

# Colorectal Cancer Screening –

the role of Specialists, Family Practitioners,  
... and You Yourself

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# Cancer screening in general

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- **Presently officially accepted forms of cancer screening:**

- breast cancer
- cervical cancer
- colorectal cancer

- **Differences**

- History
- Gender specificity
- Age spectrum

- **Similarities**

- Public Health involvement
- Public/private execution

- **Needs**

- Outcome evaluation in society and research (biological/medical, societal and psychological)
- Balancing 'promotion of health' vs 'invasion of privacy'
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# The Specialist(s)

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- Researchers
- Excelling Performers and Inventors
- Masters of segments
- Carriers of Charisma
- Publicity-minded persuaders
- Opinion keepers and defenders
- Organized in 'pyramids'
- **With one word: HEROs**



# Specialists in colorectal cancer screening

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- **Great achievements:**
  - Signaling the growing problem CRC at an early stage
  - Finding methods for CRC SCR fast, and applying them immediately in a scientifically controlled way
  - Never stopping as long as the problem is not sufficiently resolved
- **For CRC this means: A task for forever**

# Achilles

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- **Some Achilles heels of the specialists:**
  - They love more novelty than routine
  - They like more to be the lieutenants in the battle than the soldiers
  - They are rather individuals than company-minded
  - Their opinions can be very strong and at times non-compromising



**But, aren't they beautiful?**

# The Family Doctors

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- They are everywhere on the globe
- They are (nearly never) further than 10 km away from their patients
- (unfortunately this is not true for Siberia, Mongolia, Africa, Australia, et al )
- They not only know all their single patients (sometimes for more than 40 or so years!),
- but also:
  - the entire family and its social environment
  - the smell in their kitchen
  - the money in their purse
  - their desires and frustrations
  - their sense of responsibility and nonchalance
- and not to forget all the patients' own medical history, their family history, their mental capacity, their hopes and fears



**ICT – supported healthcare: Who can construct a ‘DSS? (Decision Supporting System) like that?**

# The Family Doctors

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## To whom would you compare a Family doctor?

- Leonardo da Vinci? ... knows and has to know everything
- An angel? Yes! At 3 o'clock in the night, when you cannot reach anyone else
- A person from 8 to 17? Forget it!
- A relict in extinction? Hope, that not!

(One would have to re-invent her/him immediately!)

TEAM SISYPHUS



There is no end  
to what we will carry.

- Sisiphus? Yes!
  - ... not only gallstones, kidney stones, but everything that goes wrong, from sleep, appetite and love (the easy ones!) to cancer, pain and death

# And You Yourself?

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- In principle unknown and non-describable

... for others and for yourself

- Having Your own will

Are you sure?

- Wanting to be happy

Missing many chances to be it

- Wanting to be healthy

Fighting a guerilla war against yourself

- Being brave (in artificial wars and football arenas!)

Being afraid for doctors and ... colonoscopies

- ... and finally: SOCIETY

There are lots of YOU, YOU, YOU, YOU, and other YOUs





# What has this all to do with CRC-SCR?

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From all the individualities of persons, compositions of societies, preferences and fears for the one medical practice or the other, thoughts of liberty or thoughts of discipline, obvious successes and clear failures, **we have to create:**

**SPACE for NEW IDEAS**

**PHANTASY in PERSUASION**

**PERSONAL ENGAGEMENT giving**

**FEELINGS of HAPPINESS at SUCCESS**

**and SADNESS at BAD LUCK**



**In the ever lasting fight against Colorectal Cancer**

# Some important CRC-SCR facts to keep in mind

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- Some person has to be the guide through the process of CRC-SCR
- The screenee's (and every You's) medical history is of uttermost importance)
- In every publicly organized CRC-SCR, give the possibility to voluntarily choose primary colonoscopy as option
- Colonoscopists should either be in supervised training, or should have passed a colonoscopy ability test
- Find the best way for colonoscopy preparation and sedation/anesthesia
- Information of screening results should be fast and clearly documented (to the 'screening guide', the 'screenee' and the location of follow-up and/or potential treatment)
- Every screening occasion is a 'golden opportunity for health promotion of any kind to the screenee her/his own crowd of 'YouYouYou's'
- Specialists and Family doctors should and would always do the best of what they opted and are paid for, ...

**... but only a huge, seriously informed and motivated YouYouYou crowd will become a**

**SOCIETAS SAPIENS**

# Do not close your eyes for the evidence

Kirkegaard et al. BMJ 2010; 341: 1-8

- 55487 subjects (50-64 yrs) in a prospective study (1993 - 1997)
- Five lifestyle recommendations:
  - Smoking
  - Physical activity
  - Alcohol intake
  - Waist circumference
  - Diet (fruit, vegetables, fibres, and avoidance of red and processed meat)
- Results (2004 – 2006)
  - Median follow up 9.9. yrs
  - 1.9% CRC diagnosed
  - 13% (4-22%) attributable to lack of adherence to 1 recommendation
  - 23% (9-37%) attributable to lack of adherence to 5 recommendations



Would the combination of CRC SCR with primary prevention be a good idea?

Yes, it is! There is already good **evidence in the literature**:

Senore et al. Front Oncol. 2012: 2: 45 doi:  
10.3389/fonc.2012.00045:

**“Population based cancer screening programmes as a TEACHABLE MOMENT for PRIMARY PREVENTION INTERVENTIONS. A review of the literature.”**

# BRNO made it!!!

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- For the 4<sup>th</sup> time, it has brought together every segment of professions and many populations that count in European Cancer CRC SCR
- This meeting has become a center of inspiration for the diagnostics, treatment and particularly for the

## PREVENTION OF CANCER in EUROPE

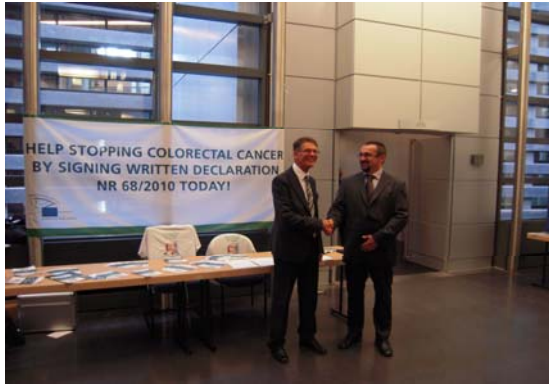
- **The meeting is especially useful for the newer arrivals in the European Union that still have a serious need for fast advancement in the matter.**



# EUROPEAN CANCER PREVENTION 'WISHFUL ACTING'

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'BRNO' began here:



Imagine, if it could arrive here:



**A European Cancer Institute (ECI), growing out from an East-European Cancer Center (EECC)**







