Colorectal screening in Suriname: Accomplishments and Challenges

Els Dams
Washington, 16-17 March 2016
• Situational analysis
• Screening
• Challenges & opportunities
Cancer - 2nd cause of death

- **Sepsis**: 1.30% (38)
- **Chronic liver diseases**: 2.00% (63)
- **Diseases urinary system**: 2.40% (73)
- **HIV AIDS**: 3.40% (105)
- **Respiratory infections**: 3.70% (113)
- **Perinatal diseases**: 7.70% (236)
- **Diabetes**: 8.30% (251)
- **External causes**: 12.50% (374)
- **Cancer**: 12.80% (390)
- **Cardiovascular**: 25.30% (767)

2012
Transition

Older

Richer

1990

2015

GDP $10^9$ US$
# Cancer burden

<table>
<thead>
<tr>
<th></th>
<th>Developed world</th>
<th>Suriname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer incidence per 100.000</td>
<td>286</td>
<td>160</td>
</tr>
<tr>
<td>Cancer deaths per 100.000</td>
<td>108</td>
<td>98</td>
</tr>
<tr>
<td>Case fatality rate</td>
<td>38%</td>
<td>62%</td>
</tr>
</tbody>
</table>
Cancer incidence

Women

- Breast
- Cervix
- Colorectal
- Stomach
- Lung
- Hematology
- Uterus/ov

Men

- Prostate
- Stomach
- Lung
- Head/neck
- Hematology
- Colorectal

Women: = 3rd
Men: = 2nd
Colorectal cancer - epidemiology

- Average 60.8 year (range 28 – 91)
- 13-23% < 50 year
- ♂ = ♀ 12 - 14% of all malignancies
- Ethnic differences: Creoles > Javanese > Hindustani > Marroon
- 50-60% advanced stage
Incidence – trend
Risk factors – STEPS 2013

- Overweight: 47% (♂) - 63% (♀)
- Smoking: 7 (♀) - 34% (♂)
- No physical activity: 45%
Colorectal screening

- No national screening program
- Screening after polyp/ CRC according to Dutch guidelines
- No quality assurance program
- No data on treatment follow-up
- 2 gastro-enterologists on 560,000 population
Challenges

- Lack of structured screening programs
- Barriers to screening programs
- Lack of monitoring & evaluation systems
- Lack of (culture of) quality assessment
- Lack of gastro-enterologists & equipment
- Poor economic situation

Opportunities

- Cancer control plan – political will
- FOBT as screening tool – less costs
- Introduction of screening in the Netherlands – exemplary role
- Multidisciplinary oncology meetings – increased quality awareness
Thank you