



iPAAC
INNOVATIVE PARTNERSHIP
FOR ACTION AGAINST CANCER

Slovenia: View from a Member State on colorectal cancer screening

Tit Albreht, MD, PhD, Senior Researcher, Joint Action Scientific Coordinator

National Institute of Public Health, Slovenia

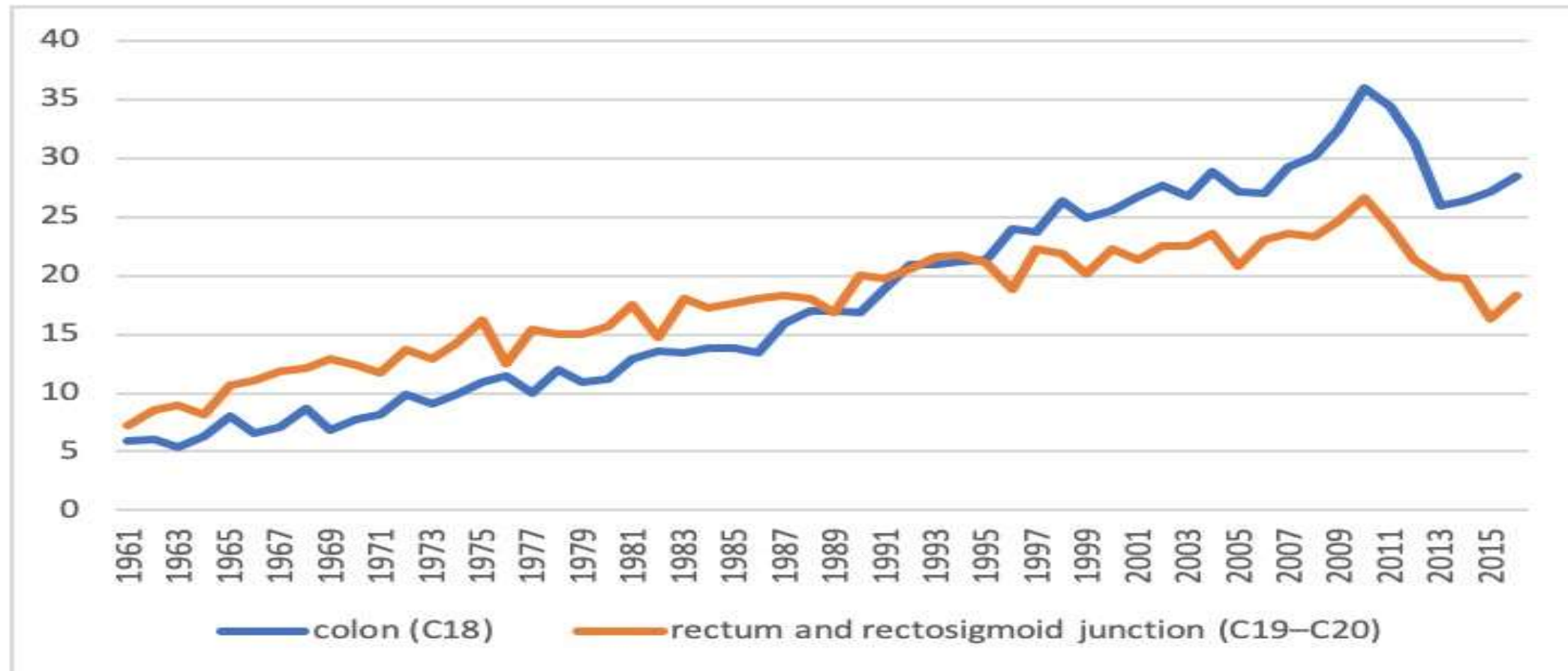
E-mail: tit.albreht@nijz.si



Co-funded by
the Health Programme
of the European Union

Epidemiological challenges

Age-standardised incidence in Slovenia, 1961-2016



Source: Cancer registry of Slovenia at <http://www.slora.si>, accessed 24 May 2020

CRC Screening in Slovenia – Programme SVIT



- Introduced in 2009 – central laboratory for all samples, initial ages 50 to 69 years, in 2018 extended to 74 years
- The largest screening programme in Slovenia, annually 1/6 of the population gets invited
- FIT test introduced by priority
- Slow pickup at the beginning, but reaching 64% in 2019
- 6% positives on average, most with benign lesions, various polyps and precancerous lesions



The need for a structured approach

- Clear concerted activities with good coordination
- Securing sufficient capacity for colonoscopies
- Assuring quality in all phases of the process
- Transparency of all activities
- Good communication strategy
- Strong connection between the screening programme and the cancer registry with frequent updates on data
- Continuous communication with the public and the interested community (patient groups and professional community)

Quality assurance in the forefront



- Quality assurance is important from several aspects:
 - Professional integrity
 - Optimising outcomes and resources
 - Trust in the screening programme (very important!)
- A clear system was set up for the QA of colonoscopies including the pathology services
- Application of the European gastroenterological standards
- It would be important for this aspect to be picked up in the ECICRC



Screening for CRC as an economic means



- Screening for CRC is a complex and costly undertaking
- Nevertheless, cost of treating advanced cases of CRC is much more costly, especially with combined, multi-tier treatments
- Several studies have already proven a very low cost per QALY, such as:
 - Coretti, S., Ruggeri, M., Dibidino, R., Gitto, L., Marcellusi, A., Mennini, F. S., & Cicchetti, A. (2020). Economic evaluation of colorectal cancer screening programs: Affordability for the health service. *Journal of Medical Screening*. <https://doi.org/10.1177/0969141319898732>
 - Arrospide, A., Idigoras, I., Mar, J. *et al.* Cost-effectiveness and budget impact analyses of a colorectal cancer screening programme in a high adenoma prevalence scenario using MISCAN-Colon microsimulation model. *BMC Cancer* **18**, 464 (2018). <https://doi.org/10.1186/s12885-018-4362-1>
 - Tangka FKL, Subramanian S. Importance of implementation economics for program planning-evaluation of CDC's colorectal cancer control program. *Eval Program Plann.* 2017;62:64-66. doi:10.1016/j.evalprogplan.2016.11.007



The need for concerted action



- There is a clear case for concerted action:
 - At the level of the EU:
 - European Community Initiative on CRC
 - Accreditation and standardisation
 - Enhancing support for national screening programmes
 - Providing means / platform for best practice exchanges
 - At the level of Member States:
 - Introducing population-based CRC screening programmes overall
 - Working on and implementing a joint pathway (proposed by JA iPAAC)
 - Developing standards for survivorship challenges and long-term follow-up



The way forward – challenges to be tackled



- A new challenge in 2020 - COVID-19 – the response:
 - Some delay because of the temporary suspension of colonoscopies
 - The need to continue with the screening programme (SI: since 11 May 2020)
 - Protection of all involved in colonoscopies, the rest does not require any enhanced activity
 - Securing continued management of cancer patients
- Assure the continued attention and financing of this programme
- Colorectal cancers as one of the main challenges in cancer for the foreseeable future



Hvala!

Thank you!