

Insights to shape the future of FIT-based early detection: lessons from 25 years of Colorectal Cancer Screening Programme

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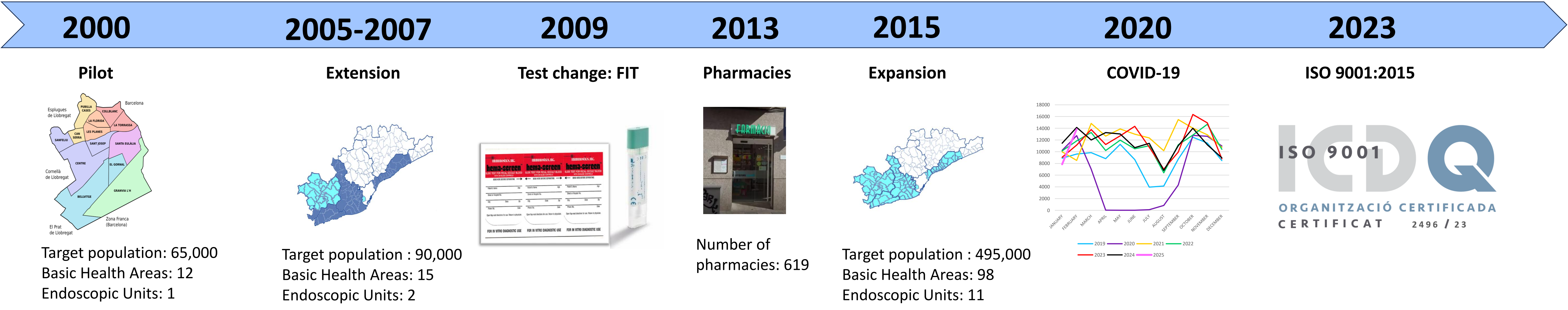
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INTRODUCTION

The first Spanish population based colorectal cancer screening program was established in 2000 in Catalonia. The programme started as a pilot in l’Hospitalet de Llobregat initially using the guaiac test biennially with colonoscopy for confirmation. It has since then evolved with key improvements such as adopting the faecal immunochemical test (FIT), involving pharmacists, and achieving ISO certification. This study highlights primary key indicators over the past 25 years.

Figure 1. Timeline of the Colorectal Cancer Screening Programme



METHODS

The target population (men and women 50-69 years old) grew from 65,000 people in the pilot to the current 495,000. From 2000 to 2009, the guaiac test was used (3 samples), and from then on, the FIT (1 sample, cut off 20 µg/g). Primary healthcare centres have played a significant role since the program's inception, and in 2009, pharmacists began to participate actively.

RESULTS

- Participation rate rose from 17% in 2000 to 45% in 2024.
- The incorporation of the pharmacist application system enabled effective test traceability.
- The rate of inadequate performance tests decreased from 2.3% in 2000 to 0.1% in 2024.
- The adenoma detection rate grew from 3‰ using guaiac to 11‰ with FIT.

Figure 2. The role of pharmacies in the screening process

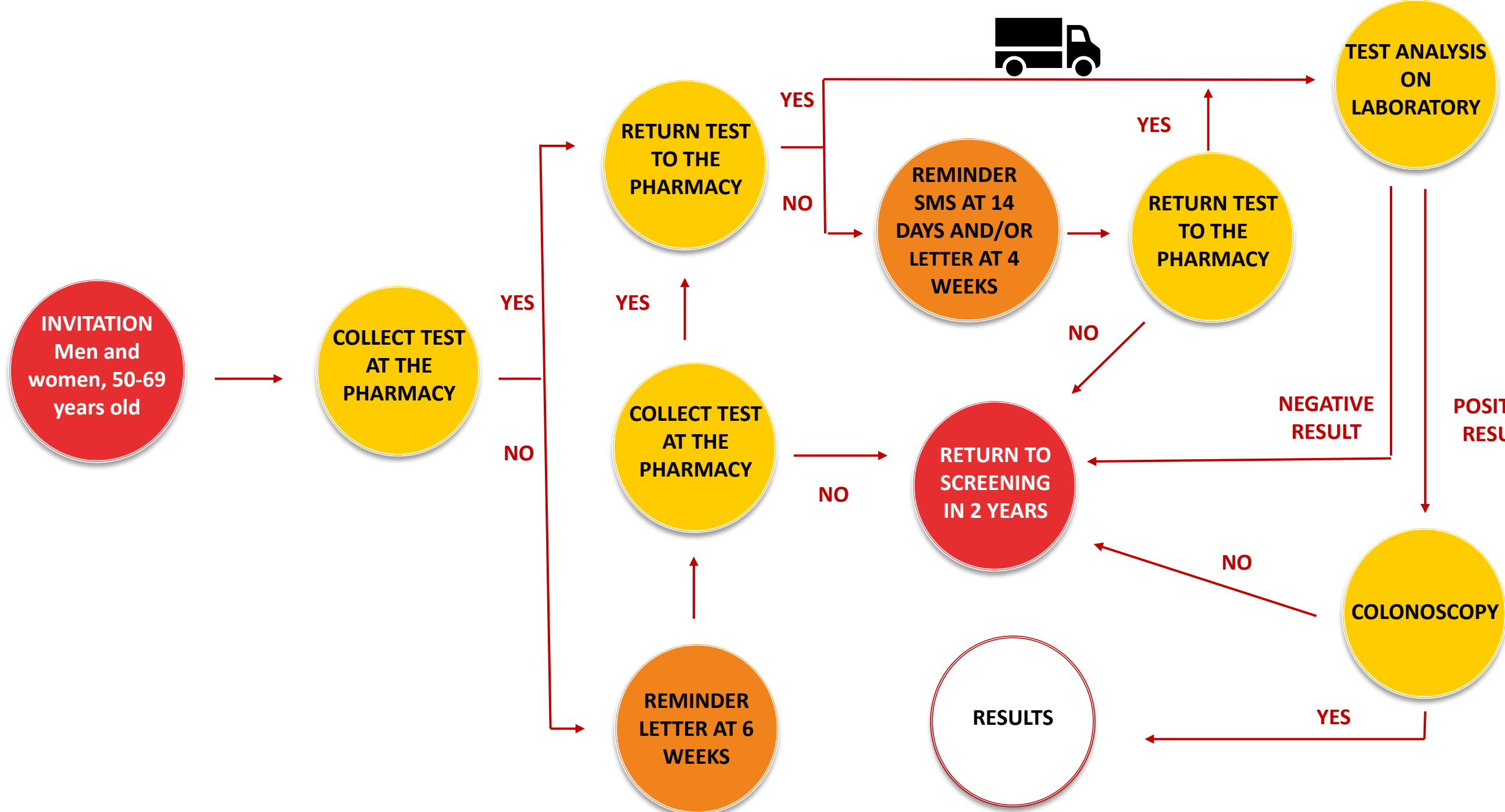


Figure 3. Invitations and participation by year and sex in 25 years

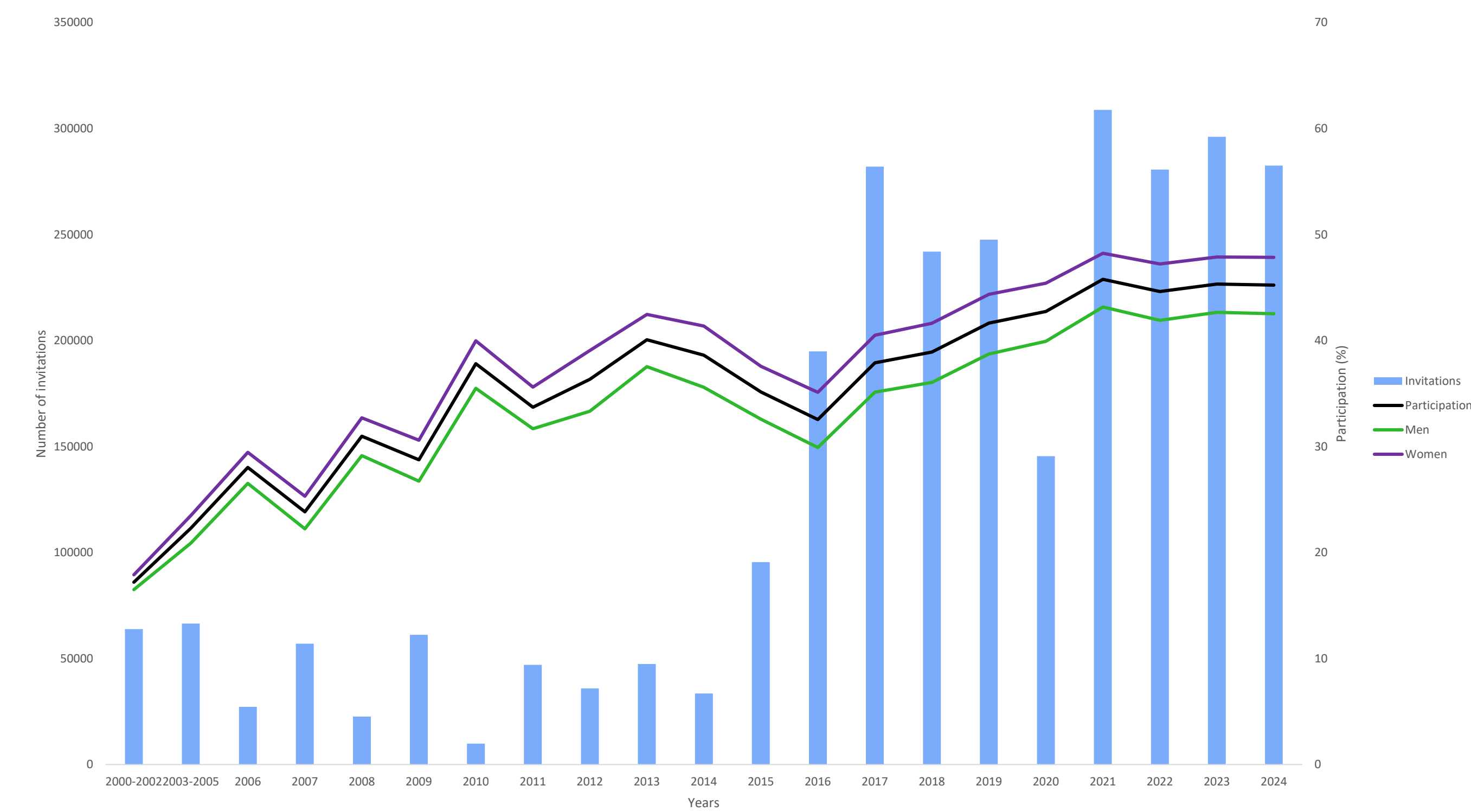


Figure 4. Positivity rate 2000-2025

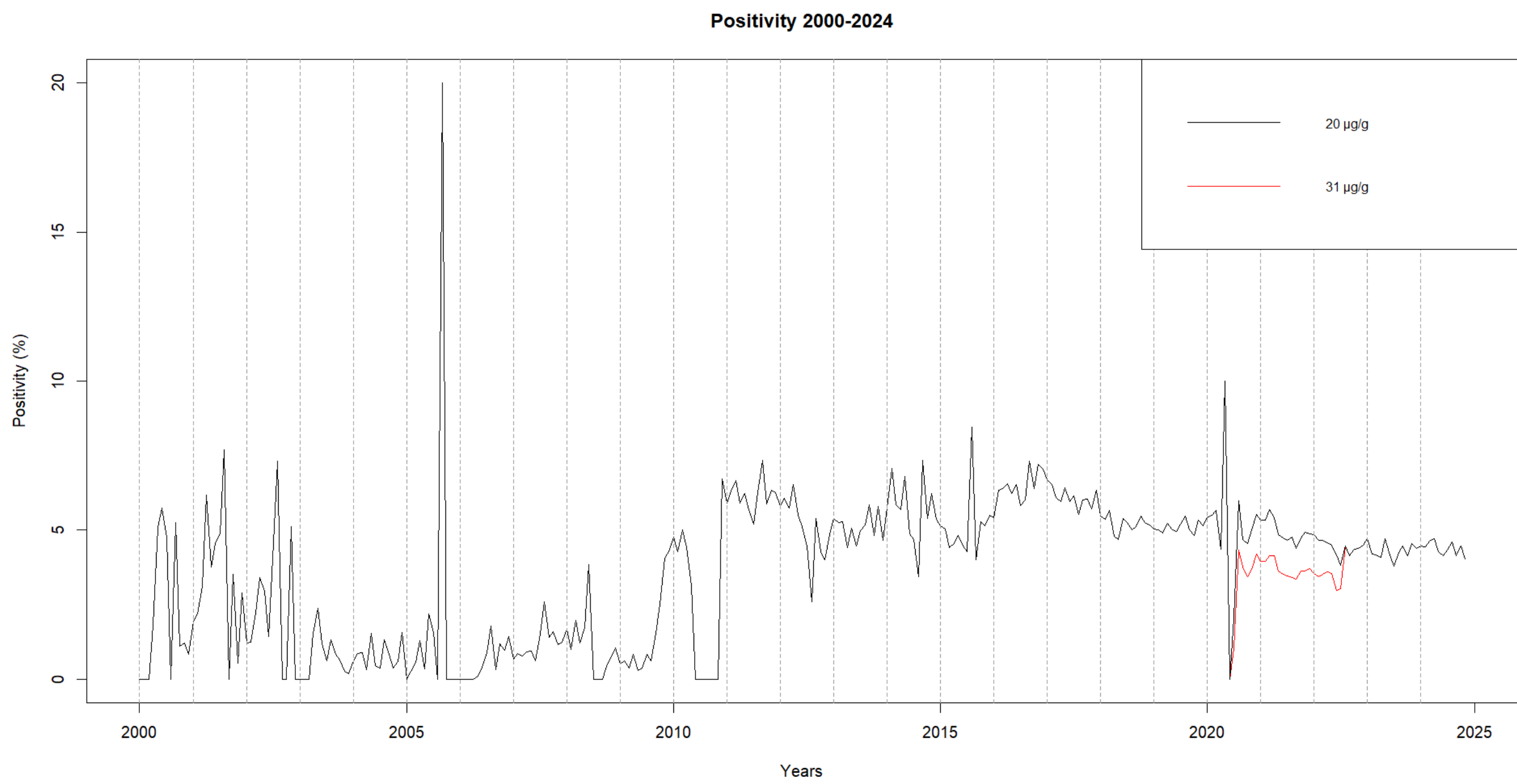
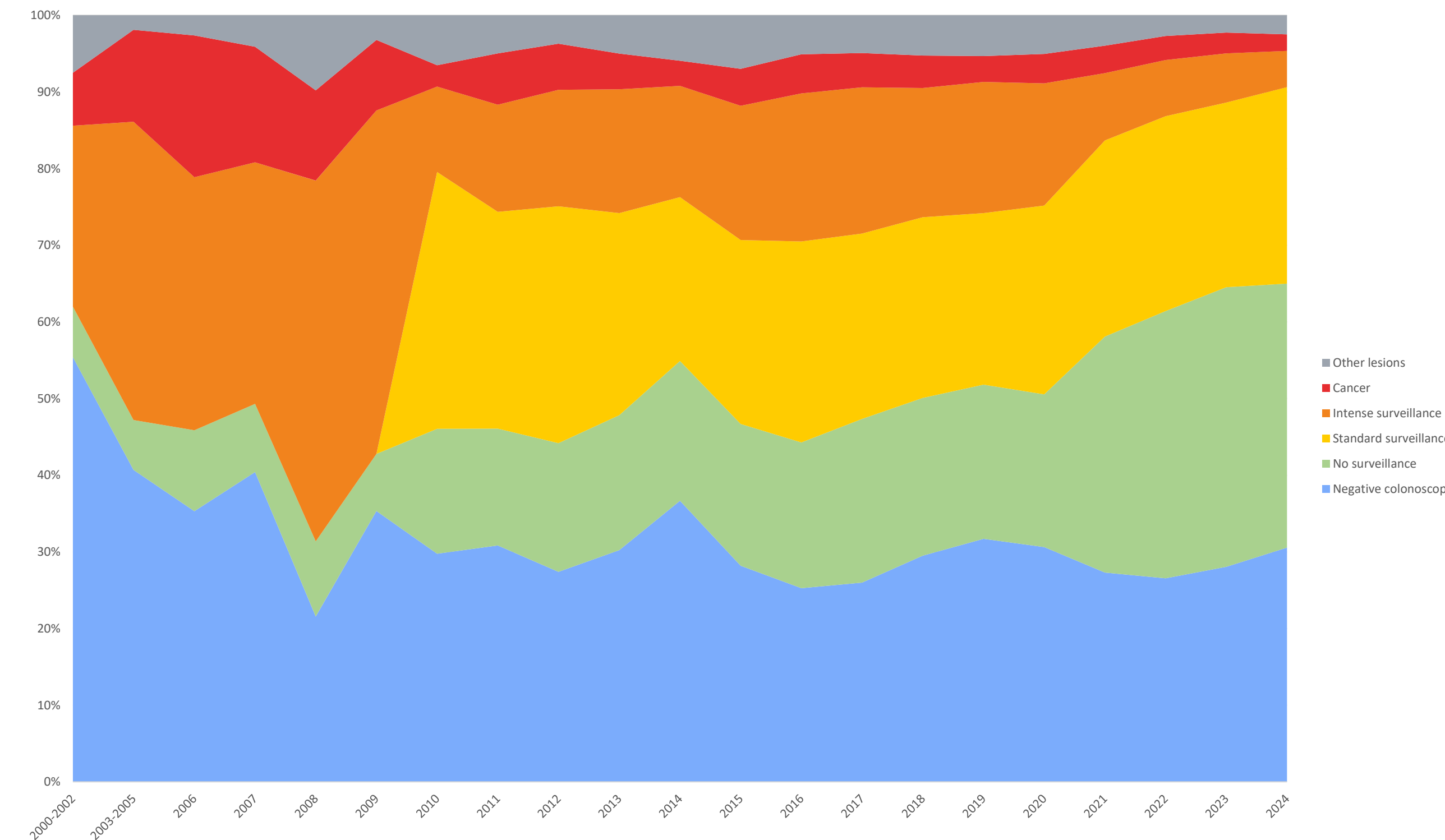


Figure 5. Colonoscopy results 2000-2025



DISCUSSION

The involvement of pharmacists has enhanced the quality of the screening program. However, it is essential to engage other stakeholders to be more accessible, inclusive, efficient, and impactful. Primary healthcare professionals could assume a more significant role, but our current health system is not adequately prepared for this. Improvements are necessary in terms of workload management and the digitization and integration of health records.

We would like to thank all the professionals who have worked in the Colorectal Cancer Screening Unit over the past 25 years.

