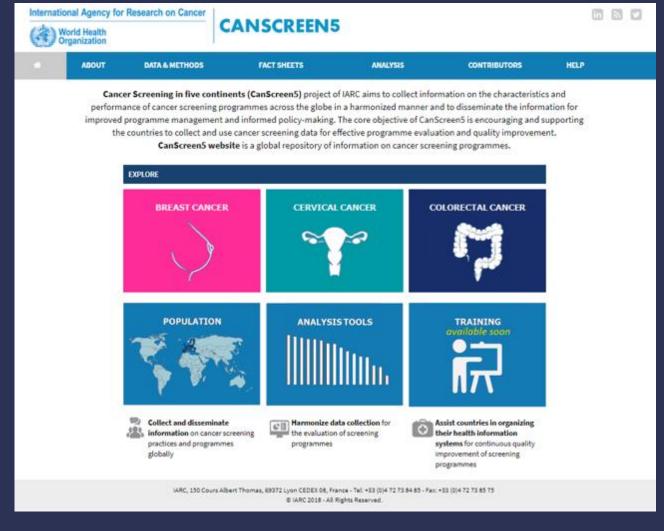
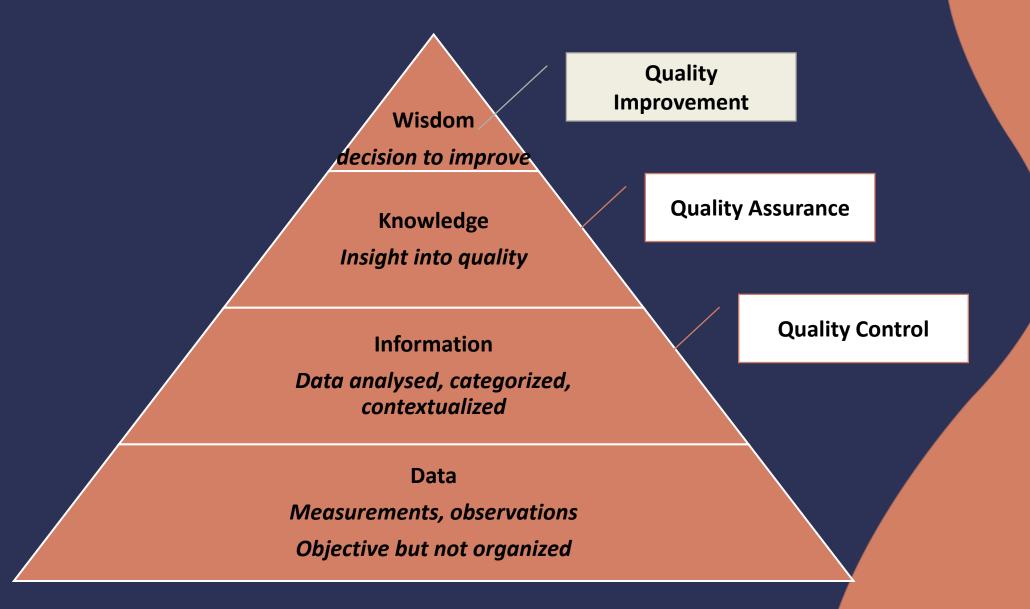
Cancer Screening in 5
Continents — an initiative to improve quality of cancer screening

**Partha Basu** MD, FRCOG, PhD Head, Early Detection, Prevention & Infections Branch



http://canscreen5.iarc.fr/

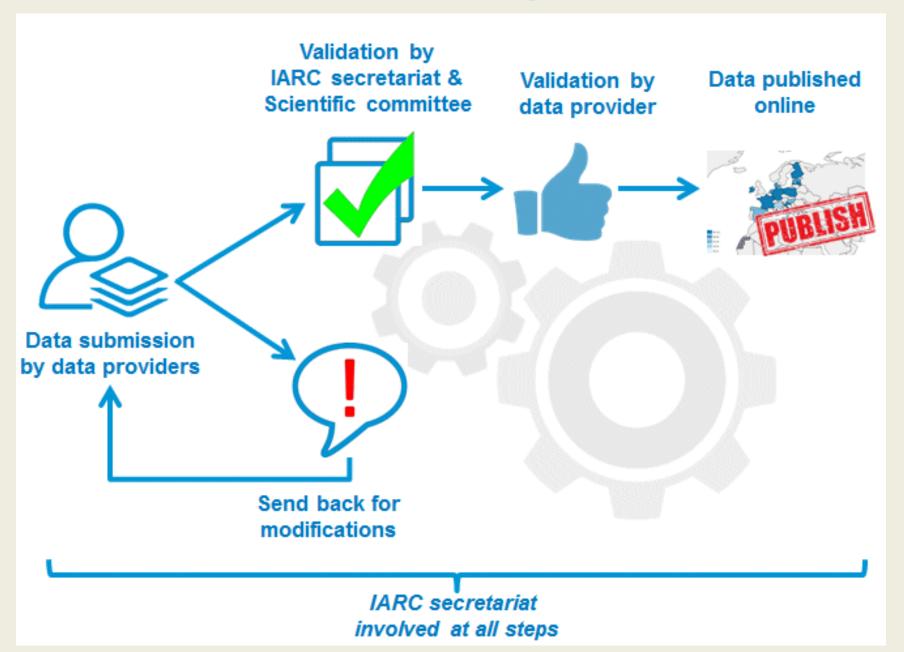
# Utilizing data for program quality improvement



# CanScreen5 - objectives

- Collect information on cancer screening practices and programmes globally
- Harmonize data collection and data analysis for the comparative evaluation of screening programmes
- Encourage countries to utilize <u>health information system to improve</u> programme quality
- <u>Capacity-building</u> of service providers and programme managers in quality assurance
- <u>Disseminate information</u> to assist planning, evaluation and quality improvement of programmes.

# Data validation process



### CanScreen5

Reports cancer screening policies, protocol, organization, governance & quality assurance mechanism using a landscape survey questionnaire



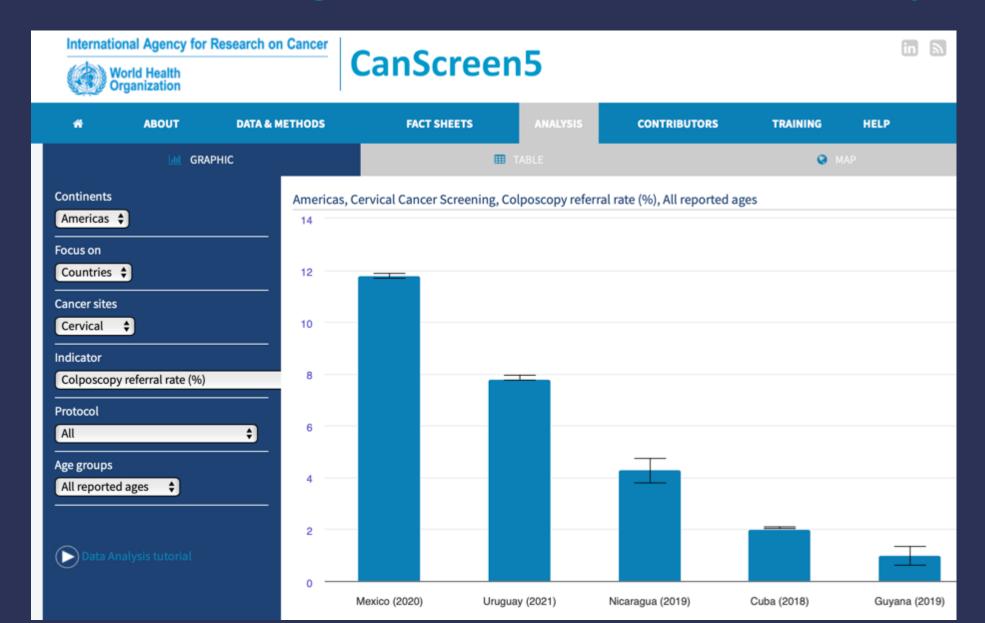


Triaging test used:



Organization						
	ABOUT	DATA & METHODS	FACT SHEETS	ANALYSIS	CONTRIBUTORS	TRAINING
ne / Fact	sheets / Cuba / Co	ervical qualitative data				
OUNTRY	FACT SHEET: C	UBA				
Count	ry Breast	Cervical Colorectal				
CERV	ICAL CANCER	SCREENING PROGRAMME				
Report	ting year for qua	litative data:			2021	
	e of qualitative d				Directly from Program	nme
ORG	ANIZATION OF S	CREENING				
		stitution responsible to coordinate	the programme:		Yes	
Dedicated budget for screening programme:					Yes	
Documented cancer screening policy:					Yes	
Nature of documentation of the policy:					Notification	
Year programme was initiated:					1968	
Programme introduction was preceded by a pilot:					No	
Screening tests provided free of charge:					Yes	
Diagnostic tests provided free of charge: Treatment services provided free of charge:					Yes	
reatn	nent services pro	ovided free of charge:			Yes	
INFO	DRMATION SYSTI	EM AND DATA COLLECTION				
System that collects data:					Aggregated	
Identification of eligible population:						
Screening participation:					Aggregated	
Screening test results:					Aggregated	
Further assessment:					No	
Final pathology diagnosis:					No	
Cancer staging:					No	
• Treatment:					No	
The information system exists at national or sub-national level:					Individual: Unknown Aggregated: National	
The in	formation system	n collects data outside the program	mme (opportunistic screening/private	e sector)-	No No	
The information system collects data outside the programme (opportunistic screening/private sector): Cancer screening data is linked with population-based cancer registry (PBCR):					PBCR exists but not linked	
SCRI	EENING PROTO	COL				
A scree	ening protocol o	r guideline:			Yes	
	f published/upd	-			2018	
Target	age (min-max) a	and screening interval [months] fo	r each test:		Cytology (25-64 years / [36	months])

# Data collection using harmonized KPIs allows comparison









For cancer screening programme managers, clinicians, nurses and midwives, and social and community workers

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In each module, to consolidate new knowledge



Pre-course test and final test

To measure your progress



References

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### nature medicine



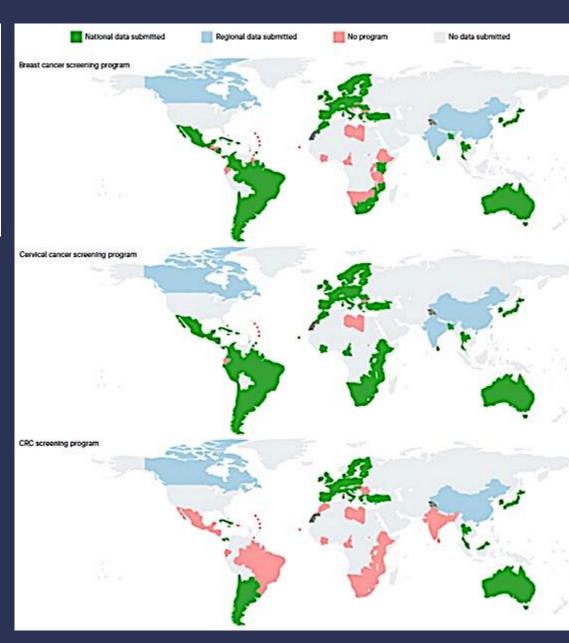
Article

https://doi.org/10.1038/s41591-023-02315-

# CanScreen5, a global repository for breast, cervical and colorectal cancer screening programs

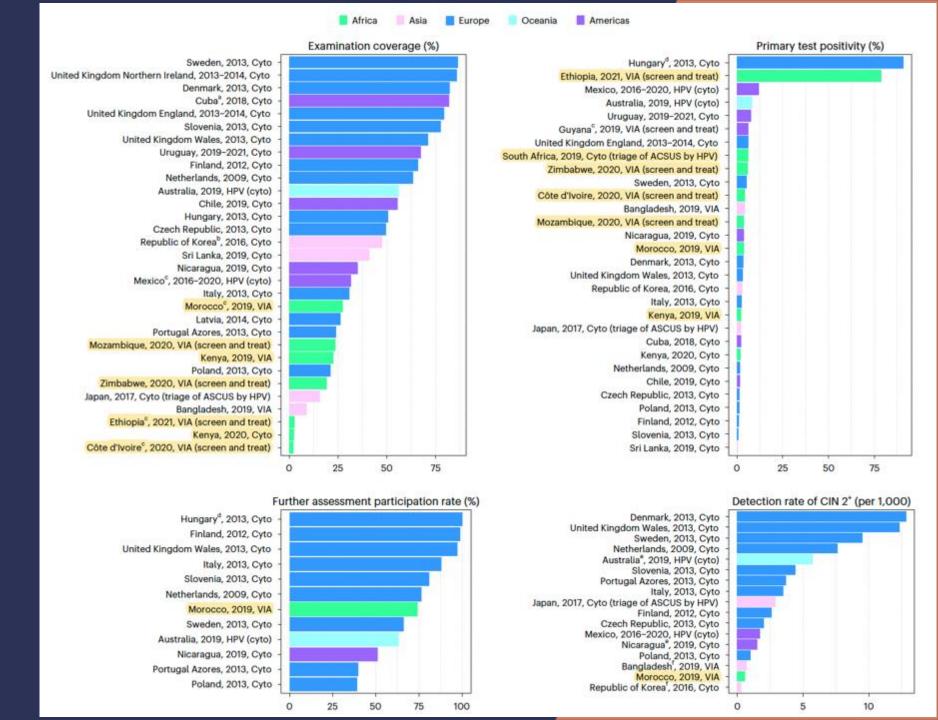
### Data were obtained from

- 57 breast ca screening programs, 4 from Africa, 16 from the Americas, 9 from Asia, 27 from Europe and Australia
- 75 cervical screening programs, 16 from Africa, 22 from the Americas, 9 from Asia, 27 from Europe and Australia
- 51 CRC screening programs, 0 from Africa, 18 from the Americas, 6 from Asia, 26 from Europe and Australia

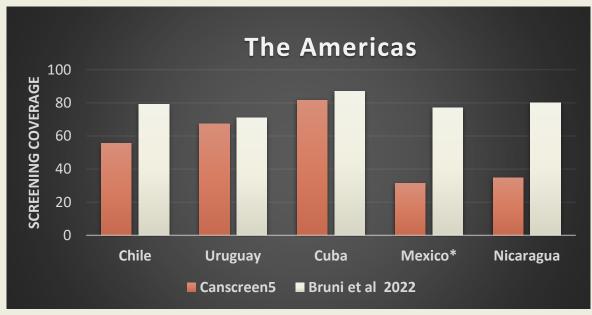


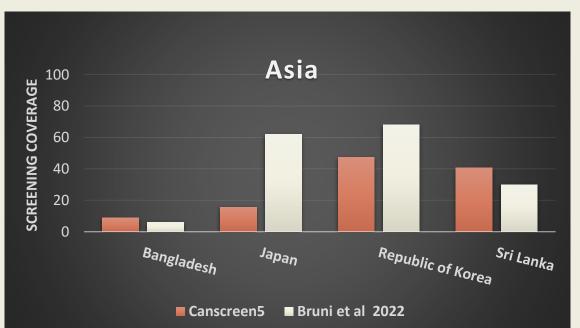
Zhang et al. Nature Medicine, 2023

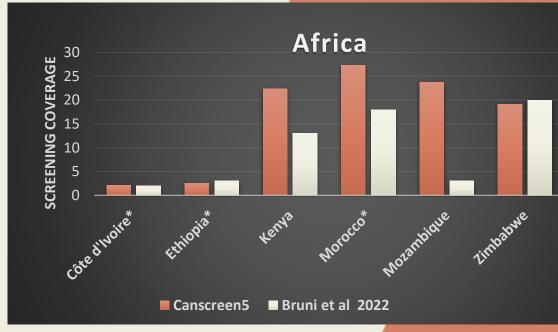
Selected KPIs from cervical screening programs

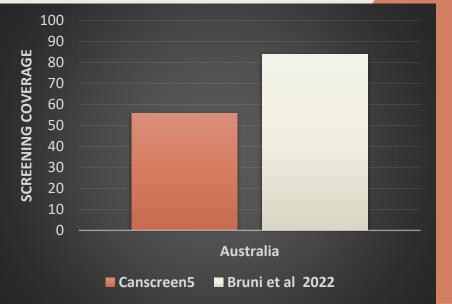


## Discrepancy between program & survey data









### **Conclusion**

Health system strengthening is key to improve quality of cancer screening

A quality assurance plan supported by a robust information system is one of the 'building blocks' of strong health system

Countries need to measure cancer screening performance

Investment made to improve surveillance system may be leveraged to strengthen information system for systematic data collection

# Thank you!





Centre for Global Health Inequalities Research (CHAIN):



Centro di Riferimento per l'Epidemiologia e la Prevenzione Oncologica in Piemonte (CPO):



Association of European Cancer Leagues (ECL):



Friends of cancer patients (FOCP):



Medical Research Council, United Kingdom (MRC):



The International Federation of Cervical Pathology and Colposcopy:



Susan G. Komen:



Union for International Cancer Control (UICC):



#### WHO African Region:



WHO Regional Office for Europe:



WHO Region of the Americas:

