

**SLOVENIAN CANCER LEAGUE
and
COLORECTAL CANCER SCREENING**

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Slovenian Cancer League was established in April 1970 with the aim of instructing the Slovenian lay population and medical community in cancer. The League is a full member of the European Cancer League and UICC and is a union of 11 regional cancer societies and gathers around 10.000 members.

In March, 1991, the Slovenian Cancer League joined the program *Europe 2000 and Cancer* and adopted its own program *Slovenia 2000 and Cancer*, aimed at decreasing the cancer incidence and mortality by 15%.

In April 2000, the League, jointly with the Ministry of Health, Ministry of Education and Sports, National Education Institute, Institute of Oncology, Institute of Public Health, and Red Cross of Slovenia, adopted a new 10-year program *Slovenia against Cancer from 2000 to 2010*. The program is based on the proven principles:

- (i) Cancer can be avoided by healthy way of living and giving up all health-disturbing habits, and
- (ii) Cancer is curable and can be cured if detected early enough.

In sum, the program is based on 11 recommendations of European Codex against Cancer, elaborated by the European Cancer League.

The principal objectives of the League are to draw public attention to the eleven recommendations of the European Codex against Cancer, to inform Slovenian lay population and medical community about the rationale and ways of cancer prevention and about the importance of early cancer detection.

Therefore, every year more than 10.000 copies of brochures, flyers, booklets, and posters are published with the purpose of reminding the local community of how important it is to give up smoking, alcohol abuse, unhealthy nourishment, and prevent body overweight as well as to avoid too much sunbathing in order to prevent the development of cancer. The League is also editing other printed matter in order to remind the local community of strictly following the regulations on handling toxic substances and of preventive measures, such as screening for most frequent cancers.

As the most important role in cancer enlightenment of the local community is played by the family doctor, the League is preparing experts meetings at which family doctors and other health professionals have the chance to expand the knowledge on the issues as cancer prevention, screening, early detection, diagnostic procedures, therapies and, rehabilitation of cancer patients after therapy. Furthermore, during the *Anti-Cancer Week Campaign* in 2002 a brochure entitled "Duties and Rights during Cancer Treatment; Cancer Patients Rights" was edited and published by the League, as all cancer patients without exceptions have the right to enjoy a proper quality of life, to preserve their dignity, privacy and to receive proper medical treatment, during their illness.

Though cancer is considered to be a disease rather affecting the adults than youngsters, we shall focus our attention to the youngsters because most of noxious habits are developed in adolescence. We believe that the campaign against smoking persuaded a great deal of young people to not start smoking. We shall therefore continue with the anti-smoking campaign "**Do not light the first cigarette! - A solemn promise**" and expand it from primary to secondary schools.

We are proud of the anti-smoking campaigns we have organized so far. Numerous anti smoking flyers were published. More than 10.000 T-shirts with anti-smoking slogans particularly among young people, were distributed free of charge, and several seminars for medical doctors where noxious effects of smoking were refreshed, so they can propagate antismoking still of living among population which care off.

Long-term preventive measures have yielded some results, particularly in male smokers, who are giving up smoking. Hence, the number of smokers among males is steadily decreasing in the last four years, and so is also the incidence of lung cancer among men. On the other hand, the incidence of lung cancer in women is increasing.

We are also sorry to report that, despite our anti-smoking campaigns, the share of smokers among school children is also on the increase. This may be a sign that we should further intensify our anti-smoking activities and expand them to include also cooperation with similar non-governmental organizations. In the coming year, our main goal is to expand the cooperation with teacher at primary and secondary schools. So, we shall provide teaching material not only for smoking but also on all cancers for the teachers who provide lectures of medical care in secondary schools as we already did for those in primary schools.

Thirty years ago, a campaign to make the women population aware of breast cancer risk was started. In these years, more than 2 million flyers, stressing in particular the importance of early cancer detection, were designed and published by the League. A great deal of efforts was spent on the organization of training courses at which women were instructed how to examine their own breast and also made aware of the importance of early detection of the disease and also of breast imaging diagnostics. The work initiated by the League in the field of breast cancer has been recently overtaken Europa Donna that successfully continues our initial efforts.

Colorectal cancer seems to be among the most serious concern. In the last three years, this is the most frequent cancer in Slovenia. Its incidence has doubled in the last 15 years. In 2003, 1200 new cases were detected. With the incidence of 69/100,000 males and 52/100,000 females Slovenia ranks among the countries with the highest colorectal cancer incidence. Referring to the EUROCARE III study, we may conclude that the survival of our patients with colorectal cancer was 37% it means 13% below the European standard. The reason seems to come from the fact that the disease is detected in its early stage only in 14% of our patients. However in

2003 the survival of our pts was about 51%. As colorectal cancer can be prevented by removing precancerous lesions, i.e. polyps, and as it can be successfully treated only if detected early, in the last four years, the League has focused its activities on the education wider population about colorectal cancer and importance of screening.

Nation-wide screening should be easy to carry out and would increase the chances of curing patients with colorectal cancer from 50% to more than 90%.

In 2003, the European Commission issued the recommendations for screening for breast, cervical and colorectal cancer valid in all member countries. It was only 8 months later that the Ministry of Health of the Republic of Slovenia, partly also on the initiatives of the League, adopted this program and national guidelines for screening of CRC was published.

Following the experiences of the 13 EU countries that have a well organized screening program for colorectal cancer, e.g. Finland, France, Great Britain, Spain, and Israel, we are preparing, jointly with the Clinic of Gastroenterology and Abdominal Surgery of the University Medical Centre Ljubljana and CINDI Slovenia, a program at the national level for screening for colorectal cancer by using immunochemical fecal occult blood test.

Last year, as well as this year, we issued a number of flyers on colorectal cancer and, in collaboration with prominent experts, we prepared also other publications on colorectal cancer that appeared in different media. This year, we also made an analysis with the aim of verifying whether screening for colorectal cancer in Slovenia is feasible at all, considering the age structure of Slovenian population and the diagnostic and therapeutic facilities. Eventually, we all agreed that we have plenty of willpower, sufficient room capacities, medical doctors and other potentials to carry out the screening program at the national level. The screening program was also presented to the national professional boards for different medical specialties and to the Health Council. As this is a substantial financial load, it is up to the Ministry of Health and Health Institute to decide whether resources will be provided for the implementation of the program.

The analysis showed that, in Slovenia about 480.000 inhabitants are older than 50 years and younger than 70 years. On the basis of the experiences of other countries, it could be calculated that the target population in Slovenia would include 270,000 inhabitants for the period of two years, i.e. 135,000 examinations of stool samples each year.

We also made a financial analysis which confirmed that the yearly costs of screening with immunochemical tests would amount to 4 million EUR. In 2007, we will start with a pilot project in two regions with altogether 80,000 inhabitants.

Because total health expenditure as proportion GDP in Slovenia is not less than in European Union and because survival rates for colorectal cancer is lower than in the rest of Europe I am quite sure that Ministry of Health of Slovenia will adopted screening for colorectal cancer as they did for breast and cervical cancer.

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