



Colorectal cancer screening in Europe

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Europe



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Global limits

- ▶ Unsatisfactory epidemiological data
 - incidence
 - mortality
- ▶ Unsatisfactory adherence of population to screening of colorectal cancer

Why?

▶ WHO

- Screening for colorectal cancer (CRCA) meets all the criteria for mass screening

▶ Surveys

- Organization of the screening
- Faecal occult blood test
 - kind of test
 - periodicity
- Screening colonoscopy, sigmoidoscopy
- New methods - Calprotectin

Czech screening model

- ▶ 1/ Faecal occult blood test is performed on people between 50 - 55 y.o. annually and if result is positive it is followed by Screening Colonoscopy
- ▶ 2/ Faecal occult blood test performed on people from 55 y.o. bi-annually and if result is positive it is followed by Screening Colonoscopy
- ▶ or
- ▶ 3/ At 55 y.o. – Primary screening colonoscopy - if negative, 10 year pause in screening

Czech screening model

- ▶ Who works with FOBT?
 - general practitioners
 - gynecologists
- ▶ FOBT
 - immunochemical
 - guajak
- ▶ Executive role of GPs
- ▶ (run the process)

Experience behind project

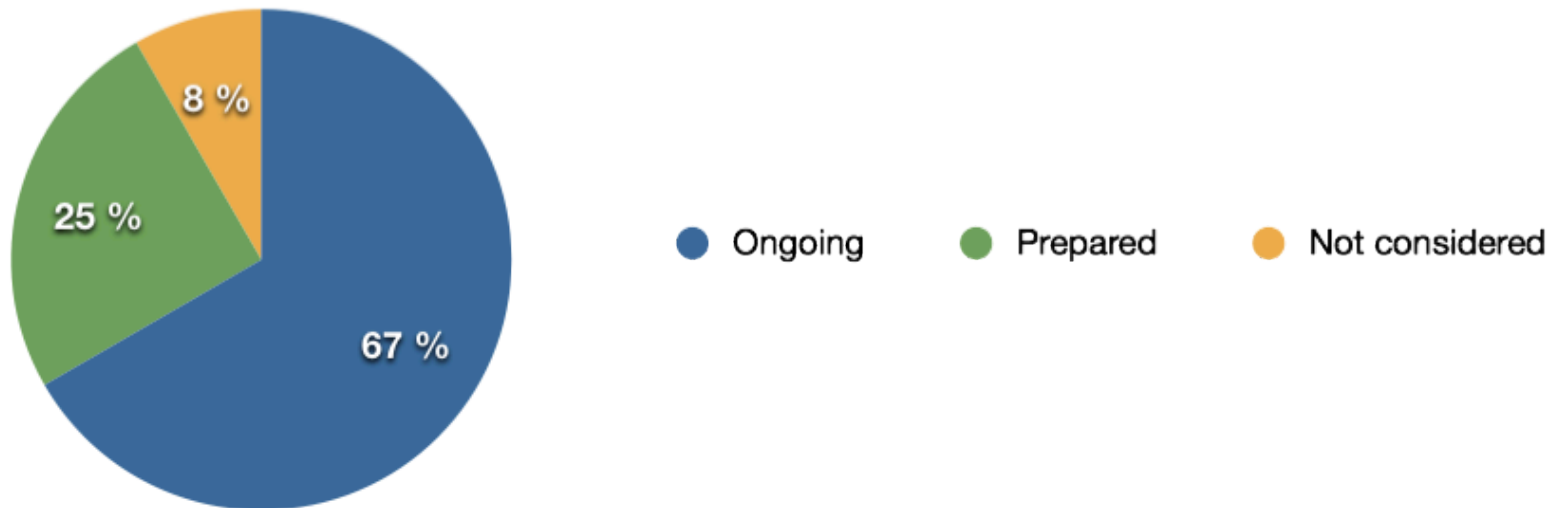
- ▶ UEGF, UEGW
 - many interesting presentations about screening
 - stimulating, great medical analysts of the topic
 - many differences between countries in preventative screening
- ▶ Aim:
 - to identify opinions of medical analysts of GE in European countries
 - to learn screening programs and barriers in individual countries

Survey

- ▶ Data providers from ESPCG network
 - 21 DPs from 12 European countries:
 - Belgium, Estonia, Great Britain, Italy, Netherlands, Norway, Poland, Romania, Slovakia, Slovenia, Sweden, Czech Republic
- ▶ Method
 - Distribution via online form - google m.
 - www.oursurvey.biz

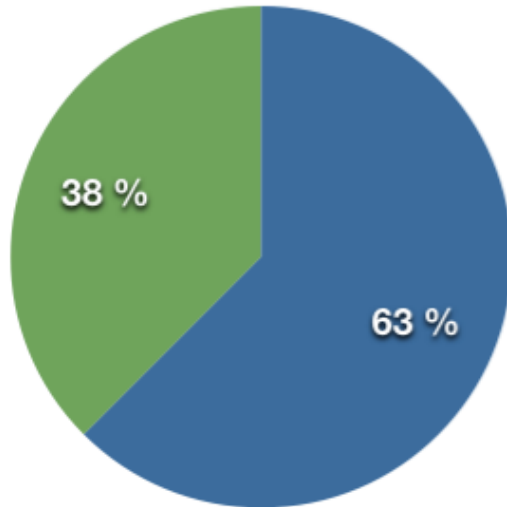
Results

- ▶ 8/12 - ongoing program
- ▶ 3/12 - screening being prepared
- ▶ 1/12 - screening not considered



Result

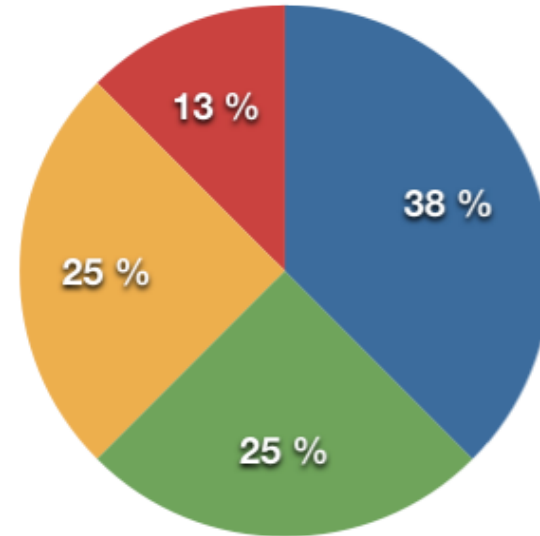
Role of GP



● Informative

● Executive

Screening modality



● G

● FIT

● G + FIT

● CS

Results

- ▶ Screening of colorectal cancer is included in public health schemes
- ▶ Screening program differences
- ▶ Inconsistent programs - Belgium, Italy, Sweden
- ▶ Financial motivation of populations no exists

How to improve screening

- ▶ Czech R., Italy, Poland, Sweden, Great Britain - Media
- ▶ Belgium, Czech. R., Great Britain, Norway - Motivation of population (Bonus system, Support from state)
- ▶ Czech R., Slovenia, Poland, Great Britain, Sweden - Special training for Family doctors
- ▶ Slovakia, Belgium, Great Britain - Low financial motivation of GPs

Conclusion

- ▶ Discussion needed of screening
 - among medical societies, patients, politicians
- ▶ Survey
 - more detailed and wider study
 - more data from other European countries

Thank you for attention

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