



**iPAAC**  
INNOVATIVE PARTNERSHIP  
FOR ACTION AGAINST CANCER

# Slovenia: View from a Member State on colorectal cancer screening

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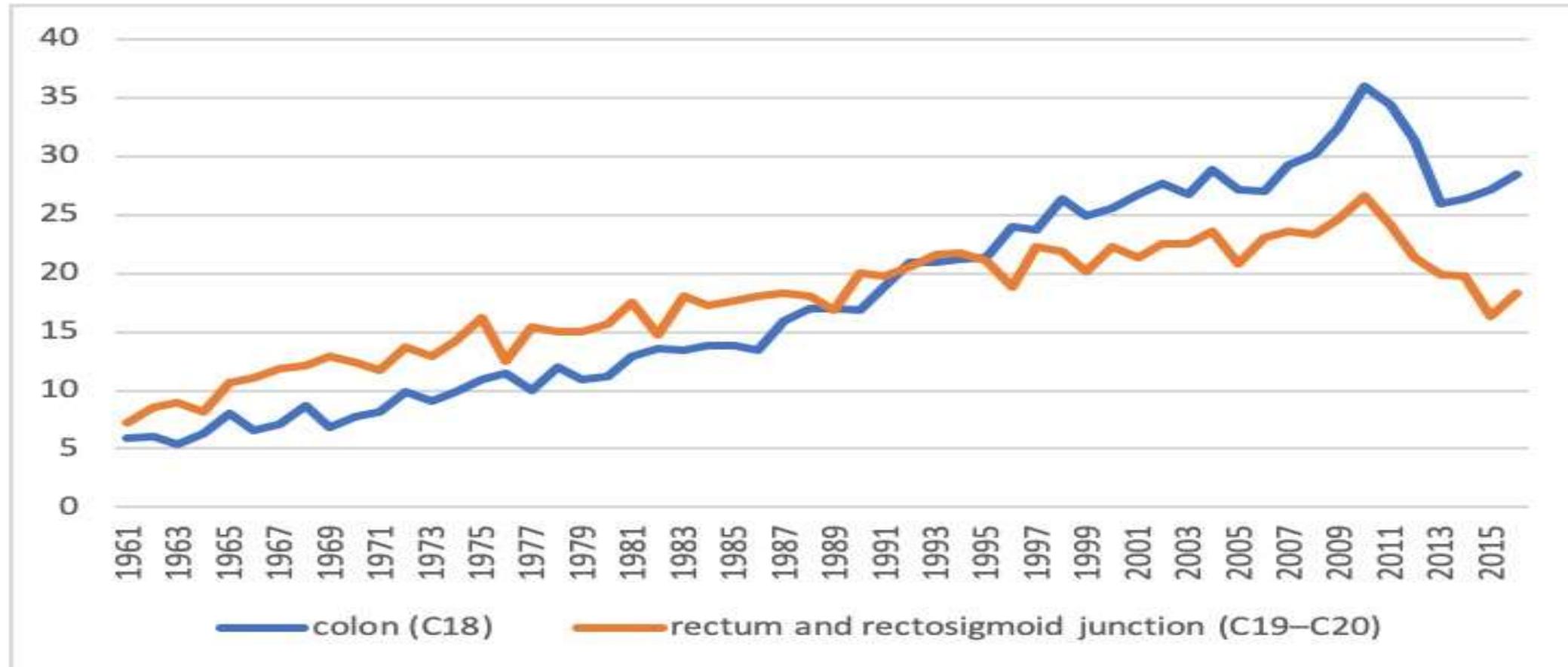
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# Epidemiological challenges

## 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

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- 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

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- 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

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- 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

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- 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

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- 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!**