Highlights of Day 1:
Expert Consultation on Colorectal Cancer Screening in Latin America and the Caribbean

Silvana Luciani, Advisor, Cancer Prevention and Control, PAHO
Burden of Disease Warrants CRC Programs in the Americas

Colorectum: both sexes, all ages
Investments in Health System Strengthening Urgently Needed to Reduce the Disparities in CRC survival
CRC Mortality Increasing in LAC

Annual % Change in CRC Mortality

-4 -3 -2 -1 0 1 2 3 4

Canada USA Costa Rica Ecuador Colombia Peru

PAHO/WHO Cancer country profiles, 2013
Greater Increases Projected for CRC in LAC

<table>
<thead>
<tr>
<th>Category</th>
<th>Latin America and the Caribbean</th>
<th>United States &amp; Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases</td>
<td>76%</td>
<td>45%</td>
</tr>
<tr>
<td>New cases</td>
<td></td>
<td>54%</td>
</tr>
<tr>
<td>Deaths</td>
<td>81%</td>
<td></td>
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<tr>
<td>Deaths</td>
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</tbody>
</table>
## Increases in CRC Driven by Changing Lifestyles

<table>
<thead>
<tr>
<th>Category</th>
<th>Risk factor</th>
<th>Risk</th>
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</thead>
<tbody>
<tr>
<td><strong>Lifestyle</strong></td>
<td></td>
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<tr>
<td></td>
<td>Overweight/Obesity</td>
<td>Increases risk</td>
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<td></td>
<td>Physical activity</td>
<td>Reduces risk</td>
</tr>
<tr>
<td></td>
<td>Heavy alcohol use</td>
<td>Increases risk</td>
</tr>
<tr>
<td></td>
<td>Smoking</td>
<td>Increases risk</td>
</tr>
<tr>
<td><strong>Food and Nutrition</strong></td>
<td>High intake of red/processed meats</td>
<td>Increases risk</td>
</tr>
<tr>
<td></td>
<td>Fried, broiled or grilled meats</td>
<td>Inconsistent</td>
</tr>
<tr>
<td></td>
<td>High intake of vegetables, fruits, and whole grains</td>
<td>Reduces Risk</td>
</tr>
<tr>
<td></td>
<td>Some types of fats</td>
<td>Inconsistent</td>
</tr>
</tbody>
</table>

*Source: American Cancer Society, 2015*
Men and Women Both Need to Be Better Informed About CRC

US & Canada

- Men: 75,889 (48%)
- Women: 82,229 (52%)

Latin America and the Caribbean

- Men: 44,652 (51%)
- Women: 42,822 (49%)
SCREENING VS EARLY DETECTION

- Early detection: identify cancer in symptomatic populations in its early stage
- Screening: identification in asymptomatic population

Considerations:
- Organization is key to screening quality
- Quality across the screening continuum: participation, screening test, follow up diagnosis, and treatment
- Indicators: coverage, quality of test, follow up treatment rate
Range of CRC Screening Tests In Use and Many New Tests in Development

- barium enema
- gFOBT
- FIT
- flexible sigmoidoscopy
- colonoscopy
- CT colonography
- capsule endoscopy
- stool DNA tests
CRC Screening Programs and Guidelines Vary By Country

- Categorization of CRC programs in the region:
  - organized CRC screening programs – good coverage >60%
  - just beginning to develop organized CRC screening programs
  - no screening program, but CRC diagnostic services available
- Target population 50-74 years of age
- Approaches for average risk population and high risk populations
  - FOBT, FIT, every year or every 2 years commonly used
  - Colonoscopy, every 10 years
WITHIN COUNTRIES
DIFFERENT STRATEGIES MAY BE NEEDED

Source: Instituto Nacional de Cáncer de Argentina
Common Challenges For Colorectal Cancer Programs in LAC

- Limited political will
- Limited resources to invest in CRC screening
- Health system barriers
- Socio-cultural factors
Some Pending Questions

- Where to begin?
- How to create political will for CRC?
- How to obtain more funding for CRC awareness, screening, early detection, diagnosis, treatment, palliative care?
- How create champions and get more support from multi-disciplinary medical providers?
- Which screening test/strategy is cost-effective, affordable, feasible given the country resources?
- How can quality be assured across the screening process?
- How can a high screening coverage be attained?
- Screening in age groups younger than 40?