

'The Financials of CRC Screening - Better Investments to Save More Lives' Saving Lives with the Thematic Network on CRC Screening in the EU!

Wednesday 7 October at 10.00 CET, Brussels time

COST-SAVINGS FROM COLORECTAL CANCER SCREENING. The case of the Basque Region

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Non conflicts of interest





THE BASQUE COUNTRY PROGRAMME





- POPULATION BASED Free of taxes
- Men and Women 50-69 y (601,500 people)
- FIT biennial. Cut-off 20μg Hb/g
- Colonoscopy as confirmatory test
- Centralized coordination

COMPLETE COVERAGE FROM 2014

SENDING KITS BY POST

PRIMARY CARE INVOLVEMENT

DATA BASE LINKED WITH MEDICAL RECORD, CANCER AND MORTALITY REGISTRIES

QUALITY CONTROL – PROCESS AND RESULTS

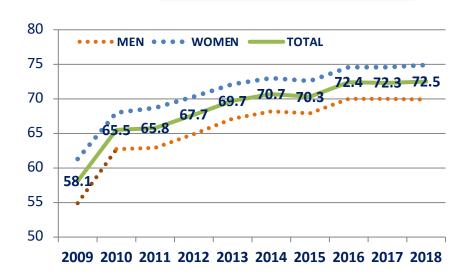
AUTHORITIES AND SOCIETY COMMITMENT

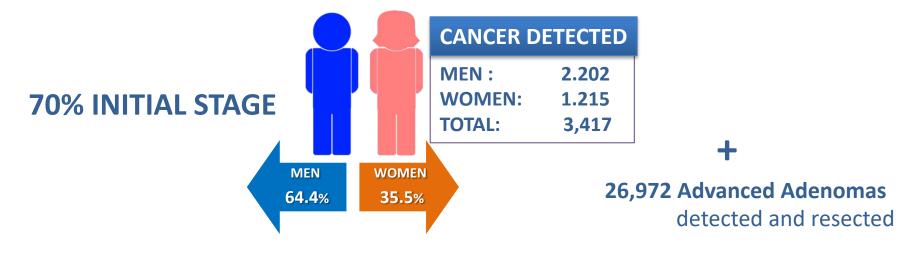
MAIN INDICATORS

INVITATION COVERAGE



PARTICIPATION RATE





DECREASING INCIDENCE AND MORTALITY (SCREENING VS NON-SCREENING). MISCAN-COLON MODEL BASQUE COUNTRY DATABASE



Idigoras I, Arrospide E, Arana-Arri E et al. Evaluation of the colorectal cancer screening Programme in the Basque Country (Spain) and its effectiveness based on the Miscan-colon model. BMC Public Health 2017; Aug 1;18(1):78. doi: 10.1186/s12889-017-4639-3.

COST-EFFECTIVENESS STUDY. MISCAN MODEL. BASQUE COUNTRY DATA

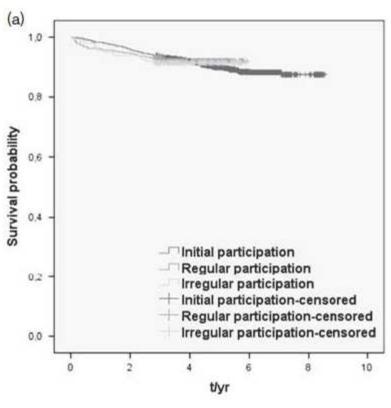
Table 2 Sensitivity analysis for cost-effectiveness analysis of the implementation of colorectal cancer screening programme in the Basque population

	Adenoma prevalence	Screened population costs		Incremental costs		QALYs gained	ICER:
Cost per invitation		Treatment cost	Total costs	Treatment cost	Total costs		
€6.06 per invitation	Base case						
	Men	1199.9	1317,0	-179.1	-81.7	37,132.5	Dominant
	Women	664.2	740.2	-77.1	-11.4	19,532.3	Dominant
	Total	1864.1	2057.2	-256.3	-93.1	56,664.8	Dominant
	Prevalence Bibliography	V.					
	Men	1227.5	1318.9	-1686	-97.2	36,616.9	Dominant
	Women	661.0	726.9	-77.6	-21.8	20,438.5	Dominant
	Total	1888.5	2045.7	- 246.2	-119.0	57,055.4	Dominant
E15.00 per invitation	Base case - Total	1864.1	2103.2	-2563	-47.1	56,664.8	Dominant
E20.00 per invitation	Base case - Total	1864.1	2128.9	-2563	-21.4	56,664.8	Dominant
E25.00 per invitation	Base case - Total	1864.1	2154.6	-256.3	4.2	56,664.8	74.1
€30.00 per invitation	Base case - Total	1864.1	2180.3	-2563	30.0	56,664.8	529.4
E40.00 per invitation	Base case - Total	1864.1	2231.8	-2563	81.5	56,664.8	1438.3
E50.00 per invitation	Base case - Total	1864.1	2283.2	-256.3	132.9	56,664.8	2345.4

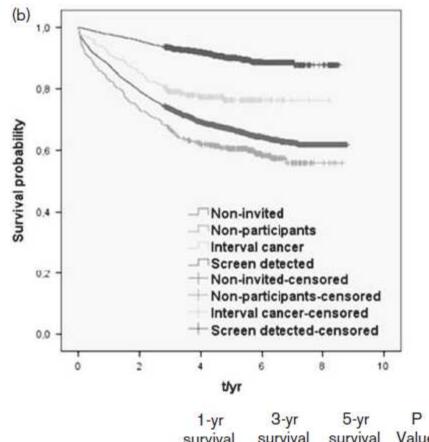
ICER incremental cost effectiveness ratio

Arrospide A, Idigoras I, Mar J, de Koning H, van der Meulen M, Soto-Gordoa M 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 2018; 18: 464. https://doi.org/10.1186/s12885-018-4362-1

CRC SURVIVAL RATES IN POPULATION 50-69y BY TYPE OF DETECTION (2009-2014). BASQUE COUNTRY



Participant	1-yr survival	3-yr survival	5-yr survival	P Value
Initial	98.3%	93.6%	92.0%	
Regular	96.3%	93.1%	91.6%	0.970
Irregular	95.7%	91.5%	91.5%	



	1-yr survival	3-yr survival	5-yr survival	P Value
Non-invited (n=3,111)	87.6%	73.4%	66.9%	
Non-participants (n=414)	83.1%	66.7%	60.5%	<0.001
Screen detected (n=2,145)	97.8%	93.4%	90.1%	CO.001
Interval cancer (n=239)	91.2%	79.0%	76.3%	

Isabel Idigoras, Eunate Arana-Arri, Isabel Portillo, Isabel Bilbao, Lorea Martínez-Indart, Natale Imaz-Ayo et al. Participation in a population-based screening for colorectal cancer using the faecal immunochemical test decreases mortality in 5 years. European Journal of Gastroenterology & Hepatology 2019; 31; 2: 197-204. DOI: 10.1097/MEG.00000000001338

COST-EFFECTIVENESS STUDY. EU-TOPIA PROJECT BASQUE COUNTRY DATA

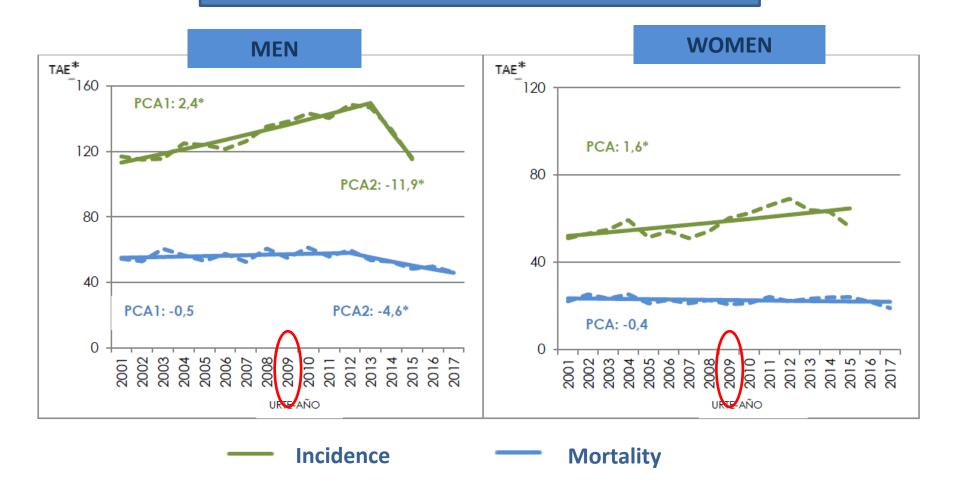
EU·TOPIA

Cost Effectiveness results

oness results	No screening	Screening
Primary screening costs	0	1,020,492,596
Costs for diagnostic follow-up	0	10,054,639
Costs for surveillance	0	12,577,525
Costs for cancer care	3,488,068	3,192,772
Total costs	3,488,069	1,046,317,550
Life-years in the population	194,319,569	194,557,870
Quality-adjusted life-years (QALY)	176,076,344	174,672,953
Costs/LYG vs no screening	ref	4,376
Cost/QALY gained vs no screening	ref	Dominated
Incremental costs / LYG	ref	4,376
Incremental cost / QALY gained	ref	Dominated

https://eu-topia.org/

CRC INCIDENCE AND MORTALITY TRENDS IN THE BASQUE COUNTRY



SOURCE: The Basque Country Cancer Registry

CHALLENGES

STUDYING AND DECREASING INEQUALITIES IN CRC SCREENING

Mosquera I, Mendizabal N, Martín U, Bacigalupe A, Aldasoro E, Portillo I from the Desberdinak Group. Inequalities in participation in colorectal cancer screening programmes: a systematic review. European Journal of Public Health 2020; 30; 3: 558–567. Available from: https://doi.org/10.1093/eurpub/ckz236.

- OVERCOME BARRIERS TO PARTICIPATE IN PREVENTIVE PROGRAMMES
- EXTENDING THE INVITATION TO 74
- DECREASING HARMS AND SIDE-EFFECTS
- PARTICIPATION IN JOINT ACTIONS (CANCON AND IPAAC).
 https://www.ipaac.eu/en/work-packages/wp5/
- PARTICIPATION IN HORIZON 2020 EU-TOPIA AND NEW PROJECTS

CONCLUSIONS

TO CONTINUE AND EXTEND THE COLORECTAL SCREENING PROGRAMMES IN THE EU

SAVES LIVES: A COST-EFFECTIVE STRATEGY

PLEASE, INVEST IN LIVES