

# COLORECTAL SCREENING ACROSS EUROPE

Colorectal cancer (CRC) is the second most common cause of cancer-related death in Europe and is the most common type of digestive cancer.

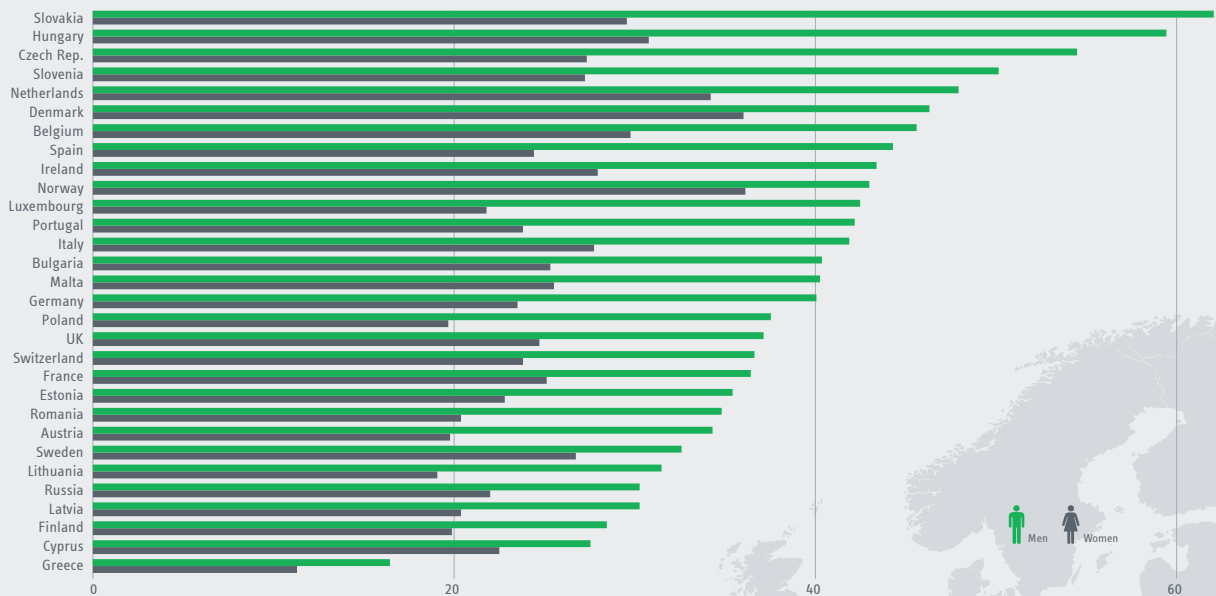
In 2012, there were 342,137 new cases of CRC in Europe and it is estimated that in the same year 228,000 Europeans died of CRC.

There is strong evidence to demonstrate that screening for CRC reduces incidence and mortality rates, yet there are vast inequalities in CRC screening across Europe with both organised

and opportunistic schemes, different types of tests and varying participation and detection rates.

UEG, in line with the European Code Against Cancer, advocates CRC screening across Europe with organised, population-based screening programmes and proactive promotion of screening.

## CRC incidence (per 100,000 population)



Source: UEG White Book 2014 (Farthing, M, Roberts, S, Samuel D, Williams D, et al. Survey of digestive health across Europe: Final report. Part 1: The burden of gastrointestinal diseases and the organisation and delivery of gastroenterology services across Europe, United European Gastroenterology Journal, December 2014 vol. 2 no. 6 539-543).

## % Screening of age-range targeted population



Source: CRC Screening Table on page 2.

## Various Screening Tests

There are four main tests for the detection of CRC, all of which reduce the cost burden of CRC. Some countries will use more than one test.

**1**

### Faecal Occult Blood Test (Guaiac FOBT):

A test which checks for the presence of blood in a stool sample (an early potential sign of CRC).

**2**

### Faecal Immunochemical Test (FIT):

Similar to gFOBT but selectively detects the human globin-protein in the stool. It is generally accepted that FIT is a more accurate, effective and user-friendly stool test.

**3**

### Colonoscopy (CS):

Involves a doctor or nurse using a thin, flexible instrument to explore inside the large bowel and remove any polyps, which could turn into cancer.

**4**

### Flexible Sigmoidoscopy (FS):

Similar to colonoscopy but a quicker and less complex test that examines only the last part of the large bowel.

## CRC Screening Table

COUNTRY	TEST TYPE	PROGRAMME	YEAR OF IMPLEMENTATION	STATUS	AGE RANGE ELIGIBILITY	% SCREENING OF AGE-RANGE TARGETED POPULATION <sup>^</sup>
Austria	FIT and CS	Opportunistic (except Burgenland: organised)	2003	n/a	40-80 FIT, 50+ CS	n/a
Belgium - Flanders	FIT	Organised	2013	Implemented	56-74	47.95%
Belgium - Wallonia/Brussels	gFOBT	Organised	2009	Implemented	50-74	6.54%
Bulgaria	n/a	n/a	n/a	n/a	n/a	n/a
Croatia [4]	gFOBT	Organised	2007	Implemented	50-74	16.71%
Cyprus	n/a	Organised	2013	Implemented	50-69	n/a
Czech Rep.[11]	FIT and CS	Organised	gFOBT 2000, FIT & CS 2009	Implemented	50+ FIT, 55+ CS	31.50%
Denmark	n/a	Organised	2014	Implemented	50-74	n/a
Estonia	n/a	Organised	2016	Pilot	60-69	n/a
Finland [2]	gFOBT	Organised Randomised	2009	Implemented	60-69	30.00%
France [1,6]	FIT	Organised	2009	Implemented	50-74	34.30%
Germany [8,10]	FIT and CS	Opportunistic	FIT 2016, CS 2002	Planning organised programme	55-74	CS 27.67%**
Greece	gFOBT and CS	Opportunistic	n/a	Implemented	50-70	n/a
Hungary	FIT	Organised	2007	Piloting organised programme	50-70	0.60%
Iceland [1]	n/a	Organised	n/a	Pilot/planning phase	n/a	n/a
Ireland	FIT	Organised	2012	Implemented	60-69	11.50%
Italy - North	FIT	Organised	1982 onwards^^	Implemented	50-69	49.92%
Italy - Centre	FIT	Organised	1982 onwards^^	Implemented	50-69	22.75%
Italy - South	FIT	Organised	1982 onwards^^	Implemented	50-69	8.07%
Latvia	gFOBT	Opportunistic	2009	Implemented	50-74	11.10%
Lithuania	FIT	Organised	2009	Implemented	50-74	53.10%
Luxembourg	n/a	Organised	Due to start in 2016	Implementing	55-74	n/a
Malta	FIT	Organised	2013	Implemented	60-64	45.40%
Netherlands	FIT	Organised	2014	Partial roll-out, completion due in 2019	55-75	64.80%*
Norway [1]	CS/FS/FIT	Organised	2012	Pilot	50-64	n/a
Poland	CS	Organised	2012	Partial roll-out	55-64	5.10%*
Portugal	FIT	Organised	2009	Partial roll-out	50-70	3.70%*
Romania	n/a	n/a	n/a	n/a	n/a	n/a
Slovakia	n/a	n/a	n/a	n/a	n/a	n/a
Slovenia [5]	FIT	Organised	2009	Implemented	50-74	59.50%
Spain	FIT	Organised	2000	Partial roll-out	50-69	14.80%*
Spain - Barcelona [9]	FIT	Organised	2009	Implementation due to complete in 2017	50-69	48.00%
Spain - Basque [3]	FIT	Organised	2009	Implemented	50-69	61.16%
Sweden - Stockholm/Gotland	gFOBT	Organised	2008	Implemented	60-69	62.70%*
Switzerland [1]	gFOBT and CS	Opportunistic	n/a	n/a	50+	n/a
Turkey [1]	FIT and CS	Opportunistic	2009	Implemented	50-74	n/a
UK - Eng	gFOBT and FS	Organised	2006	Implemented	60-74 gFOBT, 55-59 FS	54.90%
UK - Wales	gFOBT	Organised	2008	Implemented	60-74	54.30%
UK- Scot	gFOBT	Organised	2007	Implemented	50-74	62.80%
UK - NI	gFOBT	Organised	2010	Implemented	60-74	53.60%

All information in this table has been sourced from The European Commission, Cancer Screening in the European Union 2017. Report on the implementation of the Council Recommendation on cancer screening, unless otherwise referenced.

(1) Information for this country has been sourced from: Schreuders EH, Ruco A, Rabeneck L, et al. Gut 2015; 64: 1637-1649.

(2) Information for this country has been sourced from: Pitkanieniemi J, Seppä K, Hakama M, Malmiemi O, Palva T, Vuoristo MS, et al. Effectiveness of screening for colorectal cancer with a faecal occult-blood test, in Finland. BMJ open gastroenterology. 2015;2(1):e000034. Finland uses a randomised invitation screening programme - uptake of 69% covering 43.5% of the target population.

(3) Information for this country has been sourced from: Hurtado JL, Bacigalupe A, Calvo M, Esnaola S, Mendizabal N, Portillo I, et al. Social inequalities in a population based colorectal cancer screening programme in the Basque Country. BMC Public Health. 2015;15:1021.

(4) Information for this country has been sourced from: Katicic M, Antoljak N, Kujundzic M, Stamenic V, Skoko Pofjak D, Kramaric D, et al. Results of National Colorectal Cancer Screening Program in Croatia (2007-2011). World J Gastroenterol. 2012;18(32):4300-7.

(5) Information for this country has been sourced from the Slovenian National Institute of Public Health NIJZ's Program Svit 2017 (latest screening participation rate is for 2017).

(6) Information for the participation rate of the target age-range population sourced from: Leuraud K, Jezewski-Serra D, Viguier J, Salines E. Colorectal cancer screening by guaiac faecal occult blood test in France: Evaluation of the programme two years after launching. Cancer Epidemiol. 2013;37:959-967.

(7) Information sourced from: Zorzi M, Da Re F, Mantellini P, Naldoni C, Sassoli de' Bianchi P, Senore C, Turin A, Visioli CB, Zappa M and the Italian Colorectal Cancer Screening Survey group. Screening for colorectal cancer in Italy, 2011-2012 survey. Epidemiol Prev 015;3(Suppl 1):93-107.

(8) Information on FIT sourced from: The Joint Federal Committee of Germany. 2017. Colorectal Cancer Screening will be Based on New Testing. Available at: <https://www.g-ba.de/institution/presses/premitemitungen/616/>. [Accessed 3 August 2017].

(9) Information sourced from: The Early Detection Programme for Colorectal Cancer in Barcelona, 2017. Results of the Programme for Professionals. Available at: <http://www.prevenccolombcn.org/professionals/resultats/>. [Accessed 3 August 2017].

(10) Information on CS sourced from: Pax, Christian P, et al. "Efficacy of a nationwide screening colonoscopy program for colorectal cancer." Gastroenterology 142 (7). 2012: 1460-1467.

(11) Information sourced from: Suchanek, Stepan, et al. "How significant is the association between metabolic syndrome and prevalence of colorectal neoplasia?." World Journal of Gastroenterology 22 (36). 2016: 8103.

\*Examination coverage adjusted by the actual target populations in programmes with partial roll-out

\*\*Screening rate is an estimate based on combined (weighted) male and female projected participation rates after 10 years [10].

^This information is not the % of people who were invited, but the % of people who are in the targeted age range

^^ Italy has over 100 local programmes which have all been implemented at differing times [7]

UEG is a professional non-profit organisation combining all the leading European societies concerned with digestive health. Its members represent over 22,000 specialists, working across medicine, surgery, paediatrics, GI oncology and endoscopy. Visit [www.ueg.eu](http://www.ueg.eu) to find out more.