

Ruhr-University Bochum

# **European Conference on Colon Cancer Prevention in Europe**

## **Colon cancer screening in Germany**

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# CRC screening Germany

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**before October 2002:**

**≥ 45      annual FOBT**

**starting October 2002:**

**50 – 54      annual FOBT**

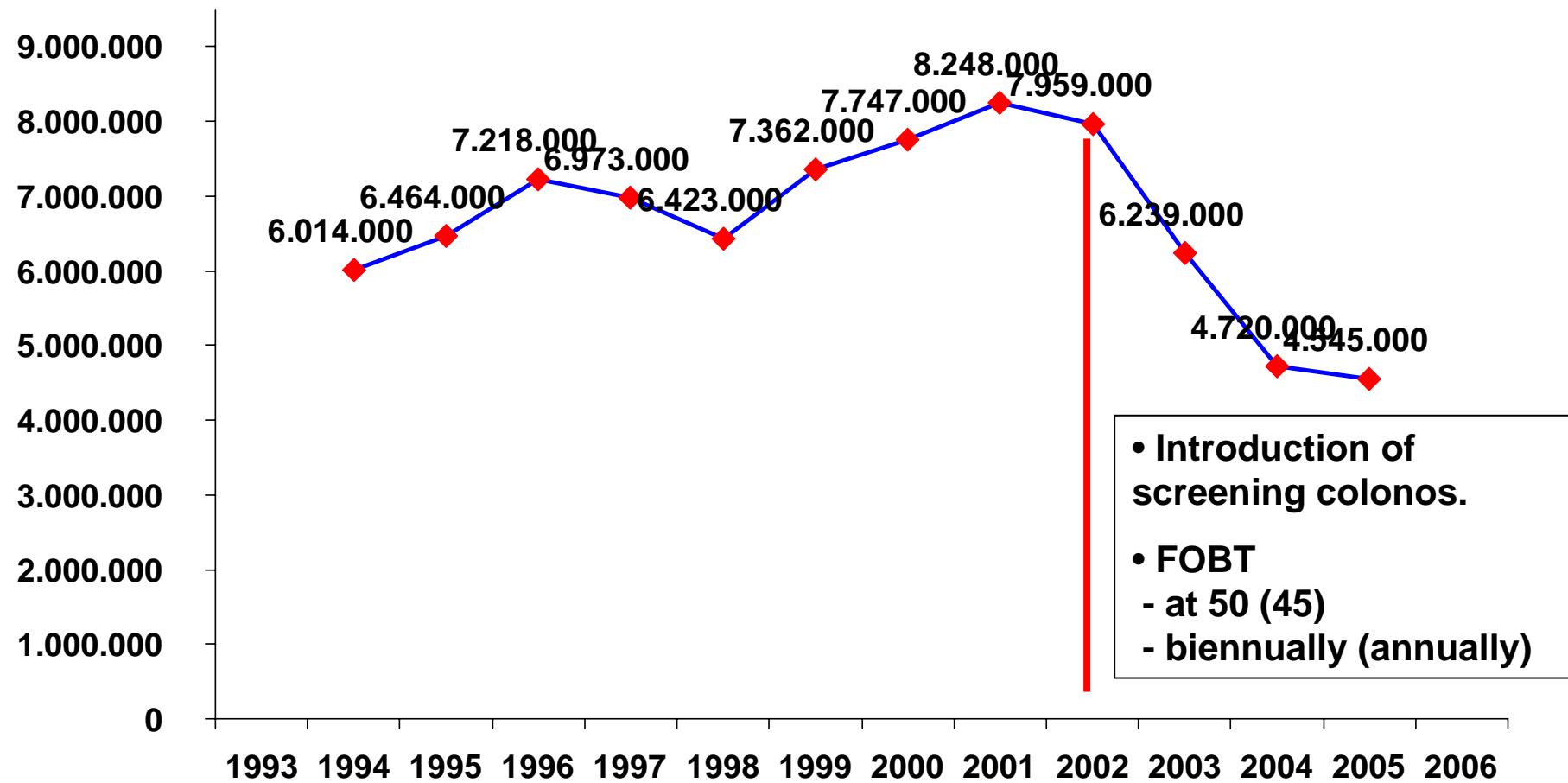
**at 55      colonoscopy (if neg. repeated after 10 y.)**

**alternatively:**

**biennial FOBT**

**-> Free of charge**

# CRC-screening in Germany - FOBT



# **Colonoscopy Screening: Performed by whom?**

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- ▶ **Gastroenterologists**
- ▶ **Internists with proof of training in colonoscopy**
- ▶ **Surgeons with proof of training in colonoscopy**
- ▶ **Pediatrics with proof of training in colonoscopy**

# **Colonoscopy Screening: Quality control**

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- ▶ proof of 200 colonoscopies and 50 polypectomies during last 2 years
- ▶ To maintain colonoscopy licence :  
200 colonoscopies + 10 polypectomies/year
- ▶ photo documentation of completeness of colonoscopy
- ▶ infection control:
  - ▶ control of 1 colonoscope biannually
    - ▶ smear culture of endoscope
    - ▶ Cx of endoscope canal perfusate
    - ▶ Cx of optics rinsing water

# **Colonoscopy Screening: Documentation**

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- ▶ documentation forms
  - ▶ completeness of exam
  - ▶ results (cancer/polyp incl. histology)
  - ▶ complications
- => central evaluation of documentation forms**

# CRC screening: Reimbursement

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	points	€
▶ complete colonoscopy	4100	188
▶ polypectomy	625	29
▶ pathology	285	13
▶ FOBT	50	2.3
▶ education about screening	215	10

# **Colonoscopy screening: results**

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- ▶ > 2.1 million screening colonoscopies performed
- ▶ 2100 sites perform screening colonoscopies (> 99% private practices)
- ▶ females 55.6%
- ▶ median age m. 65.1 y., f. 64.5 y.
- ▶ 86.4% colonoscopies w. sedation

# Screening colonoscopy – findings

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	2003	2004	2005
screening councils	4,1 Mio	2,6 Mio	2,8 Mio
Screening colonoscopies			
performed	500.000	636.000	544.000
evaluated	303.000	537.000	507.000
cancer	0,6%	0,6%	0,8%
polyps	30%	30%	32%
adenomas	18%	19%	20%
advanced adenomas	5,8%	6,1%	6,6%

=> cumulative attendance 55 – 74 J. 2003-5: Männer 8,8%, Frauen 10,2%

# Screening colonoscopy – Age dependent detection rate of advanced adenomas\*

	<b>males</b>	<b>females</b>	<b>total</b>
<b>55-59</b>	<b>3278 (6.7)</b>	<b>2572 (3.5)</b>	<b>5850 (4.8)</b>
<b>60-64</b>	<b>5148 (8.5)</b>	<b>3527 (4.7)</b>	<b>8675 (6.4)</b>
<b>65-69</b>	<b>5611 (9.1)</b>	<b>3854 (5.4)</b>	<b>9465 (7.1)</b>
<b>70-74</b>	<b>3218 (9.9)</b>	<b>2216 (6.3)</b>	<b>5434 (8.0)</b>

\* includes adenomas >1 cm, villous histology, high grade dysplasia  
(including Tis)

# Screening colonoscopy – Tumor Stages

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Dukes Stage	control- group (%)**	screened participants* (%)	5-year- survival (%)
A	18	45	94
B	26	23	84
C	23	21	57
D	26	11	2

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\*n = 2556

\*\* Mezger et al. DMW 1997;122:703-8

Central Research Institute 2006

# Screening colonoscopy – Complications

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	n	Bleeding	Perforation	others
Lieberman	3,121	0.19%	0%	0.13%
Imperiale	2,686	0.11%	0.04%	
Atkin	2,377	0.38%	0.17%	
Germany				
total	303,052	0.24%	0.03%	0.15%
diagnostic	207,585	0.19%	0.02%	0.16%
therapeutic	78,897	1.08%	0.07%	0.12%

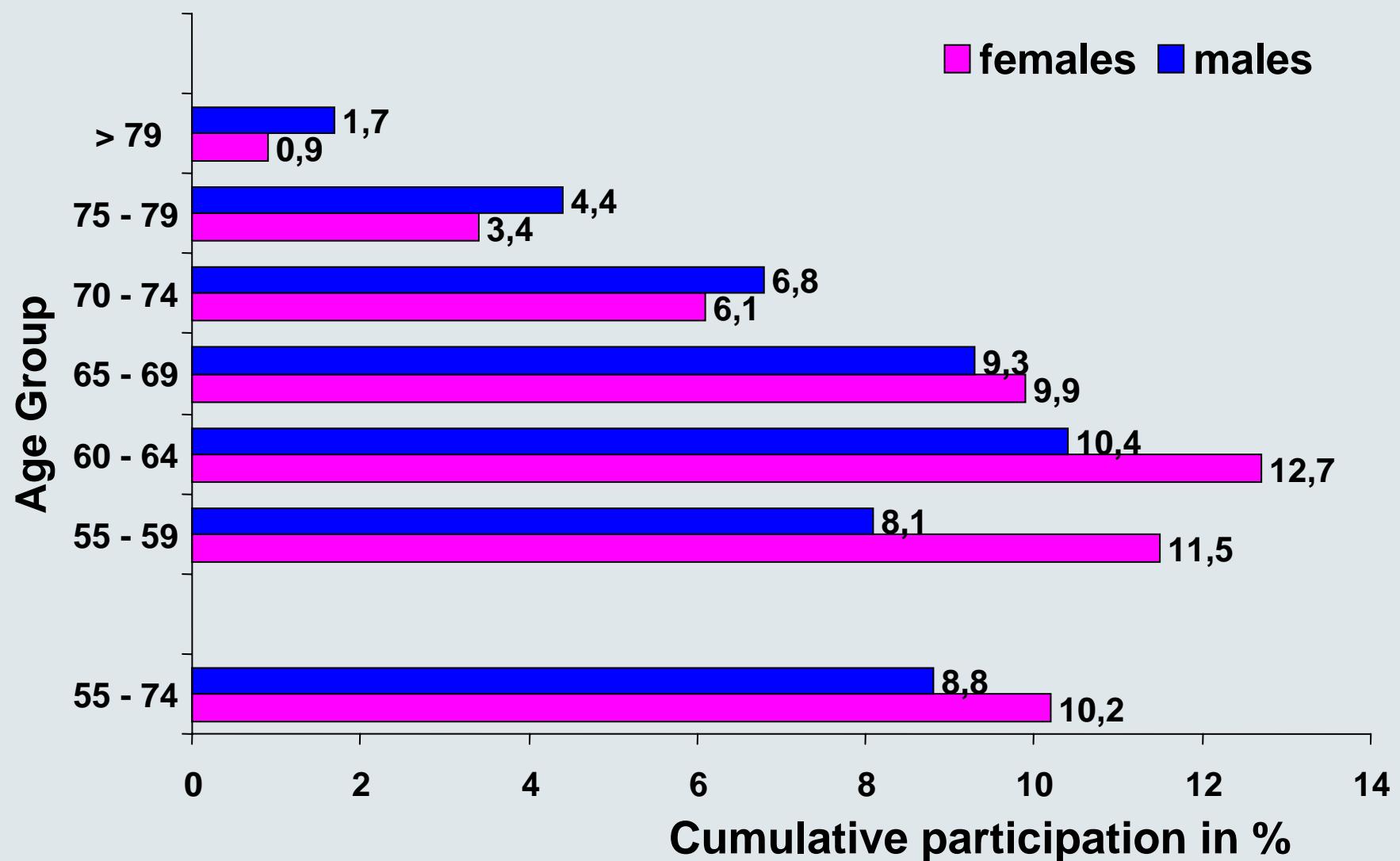
# Screening colonoscopy – Age dependent complication rate

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age group	pat. with complications
55-59	242 (0.20%)
60-64	313 (0.23%)
65-69	404 (0.30%)
70-74	227 (0.33%)

Central Research Institute 2006

# Cumulative participation (2003 bis 2005)



# **colonoscopy – capacity**

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- ▶ **41.8 million people unscreened in US**
- ▶ **2002 14.2 million colonoscopies**
- ▶ **+ 8.2 million colonoscopies possible**
- ▶ **25% of colonoscopies > 55 y**  
-> **surveillance after polypectomy**
- ▶ **24% of GI and 54% of surgeons recommend surveillance after polypectomy of hyperplastic polyps**

**Seeff et al. Gastroenterology 2004;127:1670-7, Mysliwiec et al. Ann Intern Med 2004;141:264-71, Lieberman et al. Gastrointest Endosc 2005;62:875-83**

# **Postpolypectomy guidelines – Germany**

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- ▶ **follow-up colonoscopy 3 years after complete removal of adenoma independent of no., histology, size**
  
- ▶ **follow-up colonoscopy 5 years after neg. postpolypectomy colonoscopy**

**-> update currently in progress**

# CRC-screening Germany - challenges

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- ▶ low compliance w. colonoscopy screening
- ▶ 30-day morbidity data?
- ▶ identification and care of risk groups?
- ▶ increasing proportion of postpolypectomy surveillance colonoscopies
- ▶ FOBT rates decreasing
- ▶ FOBT after 55 only biennially

# Screening colonoscopy – efficacy study (KolosSal)

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aim: effect of screening colonoscopy on  
CRC-related mortality

method: comparison of CRC-incidence after  
screening colonoscopy vs. general population  
(cancer registry Saarland)

Participating physicians: GI-practices performing  
screening colonoscopy in Saarland, Germany  
(population: 1 mio.)

Size of study: 10.000 screenes

Principal investigator: Prof. H. Brenner, DKFZ

Sponsor: Central Research Institute, Berlin