



academic session

3/12/2018

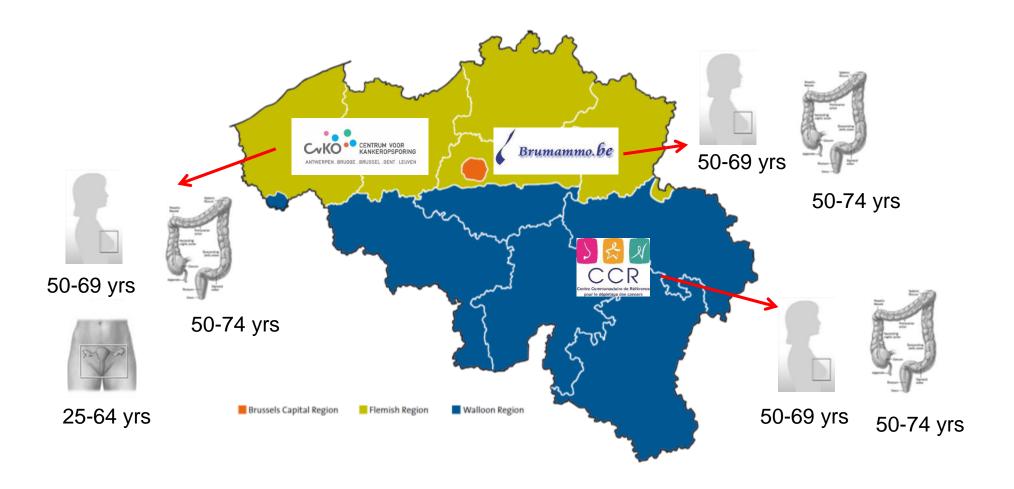
13 Years Belgian Cancer Registry

Contribution of the Belgian Cancer Registry to Cancer Screening Programs: Plan-Do-Check-Act

Julie Francart
Isabel De Brabander



Cancer screening programs in Belgium



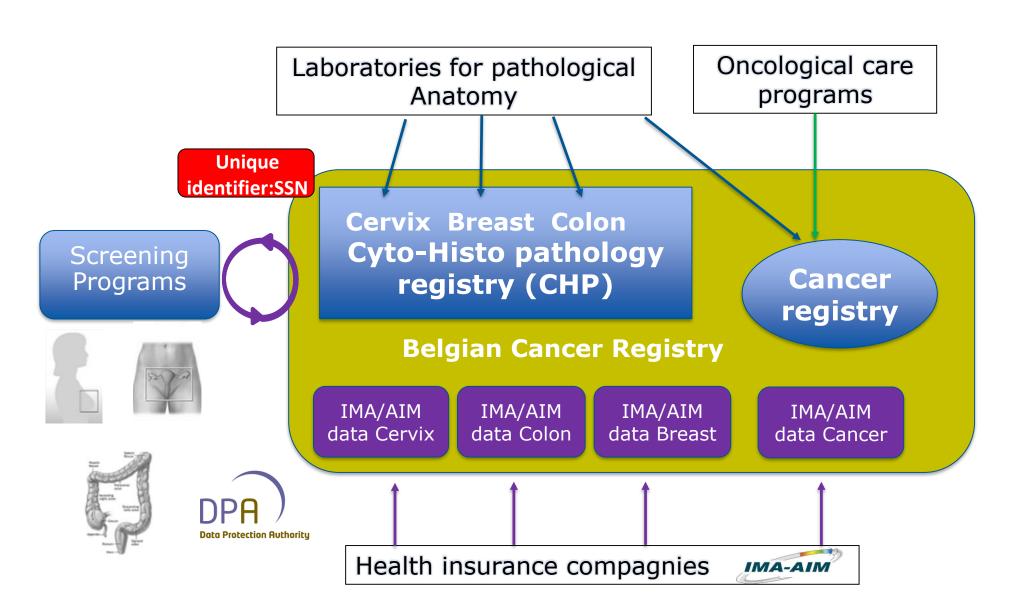




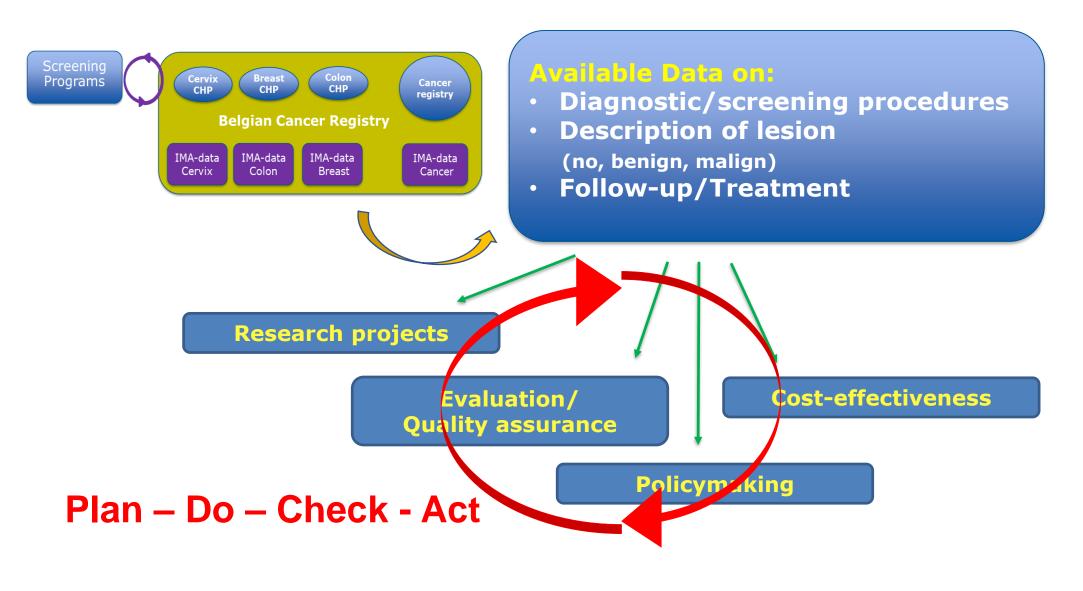




Databases and linkages



Contribution of the Belgian Cancer Registry



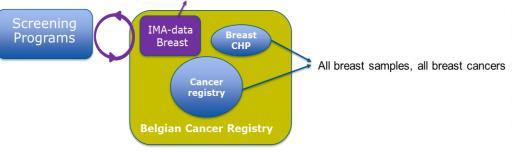


Exclusion lists: reducing costs and Mammographies/mastectomies, other

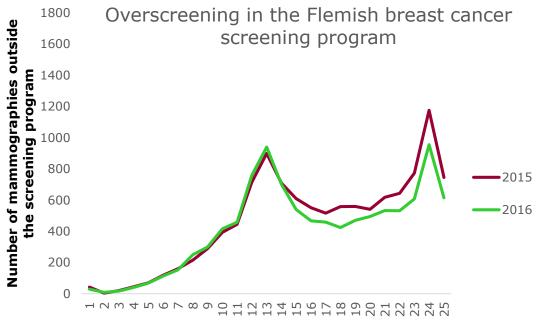
overscreening



 Check: % of overscreened participants to organized screening, Flemish Region



diagnostic therapeutic procedures

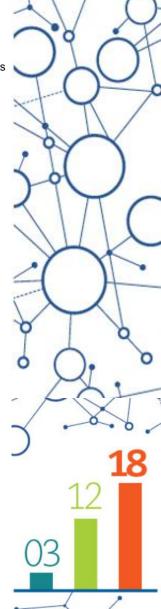


Months before participation to screening

In 2015, more then 11.000 women were overscreened



Plan/Do: Implementation of exclusion lists



Exclusion lists: reducing costs and Mammographies/mastectomies, other

Screening

Programs

overscreening



Act: Implementation of exclusion lists at the end of 2016, Flemish Region



Number of mammographies outside the screening program 1800 1600 1400 1200 1000 **—**2015 800 -2016 600 400 ___2017 200

Months before participation to screening

Check 2017: almost 4800 less women were overscreened compared to 2015

diagnostic therapeutic procedures

CHP

IMA-data

Breast

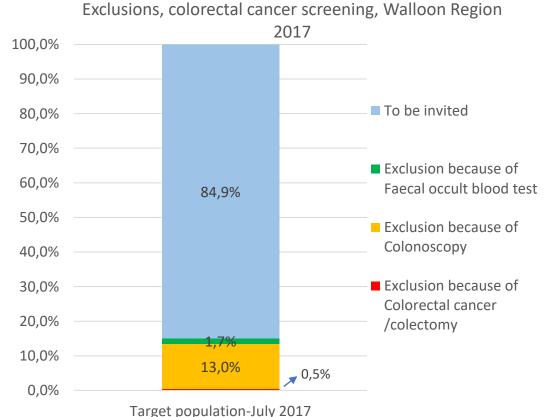


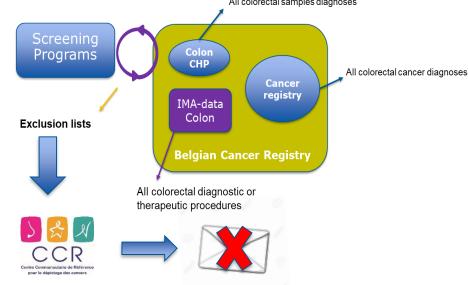
Exclusion lists: reducing costs and

overscreening

To Service Ser

Act: Exclusion lists, Walloon Region



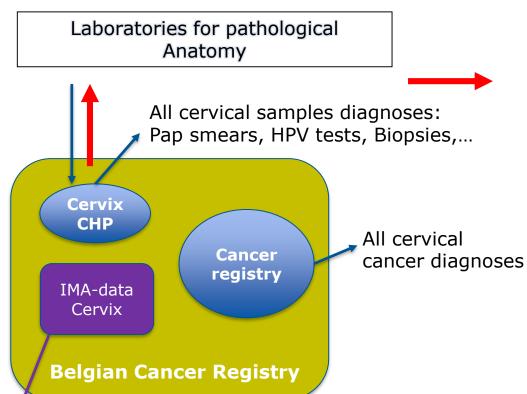


- Check 2017: 15% of the target population, n=180.178, could be excluded
 - Reducing cost invitation letters and FIT tests

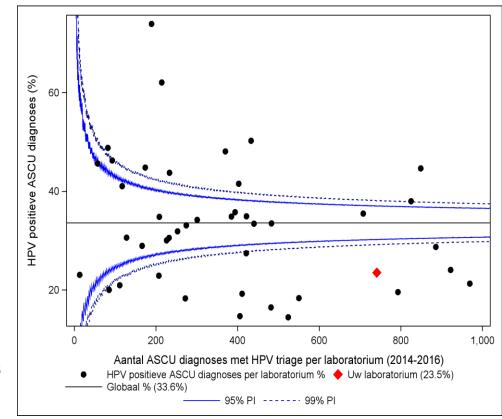


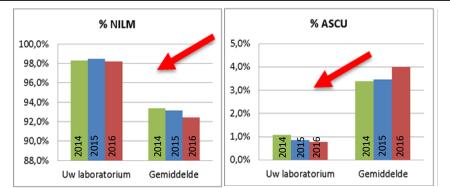
From screening results to Follow-up data and Fail-safe





All cervical diagnostic or therapeutic procedures





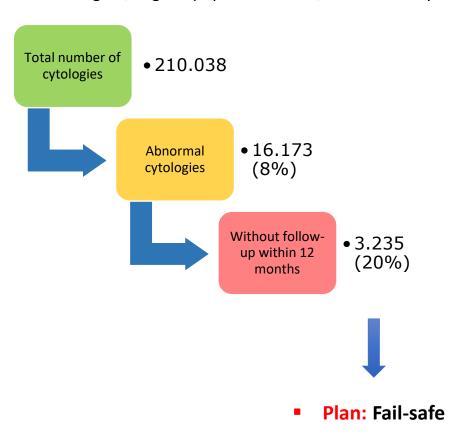


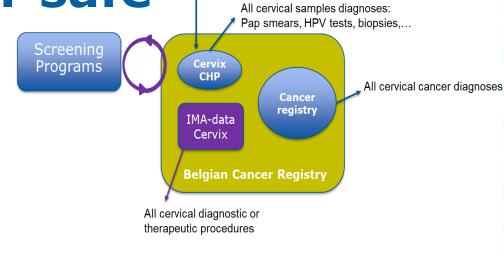
From screening results to Follow-up data and Fail-safe



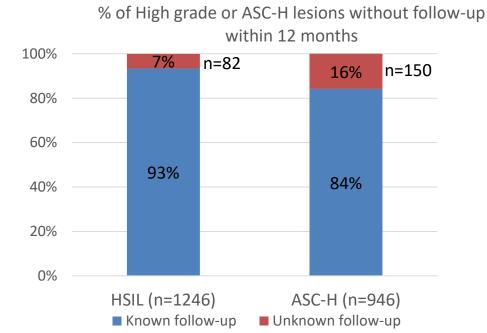
Check: Evaluate % of abnormal cytology without follow-up, Flemish Region

Flemish Region, eligible population 2016, reimbursed cytologies





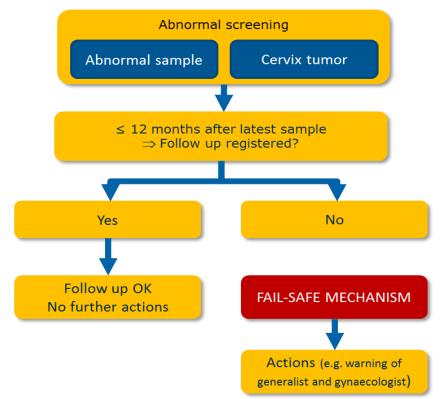
Laboratories for pathological Anatomy

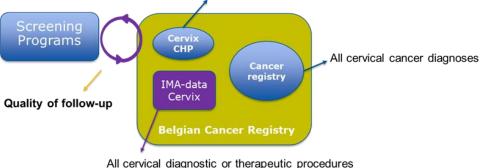


From screening results to Follow-up data and Fail-safe



 Do: Implementation of Fail-safe mechanism, Flemish Region



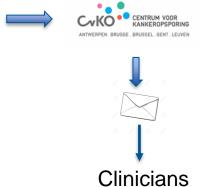


All cervical samples diagnoses

Check impact by BCR



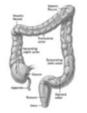
Act: First Fail-safe list to CvKO (Oct 2018)



1st phase: 287 ♀ with HSIL or ASC-H



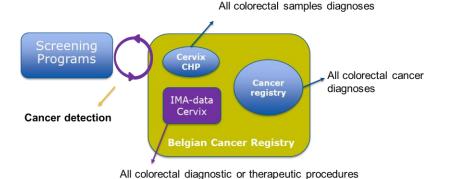
Cancer detection and characteristics



 Check: Number and stage of screen detected cancers, interval cancers and cancers in nonparticipants, Flemish Region

Stage in screen detected cancers, interval cancers and cancers in non participants, Flemish eligible population, incidence year 2015





Plan/Do/Act:

More detailed investigation of interval cancers:

Gender-Age- numerical FIT result-Screening round- Tumor localization- History of adenoma/colonoscopies



Collaboration with:









Take home messages

- Close collaboration between the BCR and the cancer screening programs leads to:
 - A cost-effective organization of the screening programs
 - Quality assurance and improvement of the screening programs
- Data handling, -linkage and -exchange is indispensable for the quality assurance of screening programs and should be in line with privacy regulations

