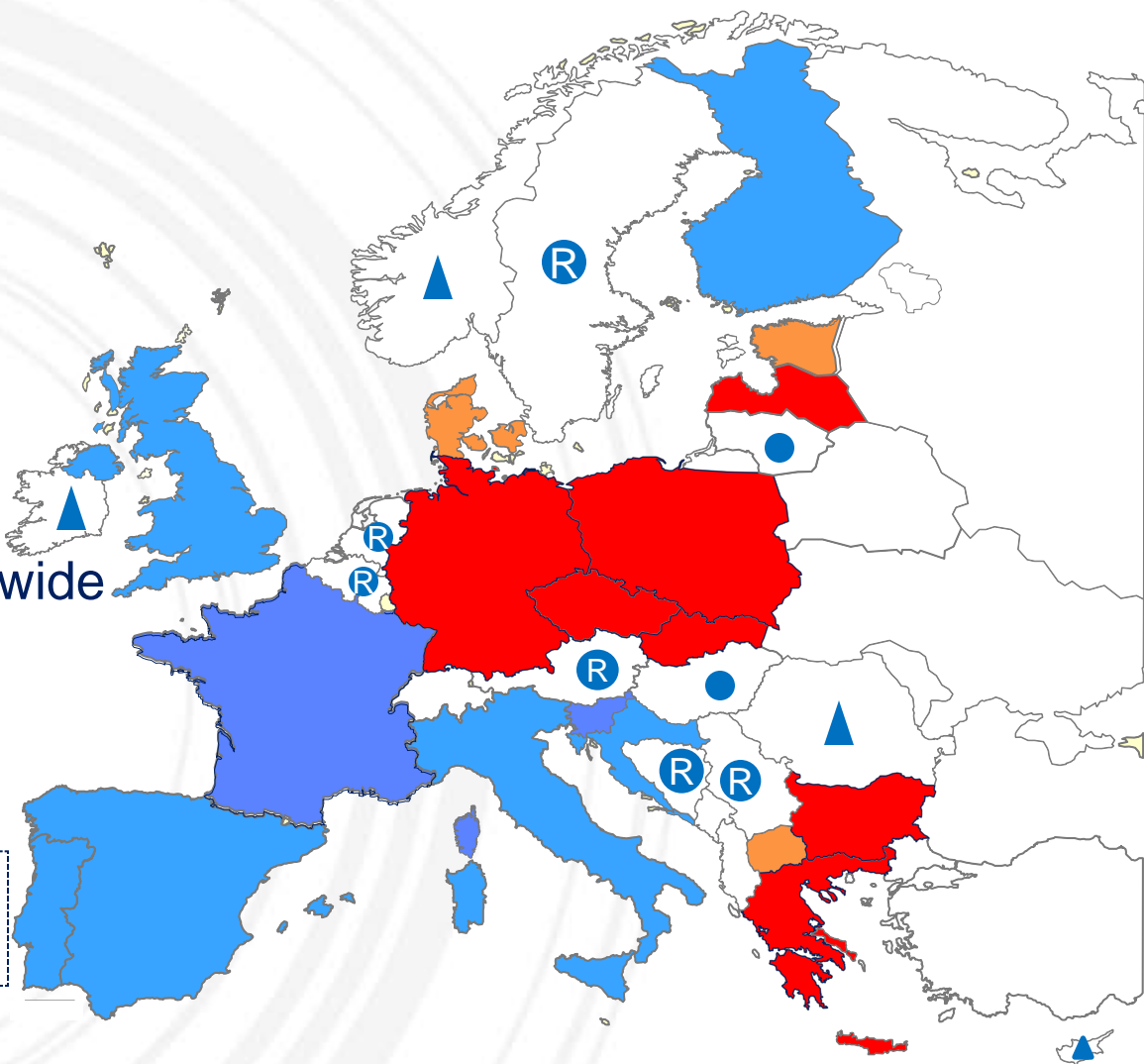
Ⓡ Piloting

Non-population-based, nationwide

■ Roll-out complete

■ No programme

In most European programme or „wild“ screening is performed



THE LAW ON „THE FURTHER DEVELOPMENT OF THE EARLY DETECTION OF CANCER AND QUALITY ASSURANCE THROUGH CLINICAL CANCER REGISTRIES“

31. Januar 2013 (Bundestags-Drucksache 17/12221)

1. März 2013 (Bundesrat lässt Gesetz passieren)

9. April 2013 Gesetz tritt in Kraft

- > from an opportunistic screening to an population based organized (invitation) screening program
- > Establishment of comprehensive cancer registries



WHAT IS THE INTENTION OF THE LAW?

To create the necessary legal framework

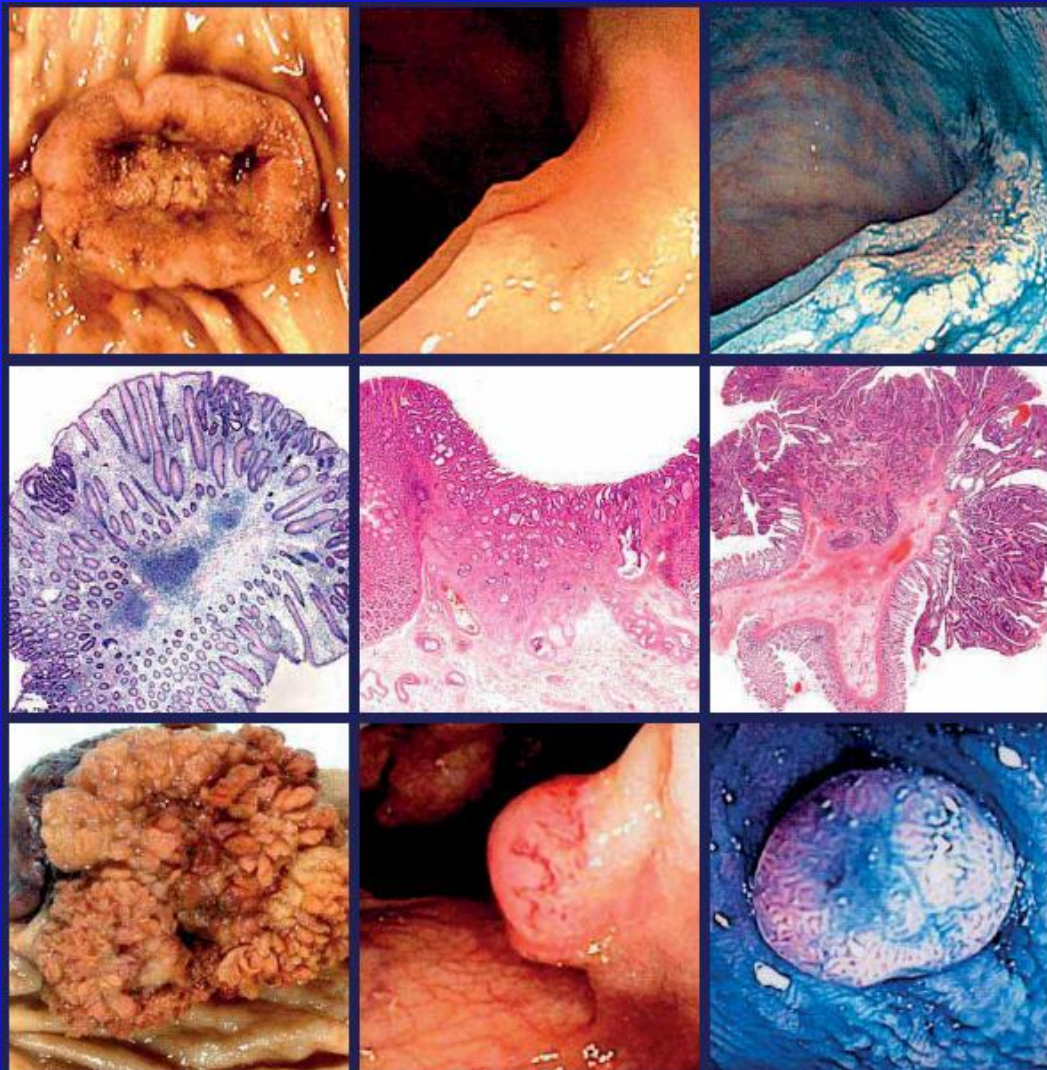
To provide balanced information on the potential benefits and harms for everyone

Decision for or against based on informed choice

The law explicitly refers to the existing European Guidelines on Cervical and Colorectal Cancer Screening as the policy basis



EUROPEAN GUIDELINES



European
Guidelines for quality
assurance in colorectal
cancer screening and
diagnosis

First Edition
Lyon 2010



European Commission



NEXT STEPS

- ★ **The Federal Joint Committee (G-BA), the highest decision-making body of the so-called „joint self-government“ of physicians, dentists, hospitals and statutory insurance funds in Germany will decide now on**
- ★ **details of content**
- ★ **organisation of the population-based screening programs**
(targets, age, screening intervals, screening methods et.)





European Commission

THE EUROPEAN COMMISSION PROPOSES

A EUROPEAN PARTNERSHIP FOR ACTION AGAINST CANCER FOR THE PERIOD 2009 - 2013

to provide the Member States in their efforts to tackle cancer by providing a framework for identifying and sharing information, capacity and expertise in cancer prevention and control



Hinschauen hilft!



LebensBlicke

Stiftung Früherkennung Darmkrebs

THANK YOU FOR YOUR ATTENTION

Das Bier danach

Die Aktion
aus Kelheim
zur Darmkrebsvorsorge



