



5,4 mil.

1,3 mil.

KRCa



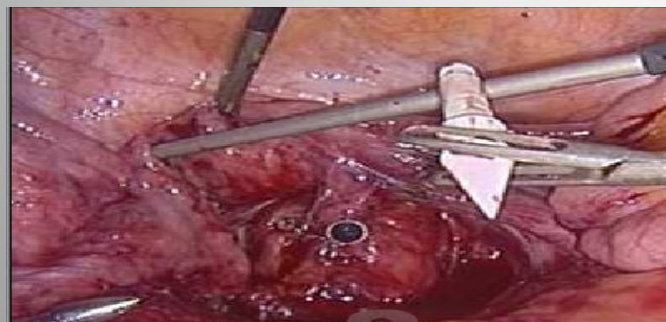
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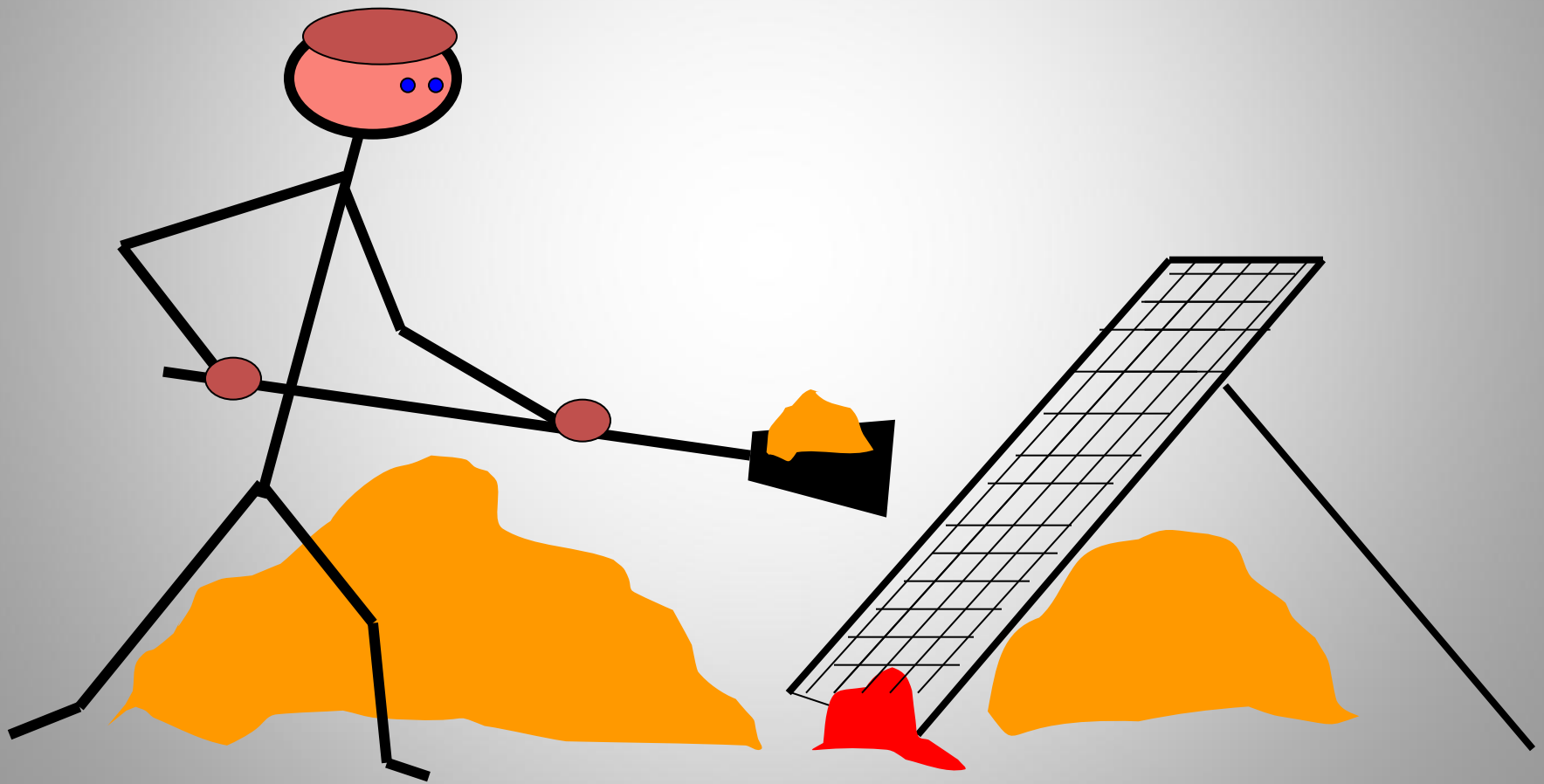


1700 / 12 539 200 € / r.

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Skríning



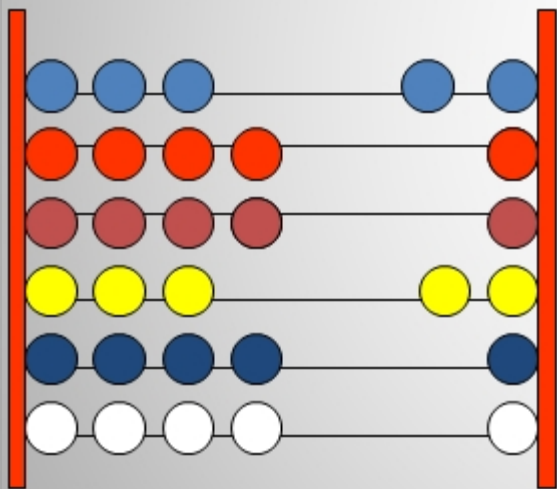
Cost effectiveness



Cost effectiveness

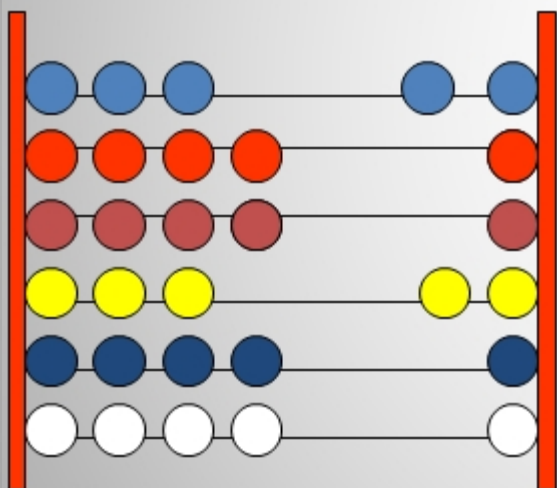


Ako je to na Slovensku ?



Ako je to na Slovensku ?

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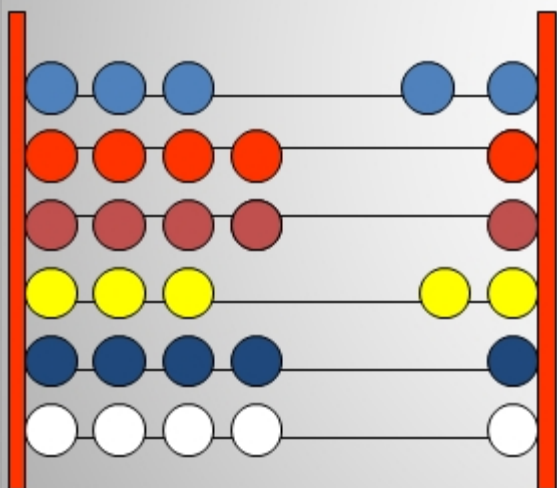


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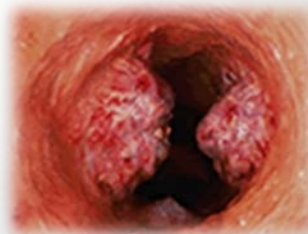
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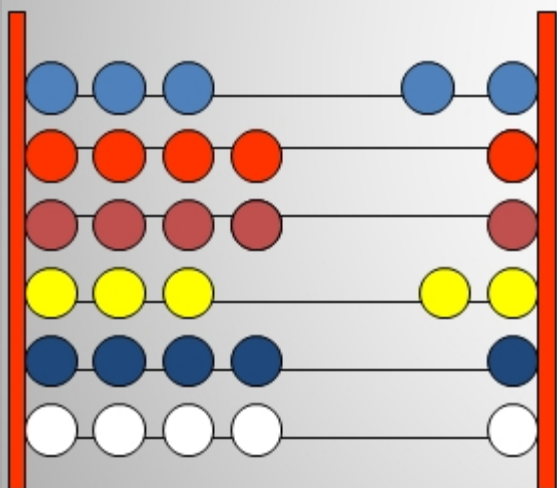
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I, II, III, IV



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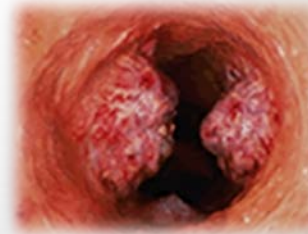
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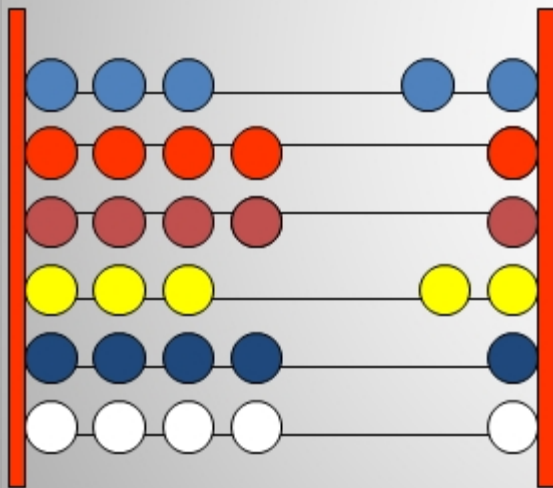


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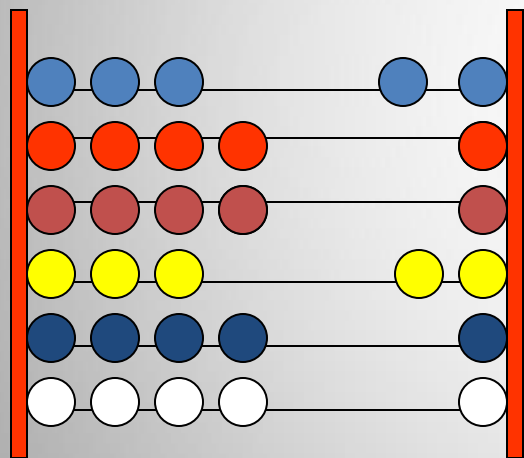
I, II, III, IV

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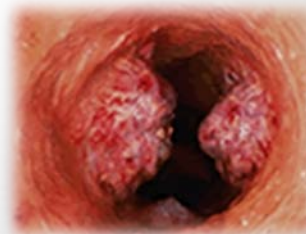
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56%



5%



I+II 75%

III+IV 25%

30%



PRE – PILOT COLORECTAL CANCER STUDY WITH I – FOBT IN SLOVAKIA

R. Hecka, M. Batovsky, J. Surka

Gastroenterologic Clinic SÚU, University Hospital – Bratislava, Bratislava Slovakia

Population



Epidemiology

Colorectal cancers

Region	2001	2002	2003	2004	2005
Male	10	12	14	16	18
Female	8	10	12	14	16

Source: register of Slovakia

Infrastructure



Insurance system

- 200% health insurance in Slovakia
- 3 Insurance companies (IC)
- 60% inhabitants insured in one state owned IC
- 40% inhabitants insured in free private IC

Legislation

- From 2002 a standardized FOBT free of charge is available for each insured individual over 50s, every five years an opportunistic base.
- From 2003 a screening colonoscopy (SC) free of charge is available for each FOBT positive insured person over 50p or persons not age dependent with inherited CRC etc. on semi-ambulatory.
- From 2009 a primary screening colonoscopy (PSC) free of charge is available for each insured person over 50p every 30 years, on opportunistic base.
- It is preparing a legislative modification aimed for improvement quality control and feedback mechanism of the screening process, with perspectives of installing centralized national FOBT screening program on invitation base.

OBJECTIVES:

Slovakia belongs to the countries with the highest colorectal cancer (CRC) incidence and mortality. In late 2002 a g-FOBT opportunistic screening program was introduced for a population of 1,3 ml people over 50. GP's effort g-FOBT and positive individuals were sent to colonoscopy. The CRC screening program was finished in 2007 because of low population acceptance (20%). From 2008, a centrally organized invitation CRC screening program with i-FOBT is prepared for nationwide introduction in the context of National Cancer Plan.

- The first step is the introduction of the pre-pilot phase.
- The second step is the pilot program and
- The third step is the National CRC screening program, should the acceptance of the pilot program be over 50 percent of the screened population.

AIMS & METHODS

We aimed to perform the pre-pilot implementation study to assess feasibility of CRC screening with the i-FOBT program in Slovakia before the pilot program will be launched.

- The primary outcome parameter was to assess the population participation on the CRC screening program by performing i-FOBT.
- The second outcome parameter was to assess willingness of colonoscopy to accept the program.

Population: = 19 951 males and females age 50-75yrs from all regions of Slovakia which accepted the offer published during EUROFACEUM - Slovakia organized media campaign, to attend this project.

Registration period: March-April 2009. No. of registered people 68 000, randomly selected 19 951 to receive i-FOBT from the Screening center by the Slovak post. All FOBT positive were advised for colonoscopy.

Study period: March to December 2009.

Test: Immunochromatographic FOBT (Eitest Screen Diagnostic Ltd, GB, with sensitivity of 86 g human Hb/g stool). The whole logistics - manual test evaluation and results processing were managed from one screening centre.

RESULTS:

Population response rate: = 11 247 tests returned (56,42%), inadequate tests: 429 (3,81%), Positive tests: 760 (7,25%).

Detection rate: Cancer and advanced adenomas were found in respectively 30 (3%), 123 (20%).

Gastroenterologists response rate: 296 colonoscopies (760 FOBT positive) sent for evaluation 252%, 211 Males, 175- Women, Mean age 66,47 yrs.

Colonoscopy: 305 (92%).

Complications: no colonoscopic complications was recognized.

CONCLUSION:

The overall population response rate (56,42%) of selected population (with a positive attitude to screening or the testing) individual (patients) that we supposed.

Despite of this, we hope that the acceptance of the pilot CRC screening program in the non-selected population (the non-attending and non-eligible individuals) will be over 50%.

The second outcome parameter (willingness of gastroenterologists to send colonoscopy report to the centre for evaluation - 52%) was lower than we supposed.

This problem must be resolved during the year 2010 because we intend to launch the pilot CRC screening program in the year 2011.

We are preparing legislative modifications to change the attitude of the gastroenterologists towards cooperation with screening centre.

TV campaign



Billboard campaign



Print media campaign



WEB - campaign



Big Round Round - „Tour de Slovakia“



Colorectal cancer screening programs in Slovakia - Facts and Imaginations in 2010



Legend: Pre - PI - New legislation introduction for GP's in 2011, Pre - PI - Pre-pilot study during 2009 - 2010, PI - Pilot Program introduction in 2011, PI - eval. - Pilot program evaluation in 2012, Nat.Pc. - National Program introduction in 2013, Pre2 - Primary screening Program introduction in 2009, Euroaction - Slovakia - Awareness campaign was introduced on professional level in 2007.

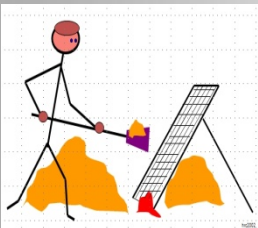


PILOTNÝ PROJEKT

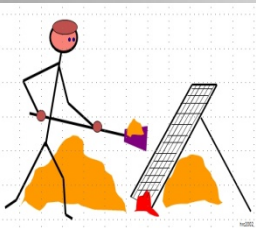
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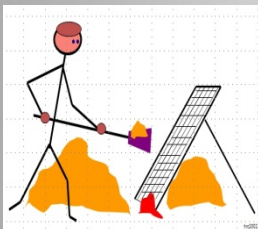
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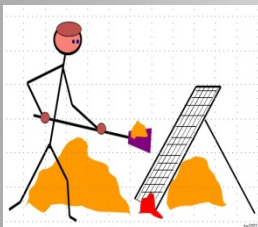
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PILOTNÝ PROJEKT



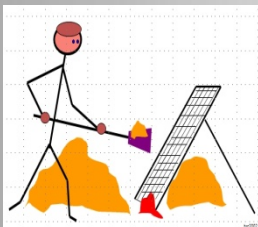
PILOTNÝ PROJEKT



89 276 €

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PILOTNÝ PROJEKT



89 276 €

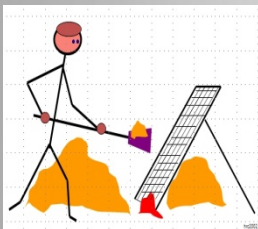
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PILOTNÝ PROJEKT



89 276 €



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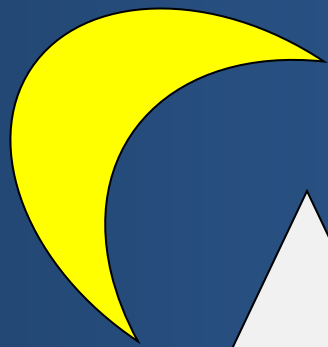
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NSP



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10 000

