

Rezultati programa SVIT in rednih zunanjih kontrol

Results of the National colorectal cancer screening program SVIT and external quality control

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Key words: national colorectal cancer screening program, FIT test, colonoscopy, colorectal cancer internal quality control, quality indicators

IZVLEČEK

Namen prispevka je oceniti vpliv prvih treh krogov nacionalnega presejalnega programa za rak debelega črevesja in danke (DČD) na pojavnost in umrljivost zaradi raka DČD v Sloveniji ter oceniti vpliv nadzora kazalnikov kakovosti (KK) na raven kakovosti kolonoskopij v Sloveniji.

V Nacionalnem programu za odkrivanje raka DČD SVIT smo uporabili dva fekalna imunska testa (FIT) in če je bil eden pozitiven, smo bolnika napotili na kolonoskopijo. Od leta 2009 smo vabili prebivalce Slovenije, stare od 50 do 69 let, en krog presejanja je trajal dve leti. V NCCSP je od aprila 2009 do januarja 2015 sodelovalo 68 kolonoskopistov iz 29 endoskopskih centrov. Nadzorovani KK so bili: odstotek totalnih kolonoskopij, stopnja odkrivanja adenomov (ADR), povprečno število adenoma na preiskavo (MAP), povprečno število adenomov na kolonoskopijo

ABSTRACT

The aim of this article is to assess the impact of the first three rounds of National colorectal cancer (CRC) screening program (NCCSP) on CRC incidence and mortality in Slovenia and to assess the impact of internal quality indicators (QI) audit on the quality level of colonoscopies in the National Colorectal Cancer Screening Program (NCCSP).

In NCCSP, we used two fecal immune tests (FIT) and if one was positive patient was referred to colonoscopy. From 2009 we invited Slovenian residents aged 50 to 69 years, one screening round taking two years. Sixty-eight colonoscopists from 29 endoscopic centres participated in NCCSP from April 2009 to January 2015. Controlled QI were: percentage of total colonoscopies, adenoma detection rate (ADR), mean adenoma per procedure (MAP), mean adenoma per positive procedure (MAP+), right-sided ADR and sessile ser-

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z vsaj 1 adenomom (MAP+), stopnja odkrivanja adenomov v desnem kolonu, procent sesilnih seriranih lezij (SSL) in odgovori bolnikov na vprašalnike po postopku. Skupina treh strokovnjakov endoskopistov Programskega sveta NCCSP je opravila 91 inšpekcijskih pregledov in izvedla številna izobraževanja.

V prvih treh presejalnih krogih programa SVIT je sodelovalo 891.364 (58,2 %) Slovencev. Odziv je bil v razponu od 56,9 % do 59,9 %. FIT je bil pozitiven pri od 6,0 % do 6,2 % (več pri starejših bolnikih in pri moških; $p < 0,05$). Med 46.552 (6 %) pozitivnimi osebami jih je 42.866 (92,1 %) opravilo prvo kolonoskopijo. Totalne kolonoskopije so bile opravljene v 98 % primerov ($p=0,459$ med cikli), povprečni ADR je bil 51,8 % ($p=0,872$ med cikli), povprečni odstotek adenoma v desnem kolonu je bil 37,5 % ($p=0,227$ med cikli), povprečje MAP je bil 1,1 ($p=0,981$ med cikli), povprečni MAP+ je bil 2,0 ($p=0,824$ med cikli), povprečna stopnja odkrivanja SSL pa 3 % ($p < 0,001$). Opazili smo veliko razliko v KK med endoskopisti in znatno povečanje MAP, ADR v desnem debelem črevesu in SSL na endoskopista v šestletnem obdobju. Zaradi slabše kakovosti so bili iz programa izključeni 3 endoskopski centri (10,3 %) in 13 endoskopistov (19,1 %).

V programu SVIT je bilo 70,3 % vseh diagnosticiranih rakov v stadiju I in II, medtem ko je bilo 20,7 % vseh rakov DČD odkritih v polipih, reseciranih med kolonoskopijo. Bolniki s pozitivnim FIT v prvem presejalnem krogu imajo RO = 2,19 (95 % IZ 2,06–2,32) za napredovalo neoplazijo in rak v primerjavi z bolniki z dvema negativnima krogoma presejanja. Stopnja pojavnosti raka DČD se je po šestih letih znatno zmanjšala pri populaciji in pri moških ($p < 0,01$), pri ženskah pa ne. Petletno preživetje CRC je bilo 31,3 % višje, če je bil rak diagnosticiran v programu SVIT ($p < 0,05$). Razmerje tveganja za smrt zaradi raka DČD je bilo 3,84 višje (95 % IZ 3,36–4,40; $p < 0,001$) pri bolnikih z rakom, odkritim zunaj programa. Uspeh programa SVIT je povezan s kakovostjo opravljenih kolonoskopij. Za zagotovitev ustreznih ravni kakovosti sta potrebna reden nadzor KK in stalno izobraževanje.

rated lesions (SSL) detection rate and patient responses to post procedural questionnaires. A group of three expert endoscopists from NCCSP Program Council performed 91 inspections as well as providing education.

A total of 891.364 (58.2%) Slovenian citizens participated in the first three screening rounds of NCCSP. The response rate was 56.9% to 59.9%. FIT was positive in 6.0% to 6.2 % (more in older patients and in men; $p < 0.05$). Among 46.552 (6%) positive individuals, 42.866 (92.1%) underwent first colonoscopies. Total colonoscopies were performed in 98% of endoscopies ($p=0.459$ between cycles), mean ADR was 51.8% ($p=0.872$ between cycles), mean percentage of adenoma in the right colon was 37.5% ($p=0.227$ between cycles), mean MAP was 1.1 ($p=0.981$ between cycles), mean MAP+ was 2.0 ($p=0.824$ between cycles), and mean SSL detection rate was 3% ($p < 0.001$). We observed great difference in QI between endoscopists and a significant increase in MAP, ADR in the right colon and SSL per endoscopist during the six-year period. Due to quality underperformance, 3 endoscopic centres (10.3%) and 13 endoscopists (19.1%) were excluded from the program.

In NCCSP 70.3% of all cancers diagnosed were in stages I and II, while 20.7% of all CRC were found in polyps resected during colonoscopies. Patients with positive FIT in the first screening round have OR 2.19 (95% CI 2.06–2.32) for advanced neoplasia and cancer compared to patients with two negative screening rounds. The incidence rate for CRC cancer has dropped significantly after six years in population and in men ($p < 0.01$), but not in women. Five-year CRC survival was 31.3% higher if cancer was diagnosed in NCCSP ($p < 0.05$). Hazard ratio for death from CRC was 3.84 higher (95% CI 3.36–4.40; $p < 0.001$) in patients with cancer detected outside the program. The success of NCCSP is related to the quality of colonoscopies performed. To ensure proper quality level regular audit and permanent education is needed.