

## IMPROVEMENT OF QUALITY OF THE NATIONAL CANCER SCREENING PROGRAMMES IMPLEMENTATION (CRO SCREENING)



















# Training of trainers on medical expert topics on specialized type of the cancer screening (TWINNING PROJECT)

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Ministry of Health, Zagreb 23.11.2016.

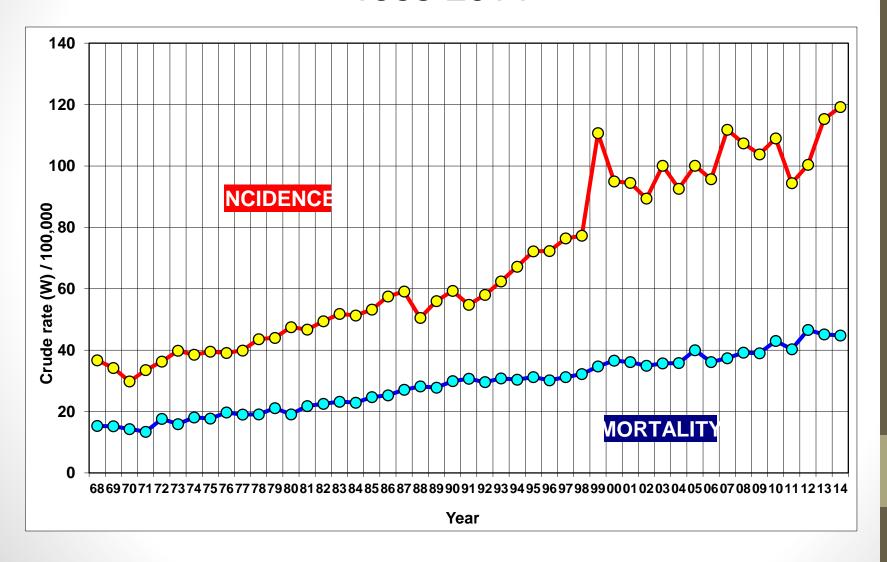
#### BREAST CANCER IN CROATIA

- Malignancies are one of the leading public health problems in Croatia
- On the mortality scale, malignancies take the second place
- Breast cancer is the first most common diagnosis in women with cancer, with a share of 26% (2014.)

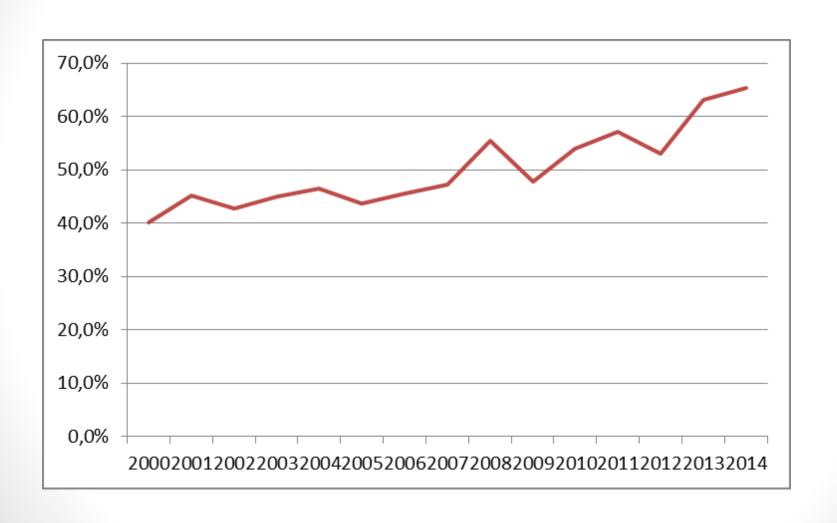
#### BREAST CANCER IN CROATIA

- Incidence in 2014: 2,644 (119.2/100,000) newly diagnosed women in Croatia, most common cancer type in Croatian women
- Mortality in 2014: 1071 (44.8/100,000) female deaths in Croatia, most common cause of death among female cancers

### INCIDENCE AND MORTALITY, CROATIA 1968-2014



# PROPORTION OF BREAST CANCER DETECTED IN A LOCALIZED STAGE, 50-69



# NATIONAL BREAST CANCER EARLY DETECTION PROGRAM

#### The program:

- started in 2006, as a result of the directive issued by the Croatian Government
- is monitored by the Commission for organization, professional monitoring and quality control at the Ministry of Health acting as a co-ordinater
- is owned by Ministry of Healthy
- is organized, implemented and evaluated by the Croatian Institute of Public Health

# NATIONAL BREAST CANCER EARLY DETECTION PROGRAM

- Invitations are sent to home addresses by the County Institutes of Public Health
- The invitations are sent in accordance with the available dates and capacity of the mammography units
- Women receive invitations for mammography with the exact time, date and place

# NATIONAL BREAST CANCER EARLY DETECTION PROGRAM

- The program includes 55 medical institutions with mammography units:
- 32 Hospitals, 20 Health Centers
- 1 County Institutes of Public Health "dr Andrija Štampar"
- 2 private specialistic clinics

# NATIONAL BREAST CANCER EARLY DETECTION PROGRAM

#### **GOALS:**

- 1. Detect breast cancer at an early (localized) stage
- 2. Reduce cancer mortality by 25% (prerequisite is 70% uptake (participation) rate)
- 3. Improve patients' quality of life

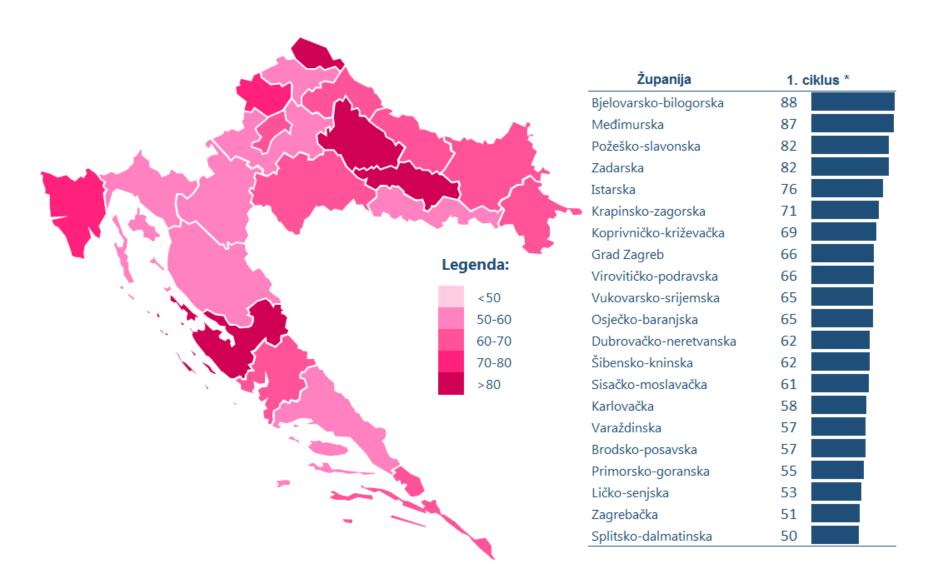
# NATIONAL BREAST CANCER EARLY DETECTION PROGRAM

- Target group are women aged 50-69,
- One call cycle takes 2 yrs,
- Includes all women, insured and non-insured
- Screening test is high-quality mammography (double reading of results is conducted by 2 radiologist)
- It is used BI-RADS classification according to categories 0-5

### PROGRAM PROGRESS – 1st cycle

- Cycle duration: late 2006 late 2009
- Ca. 721,000 women invited
- Uptake rate 63% in 6 counties > 70%
- 1,640 cancers diagnosed / 331,609 recorded

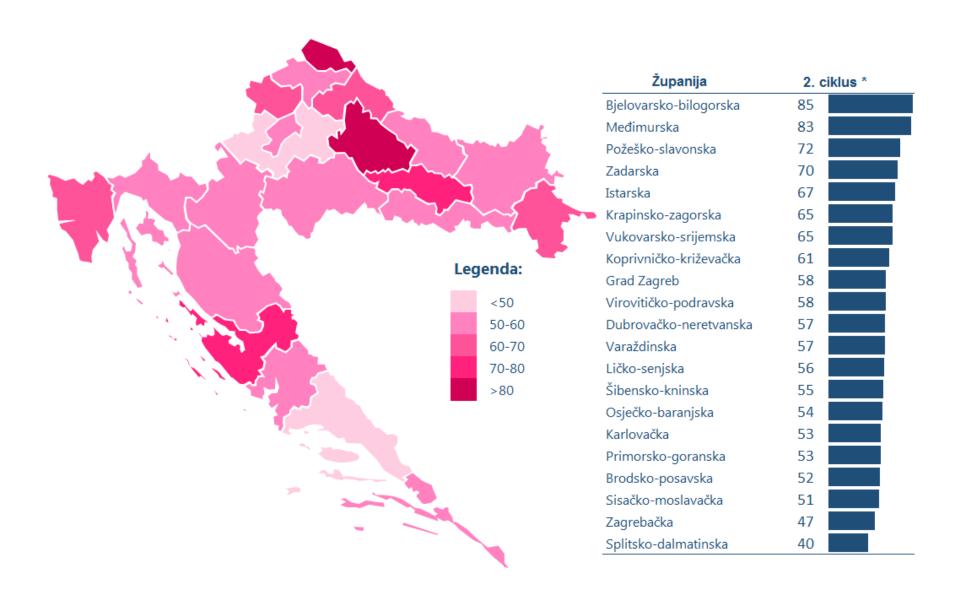
### PROGRAM PROGRESS – 1st cycle



### PROGRAM PROGRESS – 2nd cycle

- Cycle duration: early 2010 late 2011
- Ca. 680,640 women invited
- Uptake rate 57% in 4 counties > 70%
- 963 cancers diagnosed / 295,605 recorded

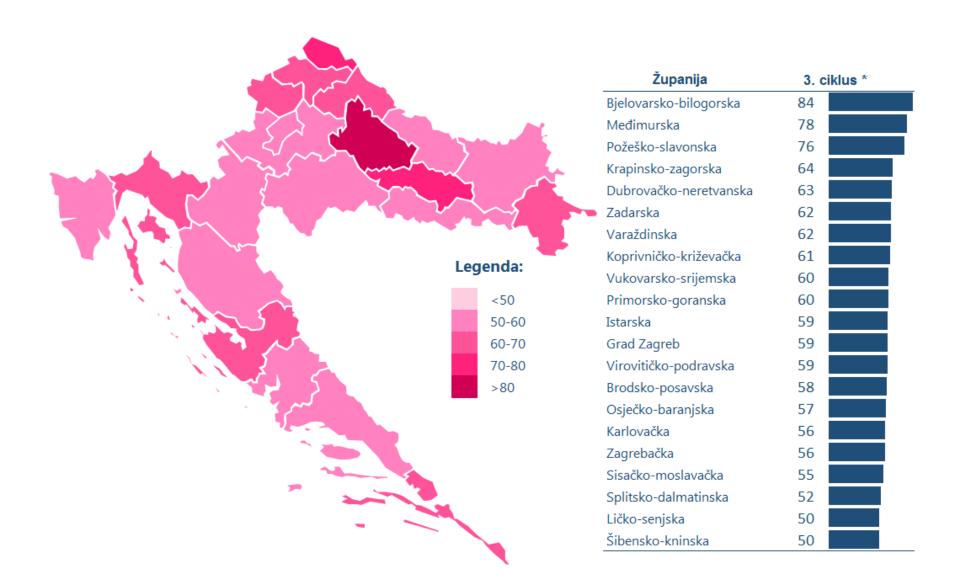
### PROGRAM PROGRESS – 2nd cycle



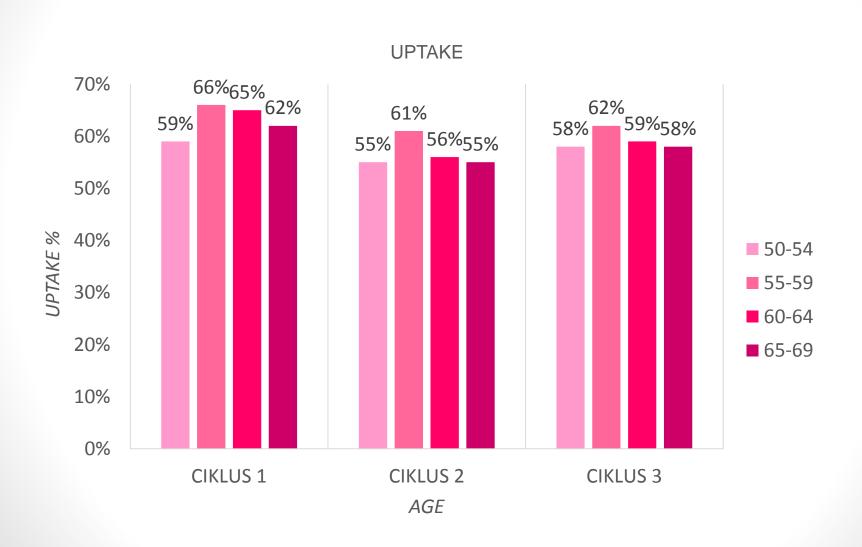
### PROGRAM PROGRESS – 3rd cycle

- Cycle duration: late 2011 May 2014
- Ca. 610,280 women invited
- Uptake rate 60% in 3 counties > 70%
- 798 cancers diagnosed / 262,910 recorded

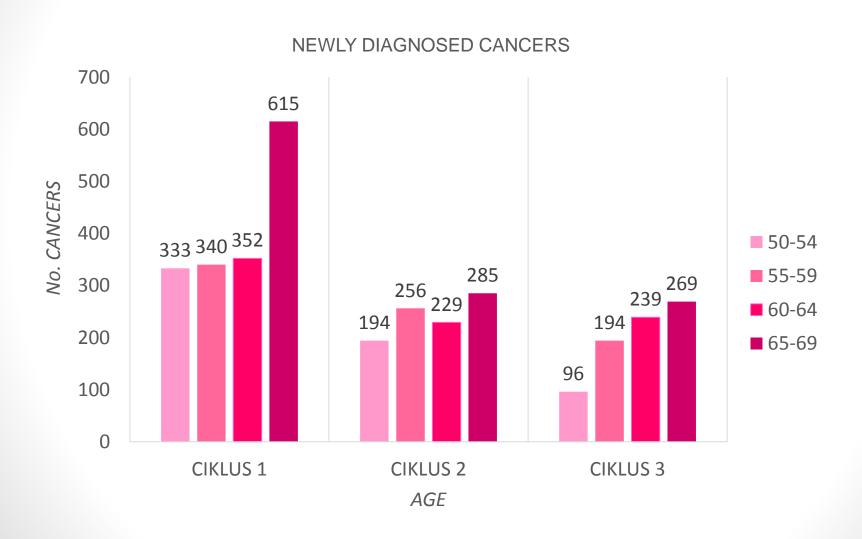
### PROGRAM PROGRESS – 3rd cycle



### **UPTAKE RATES (CYCLES 1-3)**



### NEWLY DIAGNOSED CANCERS (CYCLES 1-3)



### PROGRAM PROGRESS – 4th cycle

- Cycle duration: May 2014 ongoing
- Ca. 600,000 women invited
- The implementation of new IT system is currently in progress

#### PROGRAM IMPROVEMENTS

- Program has been undergoing radiological and epidemiological quality control according to Europea Guidelines
- European Guidelines have been translated
- Croatian experts are working on the development of Croatian guidelines

#### PROGRAM IMPROVEMENTS

#### Promotional activities:

- Celebration of Breast Cancer Awareness Day and Month
- TV commercials and radio jingles
- Advertizing in daily newspapers
- Distribution of promotional pamphlets in health centers and pharmacies
- B1 posters
- Facebook website:
  - https://www.facebook.com/Preventivniprogrami
- Free helpline 0800 85 86

#### MAIN PROBLEMS

- No coordination and managing team of the program
- Lack of clear and document based SOP-s (standard operating procedures) for every participating partner in screening
- Lack (currently) of appropriate IT system- not covering all steps of screening process, there is no connection with cancer registry databases
- Outdated equipment
- Inadequate distribution of equipment across the health care institutions

# Thank you!