10 Years of Svit programme
The Svit Programme

10 Years of Colorectal Cancer Screening in Slovenia

Compendium on the 10th anniversary of the Svit Programme
Foreword
In the ten years of the organized Slovenian national colorectal cancer screening programme – the Svit Programme, we have crossed many milestones and achieved many successes, major and minor victories. We are certainly satisfied with our achievements. The programme is well accepted by both the professional and general public and the target population. At the beginning of the programme, we increased the invitation response rate especially in the east part of the country, where it was the lowest. Through targeted communication activities, we have contributed to reducing health inequalities. By carefully monitoring the data, we first noticed that cancers in the screening programme were detected at earlier stages than before screening. The proportion of detected cancers that can be removed already during colonoscopy has also increased, thus avoiding surgical treatment. For the first time in the history of the Cancer Registry of the Republic of Slovenia, we have noticed that in 2011, the trend of reducing the number of newly discovered colorectal cancers has begun and is still ongoing. Among all newly discovered cancers in Slovenia between 2007 and 2015, colorectal cancer moved in frequency from the second to fourth place. The removal of precancerous lesions during colonoscopies within the Svit Programme has an important impact on this. The detection of cancers in earlier stages has significantly contributed to an increase in the survival of patients with colorectal cancer which has increased more than in cancers in other locations.

Our work and desire for better results are inspired by the stories of patients who are grateful that we discovered and cured their illness before it caused them any problems.

Dominika Novak Mlakar, MD, PhD
Head of the Svit Programme
Our beginnings
Following the political declaration on the need for cancer screening in 2003, the European experts joined together and developed uniform guidelines for quality assurance in colorectal cancer screening and diagnosis. At that time, the Slovenian experts also joined them. Already during the development of the European Guidelines, which came out in 2010, based on harmonized recommendations, a proposal was formulated for a programme that, even after 10 years of implementation, meets and exceeds the set quality criteria. In doing so, we relied on the knowledge of Slovenian and foreign experts, who exchanged experience and knowledge with each other. Some of the major challenges of the time were to find a way to reach the largest number of the target population possible, determine whether we have sufficient capacities to perform screening and follow-up colonoscopies, treatment of detected cancers and to answer the question of whether the benefits of the programme will justify the investments.

The launch of the programme required many different activities, but the most important was the identification and inclusion of all the partners who were crucial for the organization and implementation of the programme in a network with a clear common objective. The representatives of the medical specialties found a common language with the representatives of the Health Insurance Institute of Slovenia and the Ministry of Health of the Republic of Slovenia. This was reflected in the unanimous support of the programme proposal at the Health Council in late 2006.

The preparations for the implementation of the programme continued also during the pilot screening in 2008. Fortunately, there was no need for much correction and upgrading, so in April 2009, the programme successfully began to be implemented across Slovenia at the same time.

From the very beginning until today, the key challenge and aim are to achieve high quality and effectiveness of the programme and a high level of trust in people it is intended for. It is a great pleasure and pride to know that we have succeeded, which is evident from the increased response rate of the target population to the Svit Programme and the fact that the number of new cancers in this location is declining, the survival of colorectal cancer patients is increasing and as a result, we are also reasonably expecting a reduction in the mortality from this type of cancer. All of this reduces people's suffering and improves the quality of their lives, which is, after all, the most important.

Jožica Maučec Zakotnik, MD
Former Long-Time Head of the Svit Programme
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The Multidisciplinary Medical Specialists Consilium decides on the treatment of initial cancers
Surgical treatment is key in colorectal cancer
No test is 100% reliable
We constantly confirm good laboratory practice

The work and achievements of the programme in numbers
Response rate and uptake are gradually increasing
More people with a stool test positive for blood are found among men and the elderly
Excellent informing on the necessity of colonoscopy to explain blood in the stool
Each removed polyp reduces the chance of cancer development
Fewer new cases of colorectal cancer

We are co-creating the Svit Programme
Close to users
The Svit Programme ambassadors represent invaluable support
At Svit events, we approach each individual
With presentations in work collectives, we approach a very diverse population groups

We have succeeded

Challenges for the future

Acknowledgement to Assist. Prof. Matej Bračko, MD, PhD

Sources
The beginnings of the Svit Programme
Slovenia is among the European countries with the highest incidence and mortality from colorectal cancer. Among the cancers, it used to be in the second place in Slovenia in terms of incidence (after skin cancer) and mortality (after lung cancer). According to the Cancer Registry, the incidence of colorectal cancer in Slovenia kept increasing since 1950. In 2007, colorectal cancer was the second most common cancer, taking into account both sexes, with an estimated 1,400 people falling ill each year. It was more common among men, who, in Slovenia, still get ill 1.3 times more often than women. The cancer stage at diagnosis was also a cause of concern, as most cases were detected in the advanced form. In the period between 2005 and 2009, less than 15% of colorectal cancers were detected in a localized form. This was reflected in high mortality rates, poor quality of patients’ lives and high treatment costs.

About 40–50% of people develop at least one adenoma in their lives, from which 5–6% of people develop colorectal cancer. As the disease develops over many years or even a decade, it can be detected early enough and even prevented. 90% of cases of colorectal cancer develop from previous adenomatous polyps that can be detected with endoscopic techniques and removed. The disease develops slowly and the symptoms usually appear after several years. Clinical signs that indicate colorectal cancer are uncharacteristic. They depend on the location of the tumour, its size, its stage and the tumour caused complications.

**Assoc. Prof. Vesna Zadnik,**
MD, PhD, Head of the Epidemiology Unit and the Cancer Registry of Slovenia, Institute of Oncology Ljubljana:

»*In 2007, there were 1,420 colorectal cancers reported in the Cancer Registry in Slovenia. In the same year, 777 people died from this cancer. This is such a large and growing public health problem that we need to focus all our knowledge and capabilities on solving it.«
The high incidence of colorectal cancer in Slovenia and the predominant detection of disease in the advanced form were a major public health problem that required systemic action and solutions at the national level. Examining only symptomatic patients, in not standardized and disorganized manner, did not produce adequate results in managing the burden of colorectal cancer. Before deciding to take action at the national level, we made sure that our programme met the internationally accepted standards for the implementation of the screening programme.

Organized population screening is intended for the seemingly healthy residents in a defined population, that is to persons in a particular age group who do not report clinical signs of the disease. An immunochemical test for blood in the stool has proven to be a good solution, despite the initial concerns due to a rather complicated sampling of the stool. Users receive their test result by mail. Each positive test result is examined by screening colonoscopy. During it any precancerous lesions are immediately removed. If the disease is detected, further examinations and treatment are required in the shortest possible time, which we are able to ensure in Slovenia. As colorectal cancer grows slowly and takes several years to progress from a precancerous lesion to cancer, the vast majority of dangerous lesions can be detected and treated in a timely manner with regular testing of stool samples every two years.


Prof. Branko Zakotnik,
MD, PhD, National Coordinator of the National Cancer Control Programme (DPOR):

»Mortality and survival are affected by lowering the incidence, an early-stage diagnosis and available proper treatment. With the Svit Programme, we guarantee that. The incidence of what used to be the most common cancer in Slovenia has dropped significantly. In the participants of the programme we detect the disease very early, survival is already above the EU average and I expect it to be even better. Congratulations!«
We have designed a communication strategy based on the informed decision-making by the users

An organized national screening programme is the best way for systematic early detection of colorectal cancer. However, enough people need to be involved in order to achieve the programme’s goals. When the Svit Programme was being established in 2008, a communication strategy was designed based on the theory of planned behaviour and informed decision-making. We thoroughly examined the communication strategies of the screening programmes abroad and adapted some of the most successful samples to our cultural environment.

The well-known advertising agency Luna \TBWA assisted us in creating the corporate identity of the programme. Together, we designed the materials, and their ideas and approaches proved to be highly successful. One of their promotional ideas was also awarded at the Slovenian Advertising Festival.

We avoided threatening messages and tried to motivate and assist people in joining the programme with various approaches. We not only focused on the target population but also addressed the general public through communication activities since digestion, excretion and especially observing our own stool are still a taboo. If we want people to be more responsive to the screening programme, we must first get them to talk more openly about the topic.

Marjeta Keršič Svetel, author of the initial Svit Programme communication strategy:

“When the Svit Programme was launched in 2009, it was something brand new, in addition it was connected with a disease that everyone is afraid of and with a backside, which is one of the big taboos. Participation requires a lot of individual steps from a person, which makes the programme’s communication support a major professional challenge. However, when people consider the matter and on their own decide to participate, they also stick to their decisions.”
An important part of the National Institute of Public Health NIJZ

The Svit Programme was created under the auspices of the Ministry of Health, with Community Health Centre Ljubljana as its holder at its foundation in 2008. In 2009, the Svit Programme joined the National Institute of Public Health of Slovenia (NIJZ). Since September 2017, the Svit Programme is organized as a Centre for Early Cancer Detection within the National Institute of Public Health. The tasks, organization and implementation of the Svit Programme are further specified in the Rules on the Implementation of National Screening Programmes for Early Detection of Precancerous Changes and Cancer.

Since the beginning of its operation, the Svit Programme has been financed by the Health Insurance Institute of Slovenia. On the basis of the Health Care and Health Insurance Act and the Health Databases Act, it obtains data on the target population from the Central Population Register and the Health Insurance Institute of Slovenia. All the acquired information is carefully protected and treated in accordance with the Personal Data Protection Act and the provisions of other regulations.
In ten years, we have reached important milestones

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About the programme
We are following the objectives of the Svit Programme

- Reducing the mortality from colorectal cancer
- Reducing the incidence of colorectal cancer
- Response rate above 70%
- Accessibility of the programme also for foreign language speakers and for people with hearing and vision impairment
- Quality implementation of the programme
- High trust in the programme
- High detection rate of polyps
- Detection of colorectal cancer at the lowest possible stage

The main objective of the Svit Programme is to reduce the incidence and mortality from colorectal cancer, which is achieved with early detection of colorectal cancer and by removing precancerous lesions. Screening for colorectal cancer is especially effective, as the cases detected early can be cured very successfully, while the timely removal of polyps can even prevent the occurrence of this type of cancer. A high response rate to the Svit Programme is a prerequisite for achieving the objective, so it is important that at least 70% of those invited become actively involved. In a large proportion of the population, a completely new behaviour, a new attitude towards health and a high level of confidence and the acquisition of new skills must be achieved.
The Svit Programme is comprised of a wide network of experts and individuals

The quality operation of the Svit Programme, its accessibility and user-friendliness are the results of the involvement of numerous individuals. The work at the national level is organized in the central unit of the Svit Programme at the National Institute of Public Health. It consists of several teams that work closely together: an in-house mailing service, a laboratory, a call centre, analyses and quality control and information technology team. The implementation of the Svit Programme involves healthcare providers throughout Slovenia, namely pathologists, colonoscopists, general practitioners and their healthcare teams as well as health care providers who provide counselling at Svit contact points. They closely cooperate with the representatives of the regional units of National Institute of Public Health in charge of promoting the Svit Programme in their region. Their contribution includes connecting different organizations and individuals in their environment, which is reflected in the wide network of ambassadors and supporters of the Svit Programme.

From the very beginning of the Programme, we have been striving to connect the stakeholders at the national and the local level. Ambassadors and supporters of the programme and the non-governmental organizations also have a special role, primarily in promoting and motivating individuals, which also applies to the media, which are an important partner in raising awareness, contributing to the recognisability of the Svit Programme and the colorectal cancer issue with their reporting.
Who is invited to participate in the Svit Programme

600,000 people invited

The population of the Svit Programme includes approximately 600,000 persons, who are invited to participate over the period of two years, which is the duration of the screening round.

Age between 50 and 74

The prerequisites for an invitation are compulsory health insurance, residence in Slovenia and age between 50 and 74 years. A person is invited to the Svit Programme every two years, usually in the month of his or her birthday.

Invitation every 2 years

People born in an even year receive an invitation in the even year, while those born in an odd year receive it in the odd year. For example, a person born in April 1957 receives an invitation to participate in the programme in April 2019 and then again after two years until they reach the age of 75.
The Svit Programme is aimed at the population that does not have a serious colorectal disease, such as cancer and chronic diseases. The persons that we are aware that have an intestinal disease are either permanently or temporarily unsuitable for screening for occult blood in the stool and should be monitored by their treating doctors by means of colonoscopy. These are:

- people with chronic inflammatory intestinal disease,
- people with adenomas diagnosed before entering the screening programme and
- people with colorectal cancer diagnosed before entering the screening programme.

For the persons with a chronic inflammatory intestinal disease and those who have already been diagnosed with colorectal cancer, monitoring in the screening programme is not appropriate due to the greater risk; however, they require monitoring by a gastroenterologist and regular colonoscopic examinations. People who had adenomas removed and those with family burden of the disease also belong to the group of those who are more at risk.

At the moment the persons who underwent a colonoscopy in the last three years with no pathological findings that would mean an increased risk for colorectal cancer found during the examination are not included in the screening. These persons are again invited into the programme in the next screening round.

If a person underwent colonoscopy within the Svit Programme, they are re-invited after about 5 years, but only if no pathological findings that would mean an increased risk for colorectal cancer were found. If pathological findings were discovered, controls outside the Svit Programme are advised.

What are the criteria for participating in the programme

Prof. Bojan Tepeš, MD, PhD, gastroenterologist:

»Persons in whom we determine a medium or high risk of developing cancer during the screening colonoscopy - these are at least 3 adenomas or one adenoma larger than 1 cm, or a cancer, or if there is a family history of colorectal cancer - are monitored with control colonoscopies. For them, the test for occult blood in the stool is not a reliable enough method.«
We work with general practitioner practices

The work of general practitioners practices greatly influences the motivation to participate in the programme. A team of general practitioner practice consists of both a chosen personal physician and nurses in the practice, as well as graduate reference nurses and graduate community health nurses. Encouragement, support, explanation, recognition of obstacles and assistance in overcoming them as well as empowerment by the team of the chosen personal physician can greatly contribute to an individual's decision to participate in the screening programme, as family medicine doctors are the ones people trust the most.

The chosen general practitioners are briefed on the response rate and results of their patients. We send the notice about the positive result to the chosen personal physician the day before the result is sent to the participant, while we send the notice about the patients’ negative result to all chosen general practitioners once a year. All the chosen personal physicians receive the lists of persons who did not respond to the invitation to participate (i.e. non-responders) three times a year. In order to unify the approach to encourage informed participation, we have also prepared a recommended communication algorithm.

In addition to motivating them to participate, the participants of the programme also need support after receiving a positive result. A positive result can be frightening for an individual, so he or she needs an explanation of what this means and what the chances of detecting cancer are. In some people, the medical condition is temporarily or permanently not stable enough to safely perform a colonoscopy. In this case, it is important that the chosen personal physician takes the correct action: he or she advises against performing a colonoscopy and determines a more appropriate method for determining the cause of the detected bleeding.

Prim. Jana Govc Eržen, MD, Specialist of Family Medicine:

»When I receive a list of non-responders to the Svit Programme, I thoroughly review it and then hand it over to the nurse who calls the patients and encourages them to respond to the invitation to the programme. If they do not answer the phone, they are sent an invitation to visit the practice. In a relaxed conversation, we try to resolve the obstacles and restraints that prevent the patient from deciding to respond. I have observed that this method is really effective.«
Operation of the Svit Programme
How the Svit Programme works

From the beginning, we have been trying to make the Svit Programme recognized as user-friendly and accessible in order to engage as many invited people as possible. The procedures for participating in the programme are simple and accompanied by detailed instructions. After receiving an invitation from the Svit Programme, the participants return a filled-in and signed statement of participation. Based on the information provided, we include them in the programme. They receive a stool sample test kit with two testers by mail. As a screening method, we use an immunochemical test to detect occult blood in the stool, characterized by a high degree of sensitivity to detect lesions in the colon and rectum. If the result of the test for occult blood is positive, a colonoscopy is required to detect and remove any lesions at the same time. The programme participants may undergo the examination at one of the authorized colonoscopy centres that perform screening colonoscopies. The Svit call centre navigators arrange the appointment for the examination and give any necessary information.

We have set up our own information system

To support the work of the programme, we have established an information system for the recording of work processes, which has been designed modularly and upgraded according to the needs of the programme expansion based on the professional requirements of the stakeholders and the experience gained during the programme implementation. We keep a record of the sent invitations, the responses of each individual and the information on whether he or she submitted the stool samples for the analysis. The system also records the results of the analysis of the samples, on the basis of which we can determine the algorithm of further invitations. The information system integrates the information on all providers, connecting colonoscopy and histopathology centres with the central unit of the Svit Programme. Colonoscopists enter a colonoscopic examination report into the system and pathologists record the results of the analysis of tissue samples taken by a colonoscopist during the examination. A unified system allows for traceability of each person, ensures accurate monitoring of the providers, an overview of the scope and quality of work and reduces the possibility of errors.

Tomaž Podobnik,
Head of Information Technology Team of the Svit Programme:

»Most work processes are supported by information technology, in some cases automated and interdependent. Due to the local dispersion of information system users, the operation of the system is independent of the location, the back-end information system and the platform or information literacy of users.«
A workday in the Svit Programme

800 voluntary participation statements received.

800 test kits sent per day.

A total of 2,000 items of mail are shipped daily by the in-house mailing service.

The laboratory receives samples from about 800 people a day, which is 1,600 samples.
30 persons

Samples of 30 persons per day are not suitable for analysis.

300 persons

The call centre daily conducts conversations with 300 people.

57 colonoscopists

57 colonoscopists perform colonoscopies in 22 colonoscopy centres.

16 pathologists

16 pathologists in 4 histopathology centres perform histopathological samples analyses.
We handle around 3,000 shipments daily

The staff of the in-house mailing service of the Svit Programme are responsible for sending and receiving shipments, handling about 3,000 shipments on an average business day. From here, all invitations, reminders, stool sample test kits, reports of negative stool test result and evaluation questionnaires after colonoscopy are sent to the users. Each shipment is recorded in the system prior to sending, ensuring traceability of the procedures.

Elvis Selimspahić,
Coordinator of the Svit Programme mailing service:

»Due to a large amount of mail received, it is very important that the statements of the participation are filled-in with precision so that the participants can receive a set of testers as soon as possible. Sometimes, the participants do not read the instructions and send the samples in unsuitable packaging. Sample analysis is not possible in this case.«
We conduct conversations with 300 people

The call centre navigators are responsible for communication with the target population, of guiding users through all the steps required to participate successfully in the programme, and informing and helping them to resolve potential obstacles. The call centre navigators send notices to patients and their chosen personal physicians about a positive laboratory test result. They are the point of contact between the colonoscopy centres and the programme users, as they coordinate the schedules of the examinations and the organization, arrange colonoscopy appointments by phone and send the instructions to prepare for the examination. They also play an important role in motivating people for the colonoscopy, as due to the organized approach to non-responders, colonoscopy is undergone by 92% of people with a positive test result for blood in the stool.

Marija Hrvatin,
Svit Programme Ambassador:

»When I received a positive result, I did not intend to respond to the invitation for colonoscopy, as I did not have any health problems. All thanks go to the perseverance of Mr Uroš Rozman, a navigator at the Svit Call Centre, who devoted himself entirely to motivating me to undergo a colonoscopy. It turned out I had cancer. Surgery followed and I did not need additional oncological treatment because of the early detection of the disease. Many years have passed since then and I am grateful for all the wonderful times I have spent with my husband and family.«
Colonoscopy teams strive for satisfaction with colonoscopy

Colonoscopy is considered an unpleasant and painful examination in the public eye. As it is a key diagnostic examination for anyone whose test results reveal the presence of blood in the stool, special attention was paid to quality assurance during a colonoscopy. The satisfaction of the users of the programme is carefully monitored with a questionnaire. The latter is received by each participant who undergoes a colonoscopy. The analyses of the questionnaires indicate a very high level of user satisfaction with the attitudes of doctors, nurses and other staff.

The doctor's attitude during colonoscopy was rated by the respondents on a scale from 1 to 5 - with 1 being the worst and 5 being the best grade - with the average score 4.7, while the attitude of nurses and other staff was rated 4.8. Over 91% of respondents are willing to repeat the colonoscopy if required and this proportion has even been increasing over the years.

Tatjana Gjergek,
President of the Section of Nurses and Health Technicians in Endoscopy and Gastroenterology, Nurses and Midwives Association of Slovenia:

»For a successfully performed colonoscopy, a good collaboration between the doctor, the nurse and the patient is essential. The fear of the examination is often an obstacle that impedes a good course of examination and has a negative impact on the psychophysical well-being of patients. By taking a professional approach and communicating with the patient, we can establish trust, have a positive impact on reducing fear and enable greater satisfaction of the participants.«
We have identified and eliminated many obstacles for the participation

The Svit Programme includes a diverse crowd of people, each with characteristics that differentiate him or her from others. Among various personal circumstances, attitudes and beliefs, we have also identified the obstacles that we, jointly and in collaboration with different experts, try to overcome and allow all users to be treated equally, and above all, to participate in the programme as easily as possible.

People with impaired mobility are thus provided with the assistance of community care nurse in their homes, most colonoscopy centres are wheelchair accessible and hospital preparation for colonoscopy is also available.

For people with cognitive disabilities, pictorial instructions are available for participating in the programme and we are constantly working closely with and providing support to health care providers in various institutions to help their patients as best they can in becoming involved in the programme.

Deaf persons are provided with all the instructions in the Slovenian sign language and the subtitled version, blind persons can hear the instructions in audio recording and the instructions for participation in the Svit Programme are also translated into several foreign languages.

Jasna Bauman,
Director of the Association of Slovenian Sign Language Interpreters:

»Translation of all the materials that Svit Programme participants receive at their addresses into sign language was a very comprehensive and difficult task. It was not just a literal translation of the texts into the sign language, but we had to fully adapt the material to the language and understanding of the deaf. We note that the instructions have been very well received by them and are of great help for their participation in the programme, as they give them greater autonomy.«
Users can find information at Svit Contact Points

To assist the programme users, 79 Svit contact points have been established at Community Health Centres (CHC) and their local units (CHC LU) across Slovenia, where trained health professionals assist individuals in joining the programme, in carrying out individual steps of the programme and providing answers to anyone seeking additional information about the Svit Programme. The list of Svit contact points is published on the Svit Programme website, which in addition to the locations, also lists schedules of operation and contact persons.
CONTACT POINTS BY REGION:

MURA
CHC Murska Sobota
CHC Murska Sobota, LU G. Petrovci
CHC Murska Sobota, LU Grad
CHC Gornja Radgona
CHC Ljutomer
CHC Lendava

DRAVA
CHC dr. Adolfa Drolca Maribor
CHC Lenart
CHC Ormož
CHC Ptuj
CHC Slovenska Bistrica

CARINTHIA
CHC Ravne na Koroškem
CHC Dravograd
CHC Radlje ob Dravi
CHC Slovenj Gradec

SAVINJA
CHC Celje
CHC LU Vojnik
CHC LU Dobrna
CHC LU Store
CHC Laško
CHC Slovenske Konjice
CHC Šentjur pri Celju
CHC LU Rogaška Slatina
CHC LU Podčetrte
CHC LU Rogatec
CHC dr. Jožeta Potrate Žalec
CHC Nazarje
CHC Velenje

CENTRAL SAVA
CHC Radeče
CHC Hrastnik
CHC Litija
CHC Trbovlje
CHC Zagorje

LOWER SAVA
CHC Brežice
CHC Sevnica
CHC Krško

SOUTHEAST SLOVENIA
CHC Novo mesto
CHC Črnomelj
CHC Metlika
CHC Trebnje
CHC Kočevje
CHC dr. Janeza Oražma Ribnica
CHC LU Loški potok
CHC LU Sodražica
CHC LU Velike Lašče

CENTRAL SLOVENIA
CHC Ljubljana - Bežigrad
CHC Ljubljana - Center
CHC Ljubljana – Moste-Polje – unit Moste
CHC Ljubljana - Moste-Polje – unit Fužine
CHC Ljubljana - Moste-Polje – unit Polje
CHC Ljubljana - Šentvid
CHC Ljubljana - Šiška
CHC Ljubljana – Vič-Rudnik
CHC Domžale
CHC Grosuplje
CHC Ivančna Gorica
CHC Kamnik
CHC Logatec
CHC Medvode
CHC Vrhnika

LITTORAL-INNER CARNIOLA
CHC Ilirska Bistrica
CHC dr. Franca Ambrožiča Postojna
CHC Cerknica

COASTAL-KARST
CHC Koper – unit Bonifika
CHC Izola
CHC Piran
CHC LU Hrpelje-Kozina

GORIZIA
CHC Nova Gorica
CHC Ajdovščina
CHC Tolmin
CHC Idrija

UPPER CARNIOLA
CHC Kranj
CHC Bled
CHC Bohinj
CHC Jesenice
CHC Radovljica
CHC Škofja Loka
CHC Tržič
Concern for quality
The Expert Council directs the development of the programme

The members of the Svit Programme Council were first appointed in 2007 by a decision of the Ministry of Health. They directed the initial design of the programme in line with the latest scientific findings and European guidelines. One of their most important tasks is to develop quality standards for the programme and to propose mechanisms for monitoring compliance with the quality standards and to continuously improve the quality of services provided to the population of Slovenia within the Svit Programme. This also includes assessing the compliance with the standards for the inclusion of individual colonoscopists and pathologists as well as diagnostic centres among the programme providers.

The representatives of the medical specialties that are involved in the implementation of the Svit Programme and in the treatment of patients with colon and rectum diseases are represented in the Council, so their proposals for professional improvements are agreed upon on the basis of expert knowledge of different specialties.

With the new Rules on the Implementation of National Screening Programmes for Early Detection of Precancerous Changes and Cancer, the Programme Council was renamed into Expert Council after 2018.

Prof. dr. Borut Štabuc, MD, PhD, gastroenterologist:

»Good co-operation and coordination among all experts are important for the quality treatment of persons in the Svit Programme and, above all, monitoring and meeting the highest quality standards and continuous improvement. Only with a sophisticated system, consistency, good communication with each other and a critical perspective can we ensure top results.«
Programme guidelines are a guide for professional and safe work

In the Slovenian guidelines for quality assurance of colorectal cancer screening – the Guidelines of the Svit Programme, published in 2015 on the basis of previous work guidelines, we followed the European guidelines, added new insights and took into account our own experience already acquired during the years of successful programme implementation.

The guidelines cover all the phases of the programme: planning, quality standards and implementation of individual phases of the programme as well as promotion and ways of ensuring the response of the invited population.

Of course, when planning, managing and supervising the implementation of the screening programme, all new professional findings must be taken into account, so the guidelines are updated and care is taken for the continuing education and training of all who have to follow them in their work.
We regularly check the qualifications of colonoscopists

Colonoscopies in the framework of the Svit Programme are performed by trained colonoscopy doctors at authorized colonoscopy centres. Colonoscopy centres and colonoscopists who meet the entry criteria of quality standards may become involved in the implementation of screening colonoscopies. The supervising colonoscopists regularly, every two years, review the quality standards of the screening colonoscopy institution, the performance of the colonoscopy activity and the results of the examinations performed.

Each colonoscopist must undergo a specific exam prior to participating in the Svit Programme to confirm the appropriate level of knowledge. He or she must show a high level of achieving total colonoscopies, a low complication rate and an adequate level of adenoma detection. If the standards are not met or the quality indicators from the programme guidelines not achieved, it is also possible to exclude a colonoscopist or a colonoscopy centre from the list of the Svit Programme providers. The exclusion is final, which means that a colonoscopist once excluded can never again participate in the Svit Programme.

The expert starting points for the assessment of compliance with the standards for the inclusion of providers in the screening programme and for the continuous monitoring of the compliance with the standards, the quality of work and the quality indicators achievement of the providers are adopted by the Expert Council.

Prim. Milan Stefanovič, MD, gastroenterologist:

»In accordance with the quality standards, the Svit Programme includes the colonoscopists who have undergone extensive training, who regularly renew their knowledge, perform at least 200 total colonoscopies and at least 50 polypectomies a year. The provision of colonoscopy standards in the Svit Programme has contributed to the increased expertise of all colonoscopies in Slovenia, not only the screening colonoscopies.«
Special attention is paid to the management of pain during colonoscopies

Colonoscopy is considered to be a painful examination, so we pay special attention to the feeling of pain. We have made colonoscopy pain management one of the key topics of professional conferences, where we present foreign experience and practices and give space to various medical specialties to present their findings and coordinate views and recommendations for pain relief during the procedure.

In order to continuously improve and raise the quality of colonoscopies, each person who undergoes colonoscopy within the Svit Programme is asked about his or her experience. During the years of performing the screening colonoscopies, the proportion of patients reporting severe pain has decreased and there is an increasing number of patients with or without mild pain. More than 85% of patients evaluate the colonoscopy experience as positive. The percentage of patients who would be willing to repeat the examination is increasing, reaching 95%.

Asist. Samo Plut,
MD, gastroenterologist:

»Colonoscopy should not cause severe pain to the patient. Colonoscopists and colonoscopy nurses are taught how to ease the pain with a variety of measures and procedures and for the most part, we are successful. However, in less than 10% of patients who experience severe pain during colonoscopy, the latter is successfully managed by sedation with medication. Only rarely do individuals require deep sedation.«
Histopathological diagnosis is crucial in deciding how to treat a patient

On the basis of a histopathological examination of the tissue that was removed during a colonoscopy, the pathologist makes a histopathological diagnosis, which is critical in the planning of further treatment of the patient. On the basis of the diagnosis and the colonoscopic appearance of the lesion, the colonoscopist will decide on his own or together with other members of the multidisciplinary team about possible further diagnostic and/or therapeutic procedures (repeated biopsy, endoscopic removal of the lesion, surgery, etc.) and in accordance with the applicable guidelines, he or she will also decide about the appropriate way to monitor the patient.

Pathologists involved in the Svit Programme must meet the quality standards prescribed in the Svit Programme guidelines – these are pathologists who have the most experience in the histopathologic diagnosis of precancerous and cancerous colorectal lesions. By analysing the data collected in the information system, we monitor the quality indicators – mainly the proportion of lesions with a high grade dysplasia, the proportion of lesions with a villous component, the time from receiving the sample to the issuing of the written result (the result is to be obtained within a maximum of 5 working days) and the time from the acceptance of the sample until the report is entered into the Svit Programme information system. We also monitor various other indicators that indirectly display potential differences in diagnostic criteria between pathologists or the differences in the work of colonoscopists. Tissue samples obtained from the participants in the Svit Programme are randomly sent to one of the four histopathology centres, so the results of an individual histopathology centre cannot affect the results of only one colonoscopic centre and vice versa. This method of work has provided greater reliability of the results of the statistical analyses.

Snježana Frković-Grazio, MD, PhD, pathologist:

» A correct histopathological diagnosis is crucial for the continued treatment of the patient and the results of a pathologist's work will have a significant impact on the results of the entire Svit Programme, so a pathologist must perform his or her work in a quality and prompt manner. Pathologists follow current guidelines in our work and we are constantly educating ourselves. By analysing the data collected in the Svit Programme information system, we regularly monitor the quality indicators of our work.«
The Multidisciplinary Medical Specialists Consilium decides on the treatment of initial cancers

The Multidisciplinary Medical Specialists Consilium of the Svit Programme discusses all the patients who had an early colorectal cancer, a malignant polyp or a polyp with malignancy removed during a colonoscopy. It also advises on patients without a histological diagnosis of cancer who were referred for surgery. Colonoscopists also refer to Consilium patients for whom, due to the complexity of the problem, they decide a second opinion is required, which can be provided by the multidisciplinary approach at the Consilium.

Further treatment of patients is discussed at the Consilium by a three-member team of doctors: a gastroenterological internist, an abdominal surgeon and a pathologist. The opinion of the Consilium is recorded in the electronic information system and is in hard copy sent to the colonoscopist and the pathologist who evaluated the histological specimen. The patients’ chosen personal physician participating in the treatment is also informed of the opinion of the Consilium on further treatment. The colonoscopist who referred the person to the Consilium must inform the patient about the opinion of the Consilium and refer him or her to any additional surgical treatment or additional examinations after an appropriate clarification and with his or her consent. If the Consilium decides that the patient should undergo another colonoscopy, the patient arranges re-examination with the Svit Programme call center.

PATIENTS CONSIDERED AT THE MULTIDISCIPLINARY CONSILIUM OF THE SVIT PROGRAMME

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>98</td>
</tr>
<tr>
<td>2015</td>
<td>135</td>
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<tr>
<td>2016</td>
<td>243</td>
</tr>
<tr>
<td>2017</td>
<td>214</td>
</tr>
<tr>
<td>2018</td>
<td>231</td>
</tr>
</tbody>
</table>

Prim. Milan Stefanovič, MD, gastroenterologist:

«In 2014, in order to improve deciding about treatment in borderline and ambiguous cases, we established a Multidisciplinary Consilium. The latter assesses whether the patient requires surgery after the removal of an early cancerous change or whether the removal during colonoscopy is sufficient. This saves many patients from a major procedure on their bodies and shortens the recovery time.»
Cancers and some large non-cancerous adenomas detected by the screening programme must be surgically removed effectively and safely. Appointments for the surgery are not organized within the Svit Programme. In agreement with patient, treating physician and chosen personal physician refer patient for surgery.

The involvement of surgeons in making decisions about the organization of the screening programme, the best possible method of removing the lesions found and ensuring that treatment is started as quickly as possible are the prerequisites for a good implementation of the screening. Representatives of abdominal surgeons operating on patients with colorectal cancer, therefore, contributed their suggestions to the initial design of the screening programme. From the very beginning, they are also involved in the Expert Council and significantly contribute to the decisions on the recommended treatment of patients as members of the Multidisciplinary Consilium of the Svit Programme.

Radical resection with the removal of lymph nodes in the area is performed as a standard surgery and, if possible, laparoscopic surgery is preferred, which predicts shorter hospitalization, less pain after surgery, faster recovery and less impact on the immune system, which can improve quality of life and influence the survival. Most patients with rectal cancer require radiation before surgery, and in exceptional cases, radiation is administered after the surgery. Most patients undergo surgery within one month.

Assoc. Prof. Franc Jelenc, MD, PhD, abdominal surgeon:

»With the examination after a positive screening result for blood in the stool, colonoscopists detect colorectal cancers in earlier stages of the disease. Surgical procedures are therefore easier and more effective in prolonging the patient’s survival. Unfortunately, we still see a lot of advanced cancers. These are more common in people who do not participate in the screening.«
No test is 100% reliable

Like many diagnostic tests, screening for colorectal cancer does not guarantee that the screened person is actually healthy. The lesions detected by the immunochemical test for occult blood in the stool do not always bleed and are not detected unless they bleed at the time of sampling. This is why there are two samples in the test kit, as this makes intercepting possible bleeding more likely. In case of a positive result for blood in the stool, the cause of the bleeding is to be detected by colonoscopy and not by repeating the test, as lesions may only bleed occasionally. It is also important that the person responds to the screening programme regularly, every two years, as this also increases the likelihood that the bleeding will be detected in a timely manner. As colorectal cancer generally grows slowly, testing every two years greatly reduces the chance of not detecting the disease early enough.

Even if a person receives a negative result of testing the stool samples for traces of blood, he or she should be paying attention to symptoms such as visible bleeding in the stool, changes in the stool excretion, very thin stool, constipation followed by diarrhoea, severe, recurrent or prolonged abdominal pain, unintentional weight loss or other unexplained problems. These problems should be consulted with chosen personal physician.

Prim. Tatjana Kofol Bric, MD, epidemiologist in the Svit Programme:

»By analysing the data on cancers diagnosed in screening participants within two years after a negative result for blood in the stool, we found that in Slovenia, testing for blood in the stool misses fewer cancers than in the screening programmes in other countries. This is partially due to the use of two stool samples during one testing.«
We constantly confirm good laboratory practice

The laboratory of the Svit Programme analyses exclusively stool samples for the presence of blood. The analysis and recording of the results are mostly automated, but the focus and precision of laboratory technicians are highly important. Before the analysis, they check each stool sample and the data on the sender of the sample is compared with the data in the information system. If the sample does not meet the criteria for the analysis, it is excluded and the person is informed of the type of error.

Stool samples arriving at the laboratory must not be older than 14 days from the date of the first stool sample taken, nor should testers have an expired date of use. If the checking of the samples reveals that there is too much stool or the test tubes are not properly closed and the liquid has flown out of the test tube, if only one sample is received or the testers are destroyed or not marked, we send the test kit for obtaining a stool sample again.

Despite initial concerns that proper stool sampling will be too complicated for participants, the proportion of correctly taken samples is extremely high. At the first sending, there are about 3% of wrong samples. Following a written explanation and, if necessary, a piece of telephone advice or counselling at the Svit contact point, in the chosen personal physician practice or during a visit from the community care nurse, the proportion of persons with unsuccessfully sent samples is approximately 0.3%.

Spomenka Lajtner,
Head of the Svit Programme Laboratory:

»The Svit Programme laboratory has internal and external quality assurance mechanisms in place. In the framework of the European Laboratory Network, an external quality review is performed four times a year with a control sample and twice a year by the tester manufacturer. The operation of the laboratory is controlled by the Ministry of Health and achieves the required quality, the result of which is the license for the operation of the Svit Programme laboratory.”
The work and achievements of the programme in numbers
Response rate and uptake are gradually increasing

Response rate tells us how many of the people who have received an invitation to the Svit Programme have sent a signed statement to participate in the screening. There are more persons who return the Statement of Voluntary Participation in the programme and express a desire to participate than those who actually provide the stool samples for the analysis. Some of them are eliminated because of previously detected colorectal diseases or because of a colonoscopy performed in the last 3 years. However, a small proportion of people do not send stool samples for the analysis after we send them the testers.

Through numerous promotional activities and the adaptation of communication tools, we have been able to gradually raise both response rate and uptake. On average, the response rate of men is 10% lower than that of women, so we carry out special communication activities aimed at motivating the male population. The differences in response rate can also be observed between different parts of Slovenia, but they have decreased considerably in the years of the implementation of the programme. We have achieved that less than 50% annual response rate is recorded only in less than ten municipalities.
Response rate in the Svit Programme in the 1st screening round
Response rate in the Svit Programme in the 4th screening round
More people with a stool test positive for blood are found among men and the elderly

The stool samples received at the Svit Programme laboratory are tested for the presence of antibodies to human haemoglobin. If the limit of 100 ng of haemoglobin per mL of the buffer is exceeded in at least one of the two stool samples, the test is positive. The percentage of positive tests for the presence of blood in the stool is about 6% and more positive tests are found among men. The proportion of positive people also increases with the age of those tested. On average, the proportion of positive people is higher towards the east of Slovenia but varies considerably in individual regions between the screening rounds.

When we raised the upper age limit for screening invitations from 69 to 74 in the fourth screening round, which began in January 2015, the number of positive persons increased to 6.8%, which caused initial difficulties in providing sufficient capacities for colonoscopies and consultations at the Svit call centre. With staff reinforcements and a lower proportion of positive tests due to the inclusion of the already screened population, there were fewer organizational problems and unpleasant waiting for the screening participants in the fifth screening round.
Persons with a positive test result for blood in the stool

1st screening round
MEN: 7.8%
WOMEN: 5.0%

2nd screening round
MEN: 7.6%
WOMEN: 4.7%

3rd screening round
MEN: 7.5%
WOMEN: 4.8%

Persons with a positive test in the 4th screening round

50 - 54 years
MEN: 6.6%
WOMEN: 4.3%

55 - 59 years
MEN: 7.1%
WOMEN: 4.8%

60 - 64 years
MEN: 8.3%
WOMEN: 5.2%

65 - 69 years
MEN: 9.6%
WOMEN: 6.2%

Over 70 years
MEN: 12.8%
WOMEN: 9.0%
Excellent informing on the necessity of colonoscopy to explain blood in the stool

If the result of the test for occult blood is positive, it is necessary to determine what caused the bleeding. This is determined by colonoscopy.

In the Svit Programme, we have been recording very high participation in the screening colonoscopy since the beginning. This is mainly due to the chosen personal physicians and healthcare professionals in primary care and at the Svit call centre, who are involved in colonoscopy referral and patient counselling.

In the first screening round, we recorded 90.9% of performed examinations with colonoscopy in persons with a positive stool test and in the fourth screening, it increased to 92.6%. Among those who were not examined, most people have health problems and for a small number of colonoscopies performed outside of the Svit Programme, we have so far not been able to obtain the results.
Persons who underwent a colonoscopy after a positive test for blood in the stool

1st screening round: 90.9%
2nd screening round: 92.2%
3rd screening round: 92.5%
4th screening round: 92.6%

Number of colonoscopies performed

1st screening round: 14,287
2nd screening round: 14,256
3rd screening round: 15,746
4th screening round: 22,854
Each removed polyp reduces the chance of cancer development

With colonoscopy, we detect cancerous and precancerous lesions. In the first screening round, cancer was discovered in 6.2% of persons who were examined with a colonoscopy. We are pleased that the proportion of people with detected cancer decreased in the next screening rounds and is now around 4%. In more than two-thirds of those who undergo colonoscopy examinations, precancerous lesions are detected on the intestinal mucosa, half of which are advanced, presenting a higher risk of cancer. Almost all lesions are removed during the colonoscopy, which greatly reduces the chance of cancer developing. The removed findings are sent for histopathological analysis.

Of the 908 cancers that were detected in the first screening round of the Svit Programme after a positive test for occult blood in the stool, 21% of the cancers were treated by removing them during a colonoscopy. In 71.6% of the cases, the cancers were in the early phase, stage I and stage II. There is an obvious difference in the stage of cancers detected since the start of screening than in the past. Compared to the data before 2009, when there was no organized screening in Slovenia, a significant shift of the disease stage to early-stage cancers is being achieved, when treatment is more successful and expected survival greater. The analyses of the Cancer Registry of Slovenia indicate that cancers in the screening programme are detected at earlier stages, which was already reflected in the prolonged survival of people diagnosed with colorectal cancer.
Stages of cancers in the first screening round

- **Stage I (endoscopically removed)**
  - **MEN**: 22.74%
  - **WOMEN**: 20.83%

- **Stage I**:
  - **MEN**: 25.81%
  - **WOMEN**: 28.27%

- **Stage II**:
  - **MEN**: 21.30%
  - **WOMEN**: 20.83%

- **Stage III**: 22.56%
- **Stage IV**: 7.58%

People in whom cancer was detected

- **1st screening round**: 905
- **2nd screening round**: 493
- **3rd screening round**: 431
- **4th screening round**: 583
Fewer new cases of colorectal cancer

The introduction of organized screening, as expected, increases the number of newly discovered cancers, as cancerous lesions are actively sought in persons who do not have symptoms and whose cancer would remain undetected for a long time. This also occurred after the introduction of the Svit Programme in Slovenia, but the peak in terms of the number of new cases was reached very quickly, already in 2010. Since 2011, the Cancer Registry of Slovenia has recorded a significant drop in new cases of colorectal cancer, which is one of the key objectives of the screening programme. The major contribution to this is the removal of precancerous lesions during colonoscopies within the Svit Programme. Breaking the trend of an increase in new cases of colorectal cancer and even fewer new cancers among all residents of Slovenia, not only among the screening participants, means that the key objective of the programme has already been achieved.

Fewer new cancers and early-stage detection reduce the costs and increase the effectiveness of colorectal cancer treatments.
New cases of colorectal cancer reported in the Cancer Registry of Slovenia

Colorectal cancer in Slovenia – age-standardized incidence rate
Source: OI Cancer Registry
We are co-creating the Svit Programme
Close to users

We organize about 100 Svit presentations annually to raise public awareness of the benefits of participating in the Svit Programme. We are recording a significant increase in media articles, with which we want to bring the Svit Programme closer to everyone and also eliminate taboos. The support of 38 ambassadors who share their experience with the programme is invaluable.
The Svit Programme ambassadors represent invaluable support

The Svit Programme ambassadors come from different parts of the country, they each have their own backgrounds and life experiences. What they all have in common is the desire to help people participate in the Svit Programme, to encourage and motivate them with their stories and experiences. By the end of 2018, the total of 38 people from all Slovenian regions were included in the network of ambassadors. Some of them have even formed close friendships, as they are united by the desire to share their experiences with other Svit participants as well as those who are at the moment delaying their participation in the programme. Every year, they meet at the Svit Picnic, the purpose of which is, in addition to having a good time together, to forge new ideas and approaches to encourage people to participate in the Svit Programme.

The Svit ambassadors represent invaluable support for the implementation of the Svit Programme. Since their work is entirely voluntary, they do it with heart, incredible warmth and a selfless desire for the well-being of others.

Silvestra Brodnjak, Svit Programme Ambassador:

»As an ambassador of the Svit Programme, I wanted primarily to encourage people in my local community to respond to the invitation and participate in the programme. In doing so, I have formed a wide network of acquaintances and also made many new friends from all over Slovenia, with whom we enthusiastically and with great pleasure encourage people, thus creating a wonderful story.«
At Svit events, we approach each individual

In order to approach people and individuals, we have been organizing presentation events in the local area since the beginning of the Svit Programme. At the events, the Svit team is available to provide all the information on the programme, as well as to raise public awareness on the topic and to encourage dialogue on the subject, which is still a taboo. The fact that people are embarrassed to talk about digestion and excretion is motivated by culturally grown patterns that are taken over in the process of socialization. This is also one of the reasons that many go to the doctor too late. In addition to raising awareness and informing the target public, the Svit Programme pays special attention to raising awareness of children and adolescents, as they are not yet so burdened with various reservations and taboos. This helps to create a
more open society. Through school events, we want to make young people converse more easily about the topic, be aware of the importance of healthy digestion and make the next generations pay more attention to their health and respond to screening programmes when invited.

If at the beginning of the programme, we focused on introducing it to people and encourage their perception of its existence, the focus now is on motivating and helping to remove potential obstacles to participation. The Svit events are an excellent opportunity for an individual approach so that we can focus on each individual and talk to him or her and perhaps solve many a problem through conversation.

**Tatjana Škornik Tovornik,**
Regional Coordinator
of the Svit Programme:

»In raising awareness and encouraging people, connecting with various associations, organizations and individuals from the local environment is highly important. At Svit events, we want to approach each individual through a relaxed conversation in their home environment.«
With presentations in work collectives, we approach a very diverse population groups

An important channel for raising awareness of the Svit Programme is the work collectives, which we have paid particular attention to in recent years. They are a great opportunity to reach a very diverse group of people – those we are already inviting to join, as well as younger people who are yet to join the programme. In numerous companies across Slovenia, we organized lectures on the Svit Programme, presentations with an inflatable colon model or the employers offered their employees our materials to motivate them to care for their health. The response of the employees to the lectures and presentations organized in the companies is excellent and the interest of employers in providing such content is increasing every year.

Samo Podgornik,
Svit Programme Ambassador:

»My experience with the Svit Programme has encouraged me to start motivating my colleagues and friends to participate as well. Since I work in an organization with a large number of employees, I took advantage of this and began to raise awareness among my colleagues, both through an internal newsletter and by organizing numerous presentations in different units of our organization across Slovenia.«
We have succeeded
In a two-year screening round, 600,000 Slovenian citizens aged 50–74 years with compulsory health insurance are invited to the programme.

73% of the invited people responded to the Svit Programme invitation at least once in 10 years.

The most responsive health region is Gorizia, which achieved a 68% response rate in 2018 and was ranked the first in terms of response rate six times in 10 years.

In the years 2009–2018, the Svit Programme colonoscopists performed more than 85,000 colonoscopies.

More than 2,800 cancers were detected between 2009 and 2018, 65% of which were in the early phase.

In 10 years of operation, we have removed precancerous lesions in over 23,700 people, thus preventing the development of cancer.

There were 225 fewer cases of colorectal cancer in 2015 than in 2009. The trend of decreasing the number of cancers continues.
Challenges for the future
The first 10 years of the implementation of the Svit Programme have been marked by many challenges and high aims, most of which have been successfully achieved. We are proud of our path. We have not set an easy task and without all of you who have come to help us in the past 10 years, worked hard and moved mountains with us, we would not have achieved what we have. We have been able to reverse the trend of the occurrence of the disease and have reached the point where the number of cancers detected has started to decline, which is a very encouraging way forward and a confirmation that we are doing our job well. We wish that in the coming years, we will continue to work in this direction and set the Svit Programme as an example for similar programmes, not only from a professional point of view, but also as an example of good practice, showing that we can achieve a great deal through joint efforts, close connection and good cooperation.

With the increasing prevalence of digital communications, we will also be tailoring our approaches to the target population in the Svit Programme. We will gradually adapt our offer of services to the entry of more digitally literate generations among the target population, thus facilitating participation in the programme. The achievements of the Svit Programme in improving the health of the population will be further scientifically evaluated and the findings of the analyses more frequently presented to the Slovenian and foreign professional public, thereby encouraging other countries to follow our story of success.

Along with the already achieved increase in participation of the target population in the programme, a 70% response rate remains our goal in the coming years of the programme implementation. With fewer and fewer colorectal cancers, we expect that the incidence of this cancer will be reduced among the causes of death. This is precisely the most important objective we have been pursuing since the very beginning of the implementation of the Svit Programme and in the desire to improve the health of the population, we will continue to strive to further increase the incidence of this type of cancer.

Thanks to all of you who have co-created a decade of success stories of the Svit Programme!

Collaborators of the Svit Programme
Acknowledgment to Assist. Prof. Matej Bračko, MD, PhD

In 2018, we said goodbye to deceased Assist. Prof. Matej Bračko, MD, PhD. We sincerely thank him for his years of dedication to the Svit Programme. He joined the team of conceptual designers of the Svit Programme at the very beginning of the preparation of proposals and materials for the introduction of colorectal cancer screening in Slovenia and was later one of the leading supervising pathologists. He participated in the Programme Council, the Multidisciplinary Consilium team and as a supervising pathologist of the Svit Programme, he helped to improve the quality of work of Slovenian pathologists in the field of colorectal cancer treatment. His professional contribution was instrumental in developing guidelines for the implementation of histopathology in the Svit Programme, he was involved in the development of the information system and with excellent knowledge of the professional literature, he made essential decisions in the design of the programme indicators.

With his openness, warmth, professional breadth and research curiosity, he was a team’s great collaborator.
Sources


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