LO SCREENING BASATO SUL RISCHIO: L'esperienza di Barcellona

Andrea Buron

GISCOR gruppo italiano screening colorettale

Hospital del Mar Research Institute Barcelona

11111117

Radisson Blu Ghr Rome, Roma, 21-22 novembre 2024

XVII CONGRESSO NAZIONALE 2024





Hospital del Mar & Hospital del Mar Research Institute









I declare I have no conflict of interests







Outline

- 1. The CRC Programme in Catalonia and Barcelona
- 2. Risk based on two previous FIT negative results
- 3. Information needs regarding individualised screening
- 4. Feasibility evaluation of the tailored risk approach
- 5. Two vs 3 or 4 previous FIT negative results
- 6. Conclusions and challenges









The CRC Programme in Catalonia and Barcelona

Hospital del Mar Research Institute Barcelona





Colorectal cancer screening in Catalonia

Spain NHS health care system type (decentralised)

7.970.428 inhabitants (June 2023)

Catalan Department of Health and Catalan Health Service (CatSalut) are responsible for organizing and providing health services at regional level







XVII CONGRESSO NAZIONALE 2024

Catalan Colorectal Cancer Screening Programme

Population-based organized

One Programme but decentralised management:

- One central cancer screening office: coordination, IT system, evaluation
- 11 screening offices: management
- 7 (+4) FIT labs
- 43 endoscopy Units

Target population:

- aprox 2M men and women 50-69 years
- age extension 74 : planned 2025



LHospital del Mar

Barcelona

Research Institute

Programa de detecció precoç de càncer de còlon i recte



XVII CONGRESSO NAZIONALE 2024

Catalan Colorectal Cancer Screening Programme

Screening Test: FIT [20ug Hb/g faeces or 100ng/ml] Screening interval: Biennial

Invitation: personal letter + one reminder





FIT kit pick-up and return: Community Pharmacy (or Primary Care Centers)Diagnostic test after FIT+: colonoscopy with sedation







Catalan Colorectal Cancer Screening Programme





XVII CONGRESSO NAZIONALE 2024

The programme in Barcelona













The programme in Barcelona







The programme in Barcelona





2.





Risk based on two previous FIT negative results

Hospital del Mar Research Institute Barcelona



XVII CONGRESSO NAZIONALE 2024

The risk according to previous 2 negative FIT

First 3 rounds of the Programme in Barcelona (2010-2015)

Change in the risk category of 2 previous nFIT:

- Non-detectable (Nd,0-3.8),
- Low (3.9-9.9);
- High (10.0-19.9 μg Hb/g feces)

9 categories: Nd-Nd, Nd-Low, Nd-High, Low-Nd, Low-Low, Low-High, High-Nd, High-Low, High-High

Risk of advanced neoplasia and CRC





Barcelona





The risk according to previous 2 negative FIT

	FIT - 2nd screen				
FIT - 1st screen	Non-detectable	Non-detectable Low negative FIT			
Non-detectable	1.00 -	4.02 (3.12 - 5.19)	7.45 (5.67 - 9.78)		
Low negative FIT	4.00 (2.99 - 5.35)	10.79 (6.97 - 16.72)	20.38 (12.82 - 32.40)		
High negative FIT	6.99 (5.06 - 9.65)	19.64 (11.95 - 32.26)	21.75 (12.44 - 38.04)		

Non-detectable comprises FIT values ranging between 0 and 3.8µg/ml; Low negative FIT, values between 3.9 and 9.9µg/ml; High negative FIT, values between 10 and 19.9µg/ml.

Buron A, et al. Changes in FIT values below the threshold of positivity and short-term risk of advanced colorectal neoplasia: Results from a population-based cancer screening program. Eur J Cancer. 2019 Jan;107:53-59.





XVII CONGRESSO NAZIONALE 2024

The risk according to previous 2 negative FIT

Italy

- Sum of FIT values of previous 2 rounds
- Categories: 0, 0.1-3.9, 4-9.9, 10-14.9, 15-19.9, ≥20 µg Hb/faeces







XVII CONGRESSO NAZIONALE 2024

The risk according to previous 2 negative FIT

Dradictors of C	DC L ad	vancadt					1	
Predictors of Ci	CRC		Advanced adenoma		AN			
adenomas at <u>tr</u>	he third	exam	OR	95%CI	OR	95%CI	OR	95%CI
	CENDER	Women	1		1		1	
	GENDER	Men	1.34	1.00-1.79	1.63	1.46-1.83	1.60	1.43-1.78
		50-54	0.54	0.32-0.91	0.67	0.55-0.82	0.65	0.55-0.79
	AGE	55-59	0.75	0.47-1.17	1.02	0.86-1.22	0.98	0.83-1.15
	(years)	60-64	0.95	0.67-1.36	1.00	0.86-1.16	0.99	0.87-1.14
		65-69	1		1		1	
		18-22	0.67	0.30-1.49	0.80	0.59-1.08	0.78	0.58-1.03
IN	NTERVAL SINCE	23-27	1		1		1	
	LAST FIT	28-32	0.92	0.61-1.37	0.98	0.83-1.16	0.97	0.83-1.13
	(months)	33-36	0.96	0.39-2.40	1.23	0.86-1.77	1.19	0.85-1.67
		37-60	1.10	0.51-2.36	1.49	1.14-2.00	1.44	1.11-1.87
		0	1		1		1	
α	Cumulative f-Hb level at previous	0.1-3.9	2.26	1.47-3.46	1.75	1.47-2.07	1.81	1.55-2.12
le		4-9.9	4.01	2.51-6.39	4.64	3.93-5.49	4.58	3.91-5.36
	(FIT1+FIT2)	10-14.9	10.11	6.04-16.93	9.13	7.48-11.15	9.32	7.73-11.23
με	g Hb /gr faeces	15-19.9	11.63	6.42-21.07	12.84	10.32-16.00	12.42	10.43-15.76
	İ	≥ 20	38.92	22.50-67.31	30.40	24.09-38.38	32.52	26.19-40.39

SRIGINAL ARTICLE Faecal haemoglobin concentration among subjects with negative FIT results is associated with the detection rate of neoplasia at subsequent rounds: a prospective study in the context of population based screening programmes in Italy ilo Senane,^{® I} Marco Zappa, ⁷ Cinzia Campari,³ ningo Arrigoni, ¹ Paola Cassoni, ¹ Rossana Cola, ¹ Mario Focchia, ¹ Fabrizio Gili, ⁹ Amge Angeni, Faola Castoni, * Rosana Cone, * Mario Hacchia, * natorio coji, * Grazia Grazini, * Roberto Lotti, ** Patrida Menozi,* Lomeso Okone, 10 Sakatore Polizi,** Serban Ragi,** Emila Riggi,** Totara Rubeca,** Romano Sastatelli,** Sakatore Voluci,*** Council,*** Hospital del Mar Research Institute

Barcelona

Senore C, et al. Faecal haemoglobin concentration among subjects with negative FIT results is associated with the detection rate of neoplasia at subsequent rounds: a prospective study in the context of population based screening programmes in Italy. Gut. 2020 Mar;69(3):523-530





Combined analysis: ICSN 2019

How to best classify the risk of advanced neoplasia based on previous negative FIT results?

Analyses coming from two different countries

Andrea Buron, Carlo Senore

Italy: Marco Zappa, Cinzia Campari, Sergio Crotta, Arrigo Arrigoni Spain: Xavier Castells, Francesc Macià, Marta Roman, Josep Maria Augè, on behalf of the *PROCOLON* research group



Objectives

- 1. to analyse and compare both classifications
- 2. to run analysis in two screening populations:
 - Northern central Italy (Aosta Valley, Pedmont Region, Reggio Emilia and Florence; screening activity 2004-2014)
 - Barcelona, Spain (2010-2015)
- to assess the feasibility and the added value of combining categories from both <u>FITcum</u> and <u>FITcat</u>.

Andrea Buron and Carlo Senor







Combined analysis: ICSN 2019

IV. OR for Advanced Neoplasia

		Advanced Neoplasia				
			Italy	Bar	celona	
		OR	95% CI	OR	95% CI	
	0	1		1		
	0.1-3.9	1.81	1.55-2.12	3.09	2.35-4.07	
Cumulative f-Hb level	4-9.9	4.58	3.91-5.36	8.60	6.40-11.54	
(FIT1+FIT2)	10-14.9	9.32	7.73-11.23	17.15	12.39-23.72	
	15-19.9	12.42	10.43-15.76	20.19	14.28-28.53	
Γ	≥20	32.52	26.19-40.39	44.94	30.25-66.77	
_	ND - ND	1		1		
	ND - Low	4.90	4.15-5.80	4.13	3.19-5.35	
	ND - High	8.51	7.00 - 10.35	7.26	5.48-9.63	
Combinations of	Low - ND	2.70	2.26 - 3.24	4.15	3.09-5.57	
categories of previous 2 FITs	Low - Low	10.70	8.16 -14.03	10.93	6.99-17.06	
	Low - High	17.18	12.71 - 23.22	19.29	11.94-31.18	
	High - ND	5.66	4.55 - 7.03	7.04	5.06-9.78	
	High - Low	18.63	13.64 - 25.44	18.42	10.99-30.88	
Γ	High - High	30.59	22.50-41.58	23.22	13.29-40.60	

Logistic regression models adjusted by age and sex (in Italy also by interval since last FIT)

Andrea Buron and Carlo Senore

Conclusions

- ✓ Similar risk (DR and OR) obtained in both populations for each classification; trend very consistent → external validation
- ✓ Both classifications have similar patterns in risk
- ✓ Combined algorithm → increase in predictive value
- ✓ Using 2 previous nFIT relevant for screening personalisation; e.g. when high risk and
 - Invited and not participating
 - Not invited due to age

- FIT+ and <u>Not accepting colonoscopy</u>
- Advance colonoscopy one round, e.g. by lowering cut-off point

Andrea Buron and Carlo Senore









3.

Information needs regarding individualised screening

Hospital del Mar Research Institute Barcelona



XVII CONGRESSO NAZIONALE 2024

From focus groups to co-creation workshops

To explore the **perceived feasibility** of the *tailored approach* from the target population's perspective, in terms of **acceptability** and **information resources** needed



To develop a communication strategy <u>together</u> with the target population for the future implementation of a tailored risk approach









TaiRiS: Objectives

To **develop a communication strategy** <u>together</u> with the target population for the future implementation of a tailored risk approach

- 1. To identify target population's experiences and perceptions regarding CRC screening (mental model of risks)
- 2. To explore target population's believes and knowledge about the risk of developing CRC and CRC tailored screening approach
- 3. To co-design strategies and materials for the future communication plan of a tailored CRC screening approach
- 4. To collect and analyse the opinions of relevant stakeholders about the proposed communciation material, and to improve the materials including their imput









TaiRiS : Methods



- Inclusion criteria: Target population, women and men ages 50-69 invited to the Bcn-CRCSP
 - non-participants
 - participants with a negative FIT
 - participants with normal colonoscopies, without colorectal pathology or non-assessable colorectal tests
 - without any condition that might hinder oral communication
- Sample size defined by data saturation (foreseeably 6 co-creation sessions and 2 user testing groups with 6-8 informants)
- Presentation of prototypes (diagrams/flowchart, harm information...)?
- Audio and video recorded
- Carried out in cultural centers and at most convenient times for the informants





GISCOR gruppo italiano screening colorettale

XVII CONGRESSO NAZIONALE 2024

TaiRiS : Methods



Co-creation groups composition

- Segmentation variables:
 - socioeconomic
 - participation status
- Maximum variability criteria:
 - gender
 - age
 - previous CRC screening and surveillance outcomes

Materials?

- Personal risk of colorectal cancer;
- Leaflets explaining who is invited for screening and when, depending on the previous FIT values;
- Impact of the personalized screening program:
 - number of deaths from colorectal cancer that will be prevented;
 - number of people who will experience physical harm from screening (major adverse effects: hemorrhage, perforation or death).
- Expert messages
- Video framig the process







XVII CONGRESSO NAZIONALE 2024

TaiRiS : Methods

Estudi TaiRiS

On es fan els Tallers

ABS:

- 5C Sarrià (EDB negatives),
- 4B Montnegre-Corts-Pedralbes,
- 4C Les Corts-Helios,
- 3I Sants-Badal

Centre Cívic Can Deu (CCCD)





ABS:

- 8L Chafarinas,
- 8G Roquetes
- 8H Ciutat Meridiana Badal

Centre Cívic Can Verdaguer (CCCV)







TaiRiS : Materials for the workshops

2 Questionnaires: Risk perception European Health Literacy (HLS-Q12)





GISCOR gruppo italiano screening colorettale

Cuestionario 1 INDICACIONES

El siguiente cuestionario està formado por 14 afirmaciones sobre el càncer de colon y 8 preguntas cortas al terminar.

Por cada afirmación, por favor, señala la opción de la escala que te parezca más adecuada. La escala se interpreta de la siguiente manera:

Cierto Teniendo en cuento lo que conozco, esto es cierto

Probablemente cierto Pienso que esto podría ser cierto

No lo sé No sé si esto es cierto o faiso

Probablement faiso Pienso que esto podría ser faiso

Falso Teniendo en cuenta lo que conozco, esto es falso

No guiero contestar (NC) No guiero dar ninguna respuesta

No lo entiendo (NE) No comprendo la afirmación

Por ejemplo, si afirmàramos lo siguiente: **"Una semana tiene 7 dias"** Tu respuesto seria similar a:



Probablemente No lo sé Probablemente Falso NC NE

TaiRiS

XVII CONGRESSO NAZIONALE 2024

El câncer de colon es una enfermedad que se puede curar si se detecta a tiempo. Cierto Probablemente Nolo sé Probablemente Falso NC NE

Cierto Probablemente Nolose Probablemente Falso NC NE cierto falso

El 85% de la población entre 50 a 69 años tiene un riesgo bajo de desarrollar cáncer de colon.

Cierto Probablemente No lo sé Probablemente Falso NC NE cierto falso

El cáncer de colon tarda pocos años en desarrollarse.

Cierto Probablemente No lo sé Probablemente Folso NC NE cierto folso

Hay muchas personas que consiguen curarse por completo del càncer de colon.

Cierto Probablemente No lo sé Probablemente Falso NC NE cierto falso

Es fácil encontrar información fiable sobre el câncer de colon.

Cierto Probablemente No lo sé Probablemente Falso NC NE cierto falso

Hay maneras efectivas de controlar el riesgo de desarrollar un càncer de colon.

Cierto Probablemente No lo sé Probablemente Falso NC NE cierto falso

7) Es fácil acceder a medidas efectivas para disminuir el riesgo de desarrollar un cáncer de colon.

Cierto Probablemente No lo sé Probablemente Falso NC NE cierto falso







TaiRiS : Materials for the workshops







GISCOR gruppo italiano screening colorettale

XVII CONGRESSO NAZIONALE 2024

TaiRiS : Materials for the workshops

۰

TaiRiS

Mi experiencia con la detección precoz del cáncer de colon (intestino grueso)

En el Programa de detección precoz de cóncer de colon pueden participar hombres y majeres de entre 50 y 69 años sin enfermedade previas de intestino grueso. El objetivo es detectorlo precozmente incluso prevenirlo.

¿Has	participado	en	algún	Programa	de	detecc
prec	oz?					

Indico la opción o las opciones que más se adecúen a tu caso:

 No he participado en el Programa de detección precoz de cóncer de colon.

0

 Si he participado en el Programa de detección precaz de càncer de colon.
 Fecha aproximada de la última vez que participé en el Programa de detección precaz de càncer de colon:

1 mes
 6 meses
 1 año
 2 años
 4 años

He participado en otro tipo de programo o actividad preventiva... (p. ejemplo: detección precoz de cóncer de mamo, detección precoz de cóncer de próstoto, etc.)





0

En caso de que sí hayas participado, ¿cuál ha sido tu experiencia en la detección precoz del cáncer de colon?

Por favor, dibuja en la línea temporal como ha sido tu experiencia al participar en el Programa de detección precoz de cáncer de colon.

Puedes responder a las preguntas

·¿Cuâles han sido los pasos a lo largo del proceso? ·¿Cuânto tiempo he tardado? ·¿Qué ha sido importante para mi?









GISCOR gruppo italiano screening colorettale

XVII CONGRESSO NAZIONALE 2024

TaiRiS : Materials for the workshops

EL RIESGO DE DESARROLLAR PÓLIPOS

	Alore et 2 das	EFECTOS INDESEA DERIVADAS DE LA O	BLES O COMPLICACIONES COLONOSCOPIA	
	En los próximos 2 años atresderar de 197 de 1.000 personas del grupo de may bijo integra no desarrollarán ni polípos umanados ni charar de ación. En los polítimos 2 años atresdedar de 3 de 1.000 personas del grupo de may bio rinego desarrollarios políticos avanados	A pesar de la correcta realizac efectos indescebles o complic como la hemorragia, o muy po intestinal o la parada cardiore tratamiento quirúrgico y dejar	ón de la técnica, pueden producirse cciones. Algunos son poco frecuentes, co frecuentes, como la perforación upiratoria. Estos pueden requerir secuelas definitivas.	
VÍDEO DEL PROGRAMA Detección precoz de cóncer de colon bosodo en el riesgo individual	confront de color. Constructive servale solen on table de la color de	•••••••••••••••••••••••••••••••••	edicen una colonoscopia no secundario grave. I realicen una colonoscopia lario poco frecuente, como la use experimentarán un efecto vente, como perforación intestinal o	
	<section-header></section-header>		No caben directedor de Isolideren a la milio de Lo del Palau de la Músico.	A de la 200 persona que referen un de la 200 persona que referen
		<complex-block><complex-block><complex-block><complex-block><complex-block></complex-block></complex-block></complex-block></complex-block></complex-block>	<complex-block></complex-block>	<complex-block></complex-block>





to secundaria arrove r





TaiRiS : some preliminary results





Ideas about CRC: stigma, bad luck, "quiet cancer"

CRC screening: good knowlege on how to participate, doubts about frequency and the validity of the tests, **no side effects nor harms identified**



Hospital del Mar Research Institute Barcelona





TaiRiS : some preliminary results



Good knowledge about risk factors CRC screening reduces risk of CRC

Risk communication should be direct and "optimistic"









TaiRiS : some preliminary results



Mixed opinions about statistics representation in the materials, not too much at first but needed for those who want to know more or in later phase?

More information about benefits, and **less about side effects**

Overdiagnose not understood, not deemed relevant





GISCOR gruppo italiano screening colorettale

XVII CONGRESSO

TaiRiS : some preliminary prototypes

DETECCIÓN PRECOZ DE CÁNCER DE COLON SEGÚN EL RIESGO PERSONAL





Benvolgut/uda senvor/a.

Us oferim participar gratuïtament en el Programa de detecció precoc de càncer de còlon i recte promogut pel Departament de Salut de la Generalitat de Catalunya amb la collaboració del Collegi de Farmacêutics de Barcelona.

l'etiqueta adhesiva

El Programa s'adreça a homes i dones de 50 a 69 anys i consisteix a realitzar una prova molt senzilla, a casa, de detecció de sana oculta en femta.

Disposeu de **quinze dies** a partir de la data d'aquesta carta per passar a recollir la prova a augisevol de les farmàcies. Si us plau, recordeu que és imprescindible que porteu aquesta carta quan l'aneu a recollir Una vegada realitzada, caldrà tornar la prova a la farmàcia. Els resultats us seran comunicats abans d'ur mes per carta o per teléfon

Si us han diagnosticat colitis ulcerosa, malaltia de Crohn o càncer colorectal, és important que ens ha comuniqueu abans d'anar a la farmàcia.

grup de 1.000 persones e 50 i 69 anys que han es- muidades a participar al ama de detecció precoç noer de còlon	999 999 999	000	0 0 0 0 0 0 0 0	0000 0000 0000	1 persona serà detec- tada de càncer, i el trac- tament podrà ser menys agressiu.
rova de sang oculta emta no evita que uis càncer de còlon.	999	000	000	19990 8990 8000	8 persones seran de- tectades i tractades per pòlips pre-neoplàsics.
iagnòstic precoç del ter i la detecció de les ns que en són precur- s, afavoreixen el pro- ic i el tractament del or, augmentant-ne la abilitat de sobreviure.	999	000			40 persones resultaran positives en la prova de sang oculta en fernta.

Per a qualsevol aclariment o si desitgeu més informació, si us plau, poseu-vos en contacte amb nosaltres a través de la nostra pàgina web www.prevenciotairis.org/contacte o per teléfon 93 123 45 67 (de dilluns a divendres, de 8.00 a 18.00 h) o amb els farmacéutics col·laboradors del Programa. En cas de dubte, consulteu el vostre metge o metgessa,

Dra. Ana Bosch Guirado Dr. Manuel Peña Diaz

Si us plau, ompliu les dades que us demanem a continuació:

Talàfon 1 Telèfon 2: Discont omb el que disposa el Regioment general de protecció de dados i la LG 3/2016, de protecció de dades personas i garantia dels drets digitals, l'informem que els corresponsables del tractament de les saves dades és TalàSt. Per comultar informació addicional a veve, prevencios ciantocs arg/sa/ga/sa/at/





Benyolaut/uda semior/a

El Programa de detecció precoç del càncer de còlon i recte us comunico que el resultat de la prova de detecció de sang oculta en ferrita que es va fer es troba dins del arua de:



El Programa us tornará a convidar a fer la prova d'aqui a 4 anys. No obstant, si durant aquest temps presenteu sono o les deposicions, canvis en els hábits intestinals o malestar abdominal, consulteu el vostre metoe. Ø 2034 2025 2028 2027 Grup de Molt baix risc 1, quin és el risc de desenvolupar pólips o càncer en un periode de 2 anys? • En els pròxims 2 anys, al voltant de 997 de 1.000 persones de molt baix risc no desenvoluparan ni pôlips avançats ni câncer de oblos En els pròxims 2 anys, al voltant de 3 de 1.000 persones de molt baix risc desenvaluparan pólips avançats o câncer de càlon. Dins d'un auditori petit caben al voltant de 1.000 persones, pel que seria l'equivalent a la meitat de l'aforament del Liceu o del Palau de la Música. Hi ha alguna cosa que pugui fer per reduir el risc? Si, hi ha algunes indicacions que pot seguir per reduir el risc de desenvolupar un càncer de côlor Evitor Epicobol i el tobo Hidrotock ()=() Activitot físico Dieta soludable en fibra Si té qualseval dubte o per a més informació, si us plau, posis en contacte amb no la nostra página web: www.prevenciotairis.org/contacte, o per teléfon: 93 123 45 67 (de diluns a divendres, de 8.00 a 18.00h). Cordialment

Dra. Ana Basch Guirado (Coordinadora del Programa de Barcelona)



TaiRis DESVENTAJAS Cânceres de intervala **Falsos positius**

Bevando a tratamientos inneces

tat co Progr de cà Lap en f ting

En un

d'entr

El di cànc lesior sores nòsti tum prot

Cordialment

Coordinadors del Programa de Barcelona







4.

Feasibility evaluation of the tailored risk approach

Hospital del Mar Research Institute Barcelona





The standard screening approach







A tailored screening approach based on neg-FITs



- High risk arm (HR, cumulative fHb ≥20µg Hb/g)
- Intermediate risk arm (IR, cumulative fHb between 3.8 μg Hb/g and 20μg Hb/g)
- Low risk arm (LR, cumulative fHb ≤3.8 µg Hb/g)

Personalization might be the screening strategy eventually







The tailored risk approach based on 2 neg FITs

- Standard (ongoing) screening approach: participants with fHb below the 20µg Hb/g cut-off are recommended a new FIT after 2 years and those with a fHb ≥ 20µg Hb/g are offered a total colonoscopy immediately.
- Tailored screening approach consists of recommending different screening interventions based on the risk according to the cumulative value of two consecutive negative FIT results:
 - Low-risk arm (LR, cumulative fHb ≤ 3.8 μg Hb/g): 3 or 4 year FIT interval
 - Intermediate risk arm (IR, cumulative fHb between 3.8 μg Hb/g and 20μg Hb/g): 2 year FIT screening interval;
 - High-risk arm (HR, cumulative fHb ≥ 20µg Hb/g): immediate colonoscopy referral







Low risk neg FIT: standard vs tailored

- 5 screening rounds (2010-2019)
- Study population: participants with 2 neg FIT screening episodes and cumulative fHb ≤ 3.8 µg Hb/g, and another 2 consecutive screening episodes
- What would have happened if we did not invite them for their "3rd round"?
 - Resources: letters, FITs, nurse visits, colonoscopies (with and without biopsies)
 - Adenomas, CRC, interval cancer
 - Costs (based on Spanish literature)
- General assumptions for the "skipped round": FIT positive and colonoscopy results stay the same or progress







Preliminary results

In comparison with the Standard approach, the tailored approach among those with Low risk results in:

- Aprox 50% less letters and FITs
- Decrease in nurse visits and colonoscopies much less (shift 2 years later)
- Less pre-neoplastic lesions, BUT more advanced neoplasia
- \rightarrow increased cost ?!









5.

Two vs 3 or 4 previous FIT negative results

Hospital del Mar Research Institute Barcelona





An unsawered question from 2019...

Food for thought (next steps)

≻Change vs cumulative:

- Change seems relevant when there is a "big jump"
- How many previous negative FIT values are relevant to study?
 - From a clinical/biological perspective
 - From an epidemiological perspective
- FIT results vary in time, but how relevant are previous FIT values and changes over time vs. the concomitant result? (assign weights?)

Andrea Buron and Carlo Senore









Added value of having a history of 3 or 4 negative FIT values instead of only 2 in terms of better predicting the outcomes and adapting the screening intervals

Aims :

- 1. To describe the screening results of the 4th and 5th round of the PDPCCR-Bcn according to the previous combinations of results in the last 2, 3 and 4 rounds
- 2. To describe and compare different ways of measuring the history of FIT values (cumulative, average, categories?)
- 3. To describe and compare the accuracy of the prediction (precision) using 2, 3 and 4 rounds
- 4. To analyze the outcomes by age and sex









6.

Conclusions and challenges







Conclusions

- 1. Opportunity of the **collaborations** between programmes and research groups with very similar protocols (and populations with "cultural" similarities)
- 2. Individualised screening offers a great opportunity to improve the "one for all" current screening approach, BUT
- 3. More insight needed into the actual **cost** and **potential savings**, as well into the **population's opinions and needs to understand and accept it**







Challenges

- 1. Relevance of the research into individualised screening. Any change in the current evidence-based standard approach needs to come with good answers to relevant questions, and budget issues will be demanded
- 2. Population not always keen to changes, and sometimes suspicious
- 3. The low screening uptake rates should be a priority for the screening programmes, individualised screening has the potential to increase the inequalities
- 4. Individualised/personalised screening = personal choice ??





XVII CONGRESSO NAZIONALE 2024

...based on focus groups with general population and communication experts on the use of masks and vaccines to prevent respiratory diseases :

"People want to **know their risk** and then **make their own decisions based on their risks**"...

"risk knowledge as a form of empowerment"



Vall d'Hebron Barcelona Hospital Campus





Come to Barcelona and immerse yourself in the vibrant atmosphere of the first International Congress on Health Communication to be organized by Vall d'Hebron Barcelona Hospital Campus and supported by the European University Hospital Alliance (EUHA). Join experts from around the world to explore the latest advances in health communication. You will be able to meet and interact with renowned international figures.

Engage in thought-provoking discussions, gain invaluable insights, and forge lasting connections in this dynamic global gathering.



Bhanu Bhatnagar

Press & Media Relations Officer at World Health Organization's Regional Office for Europe

Bhanu Bhatnagar is in charge of press and media relations for the WHO Regional Office for Europe. based in Copenhagen. Denmark. WHO/Europe is one of WHOs six regional offices, and covers 53 Member States across Europe and Central Asia. stretching from the Atlantic to the Pacific Oceans. His role involves leading WHO/Europe's media strategy and engagement. coordinating media events. advising senior leadership on media opportunities and reacting to reputational crises. Before joining WHO, Bhanu spent four years in communications roles at Save the Children. based in London and Bangkok. And prior to that, he worked as a journalist for ten years at Al Jazeera English. In London and Doha. Bhanu holds a Masters degree in Media & Communications from the London School of Economics and a Bachelor degree in Arts Management from the University of Greenwich.



Thank you! Any questions?

Andrea Buron aburon@psmar.cat

GISCOR gruppo italiano screening colorettale

Hospital del Mar Research Institute Barcelona Radisson Blu Ghr Rome, Roma, 21-22 novembre 2024

XVII CONGRESSO NAZIONALE 2024