Slovenia: View from a Member State on colorectal cancer screening

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Epidemiological challenges
Age-standardised incidence in Slovenia, 1961-2016

Source: Cancer registry of Slovenia at [http://www.slora.si](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:
  • 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!