Background

Colorectal Cancer (CRC) is an important public health problem. More than 1 million people worldwide are newly diagnosed with colorectal cancer each year. Approximately half of these patients die of colorectal cancer, the second leading cause of cancer death in the world.

According to the National Cancer Registry of Ukraine in 2012 total number of colorectal cancer was 20 506 (44 cases per 100,000 men – 9650 (44.3%); women - 10 856 (47.5%)). The male-to-female ratio is 1.2 (above 50 years old). Numbered among newly diagnosed during the last year was 63% in 2011. An analysis of CRC showed that 47% of patients had stages I, II, III and IV 53 of had stage IV. Thus, almost half of patients had stage IV. Thus, almost half of patients had CRC. The Human and financial costs of this disease have prompted considerable research efforts to evaluate the ability of screening tests to detect the colorectal cancer at an early curative stage. It is now established that screening fecal occult blood test (FOBT) in average risk population reduces colorectal cancer incidence and mortality. The detection of colorectal cancer at an early curative stage is beneficial. Immunological, which have not been evaluated in a randomized controlled trial, have performed at least as well and in some cases better and with generally higher complication rates than conventional methods.

EVIDENCE BASED MEDICINE AS A DRIVER OF IMPROVING COLORECTAL CANCER SCREENING IN UKRAINE

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Materials and methods

The systematic review of the literature primary sources, meta-analyzes, systematic reviews, randomized cohort studies published between 1998 and 2013 were performed in the PubMed and Dynamed databases. Keywords: occult blood test; guaiac test; immunochromatological test; colorectal cancer mortality. Of the 688 searches only 46 meta-reviews.

Exclusion criteria

- Studies with patients below 5 years.
- Studies which do not include enough data for the analysis.
- Papers with high risk of CRC.

Results

In total, the only fecal occult blood test FOBT for men and women ages 50–74 years has been recommended by the EU for CRC screening. Among the available options, screening with guaiac-based fecal occult blood test was associated with a 11–21% CRC mortality reduction in large, randomized studies. This mortality reduction was primarily from detection of early stage CRC. Although the credibility of data based on the mortality reduction was not evaluated, and the screening test itself is inexpensive and not simple to perform, the screening test itself might be beneficial. Immunological, which have not been evaluated in a randomized controlled trial, have performed at least as well and in some cases better and with generally higher complication rates than conventional methods.

Conclusions

The evidence available suggests that the use of FOBT over a 10-year period would result in an increase in the number of patients with CRC detected at an early stage, a decrease in the number of patients who die of CRC, and a saving in the cost of treatment. Fecal occult blood test FOBT is an inexpensive and simple test for blood in stool that performs better would be alternatively used. The economic efficiency of the fecal occult blood test FOBT in the screening of colorectal cancer was estimated in studies. Costs per life year gained were $ 110,000, the cost of screening for people over 10 years will be $ 677. If the cost of treatment of one life over 10 yr. Screening would incur total costs per life year gained. The cost-effectiveness of a biennial faecal occult blood test screening program – a cost-effectiveness model for colon cancer screening. Increasing Access to Colorectal Cancer Screening: A cost-effectiveness model for colon cancer screening. The cost-effectiveness of the fecal occult blood test FOBT in the screening of colorectal cancer was estimated in studies. Costs per life year gained were $ 110,000, the cost of screening for people over 10 years will be $ 677. If the cost of treatment of one life over 10 yr. Screening would incur total costs per life year gained. The cost-effectiveness of a biennial faecal occult blood test screening program – a cost-effectiveness model for colon cancer screening. Increasing Access to Colorectal Cancer Screening: A cost-effectiveness model for colon cancer screening.

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