



WGO



New IDCA/WGO Colorectal Cancer Screening Guidelines



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International Digestive Cancer Alliance

The Digestive Oncology Division of WGO

IDCA Origin

The International Digestive Cancer Alliance was formally inaugurated in **2002 in Rome, Italy** with strong encouragement of the World Gastroenterology Organization (WGO-OMGE). The Founding Organizations of the IDCA include:

- World Gastroenterology Organization (**WGO-OMGE**)
- World Organization of Digestive Endoscopy (**OMED**)
- United European Gastroenterology Federation (**UEGF**)
- European Society of Gastrointestinal Endoscopy (**ESGE**)
- Cancer Research and Prevention Foundation (**CRPF**)
- International Union Against Cancer (**UICC**)

IDCA Mission

The mission of the International Digestive Cancer Alliance is to promote the screening, early detection, primary prevention and management of pre-malignant and malignant disease of the digestive tract worldwide through an international alliance of organizations that share the same goal

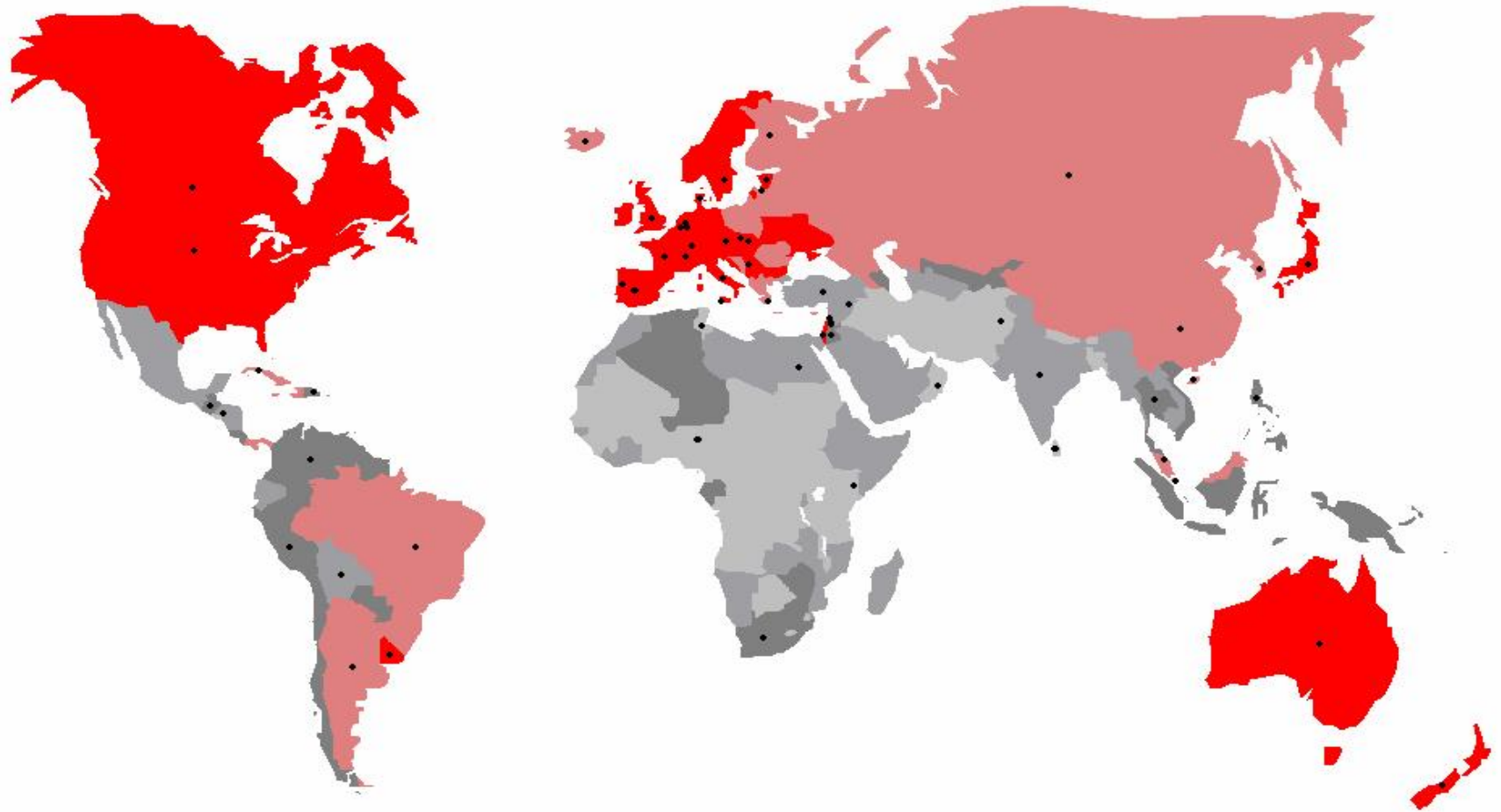
Colorectal Cancer Worldwide*

(Estimate)

	2000	2020
Cases	945,000	1,400,000
Deaths	500,000	650,000

**IARC; Globcan; Lyons, 2001*

Crude CRC Mortality Rates (Male)



■ < 1.9 ■ < 2.8 ■ < 5.8 ■ < 17.0 ■ < 45.7

GLOBOCAN (IARC 1998)

Global Guidelines

- Distinguishes between areas with different resources and epidemiology.
- Provides guidance and suggestions for countries to develop relevant guidelines.

Screening Guidelines

- Asymptomatic Men & Women
- Primary Prevention Framework
- Timely Diagnostic Workup
- Timely Treatment

Methodology

- Update of 2002 WGO Guidelines
- Literature Search
- Review Team Summary of Evidence
- International Expert Consultation
- Final Editing & Draft by Chair & Librarian
- WGO/IDCA Website, WGN
- Translations
- Cascade Concept

Cascades Concept

*“The best you can do
with what you have!”*

Colorectal Cancer Screening Cascades

A hierarchal set of options
ranked by available resources

Cascade Method

- Not evidence driven
- Apply existing knowledge to improve healthcare
- Work with what we have
- Take into account population preference
- Take into account other health care priorities
- Use what works!

CRC Screening Cascade Hierarchy

1 – Highest resources

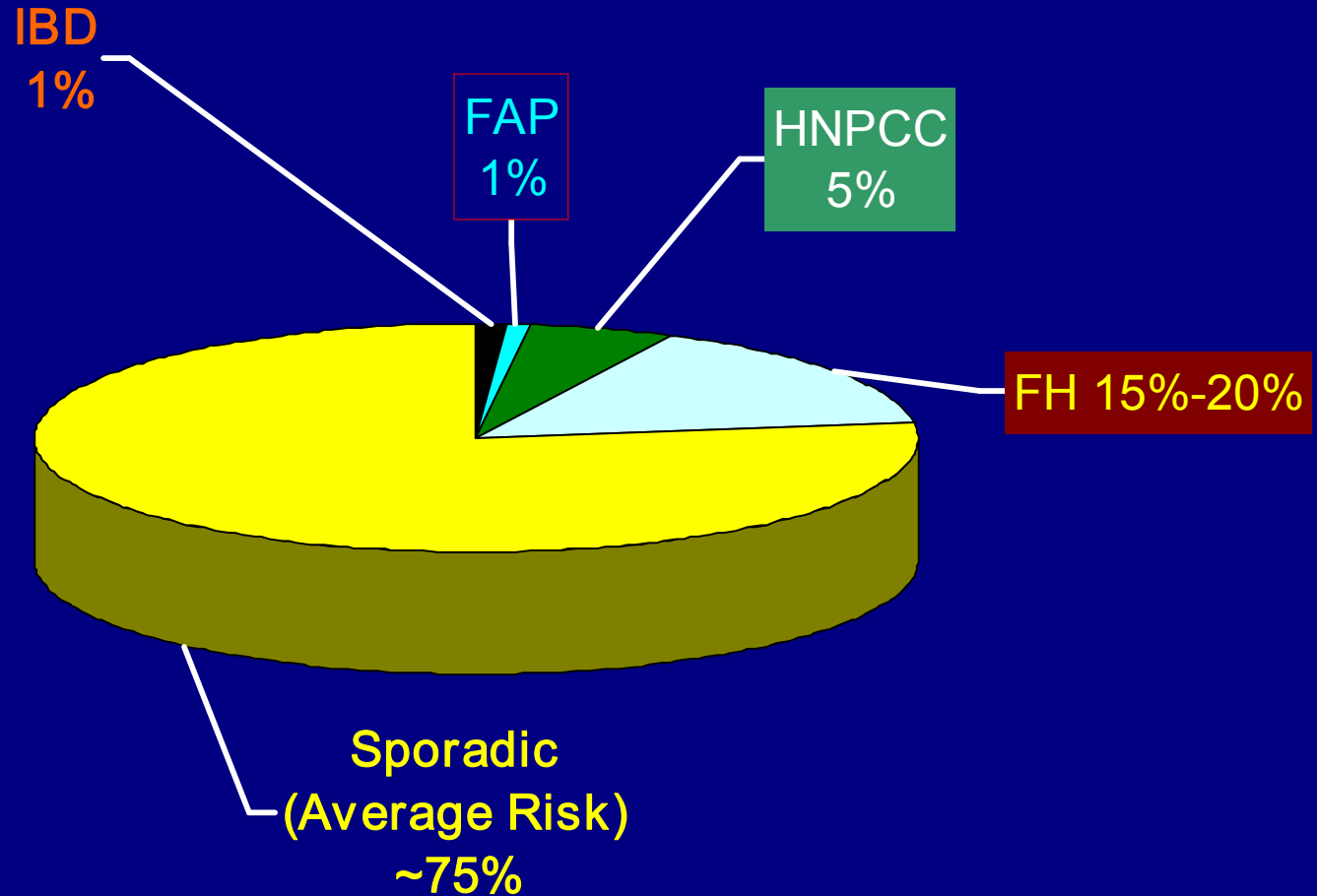


6 – Minimal resources

Resource Level 1

- Average risk screening: Colonoscopy every 10 years starting at age 50.
- Increased risk screening: Family history, past history of polyps, adenomas, FAP, HNPCC, IBD:
Special Screening and surveillance for each group

Colorectal Cancer Risk Groups



Resource Level 2

- Average risk screening: Colonoscopy once in a lifetime starting at age 50
- Increased risk screening: Same as for resource level 1

Resource Level 6

- Average risk screening: FOBT every year beginning at age 50
- Increased risk screening: Same as for average risk unless colonoscopy resources are available

Additional Tests for High Resource Countries

- CTC
- Stool DNA Testing

Implementation

- Public education
- Cascade based guidelines
- Professional education
- Planning
- Monitor outcome

THE BEST SCREENING TEST
IS

THE ONE THAT GETS DONE.

Procrastination

1,500

men and women
die each day from
colorectal cancer

IDCA/WGO Colorectal Cancer Screening Guidelines

Review Team

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Where To Get Help

- WGO/IDCA
<http://worldgastroenterology.org/cancer-education-idca.html>
- International Agency for Research on Cancer (IARC)
<http://www.iarc.fr/IARCPress/index.php>
- United States Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov/cancer/colorectal/basic_info/screening
- ACS American Cancer Society (ACS)
http://www.cancer.org/asp/contactUs/cus_global.asp

Thank You