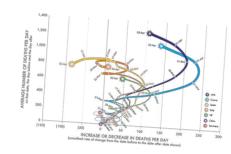
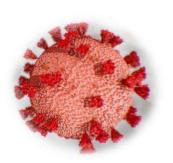


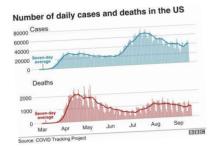
Learning from the COVID-19 crisis!



Can we make
CRC screening programmes
work better?









Pre-Pandemic — State of CRC screening in Europe



Pre-Pandemic - Blind to the impact on CRC screening

Before

....Prepared,
Policy,
Procedures



Prepare for next pandemic...



- Piloting FIT (previously gFOBT)
- Realist plan rollout by 2031
- Uptake reaching 83%!
- Innovative Risk Stratification

First-year results published,

Excellent participation (83/75%)

Second-year results underway

Cut-offs lowered to 50/15 μg/g

Different cut-offs for men and women (70/25 μg/g)





Slovenia

- Successful FIT-based Programme... well managed!
 - '...collaboration & trust between the colonoscopy centres and the programme coordination team'
- Their best participation outcomes overall
 - Uptake has increased to 64.7% & >10,000 colonoscopies!
- Well designed, lots of experience... striving to be better!



Netherlands



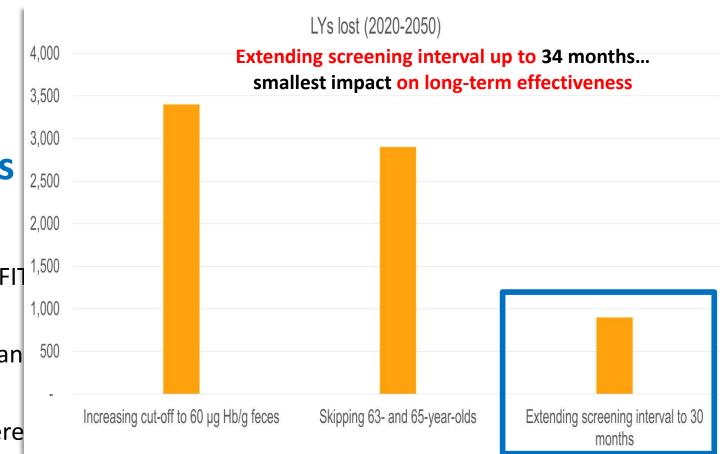
Impressive FIT

During

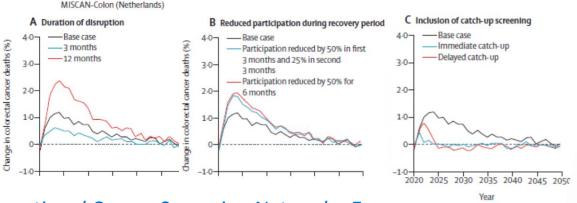
Quickly organ

After

Model differe







Italy ... International Cancer Screening Network - Europe

- DIGESTIVE CANCERS Collaboration with *patients* and *citizens organisations*
- Pandemic highlights need for systematic monitoring of the activity
 - Pursue opportunities to improve screening quality a)
 - b) **Stop inappropriate** surveillance
 - Explore risk stratified protocols (Finland) c)

Pandemic & CRC Screening - My observations!





- 1st COVID-19 wave screening stopped! No plans!!!
- 2nd COVID-19 wave
 - Screening recommenced
 - Started screening backlog (recovery)
- Successful recovery? strong organization, robust screening system, clear objectives & priorities, public confidence
- FIT screening... proved a better tool in a pandemic can exploit postal system!
- Use FIT to prioritize symptomatic patients?

Post-Pandemic – Future Readiness?

Before

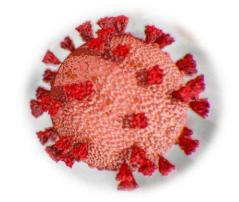
- Screening arrangements ready & resilient
 - Timely appropriate response!

During

 Robust agreed arrangements, communication system primed, resources assigned for agreed priories

After

- Apply pre-modelled agreed policies
 - Objective minimize both disruption & clinical impact



Post-Pandemic — Build Better Programmes?

Short term

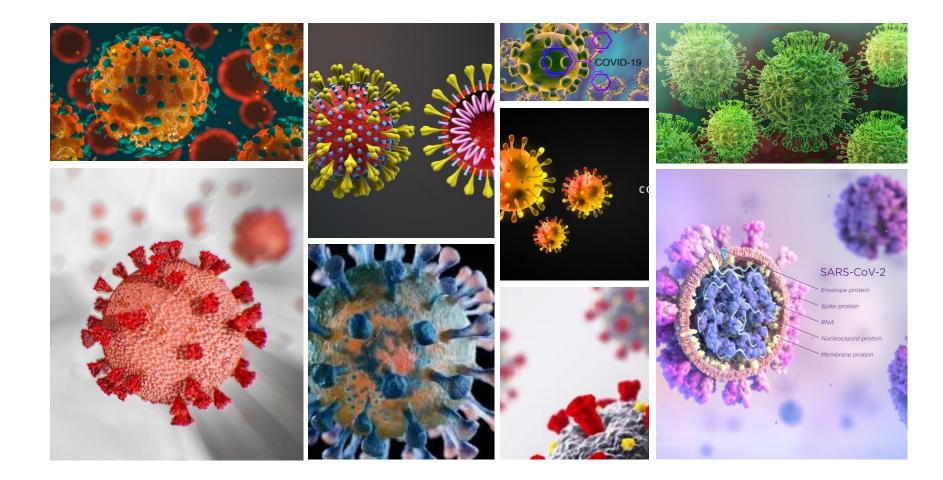
- Review programmes coverage, uptake, simplify, robust, monitoring, stop inappropriate/inefficient/ineffective processes
- More efficient use of colonoscopy resource surveillance, frequency etc

Longer term

Explore risk-based approaches – better targeting of endoscopy resources!

Future programmes

Invitation risk stratified, multiple risk measures, new /additional tests



Pandemic

- Health system becomes 'center stage'
- It is expected perform at their best!
- Focus on
 - Necessary resources
 - Clinical priorities
- Understand short-term and long-term impact
- Aspiration is for a swift return to 'normality'