

Finnish Cancer Registry Cancer Society of Finland

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Welcome







Nea Malila 9.1.2020

Finnish Cancer Registry (FCR)

- Institute for Statistical and Epidemiological Cancer Research since 1952
- A research institute of the Cancer Society of Finland
- The FCR takes care of the national cancer register and two national cancer screening registers
- the Finnish Institute for Health and Welfare (THL) is controller of data
- Cancer registration started in 1953 and data on screening is electronically available from c. 1990
- Reporting is mandatory and based on specific legislation

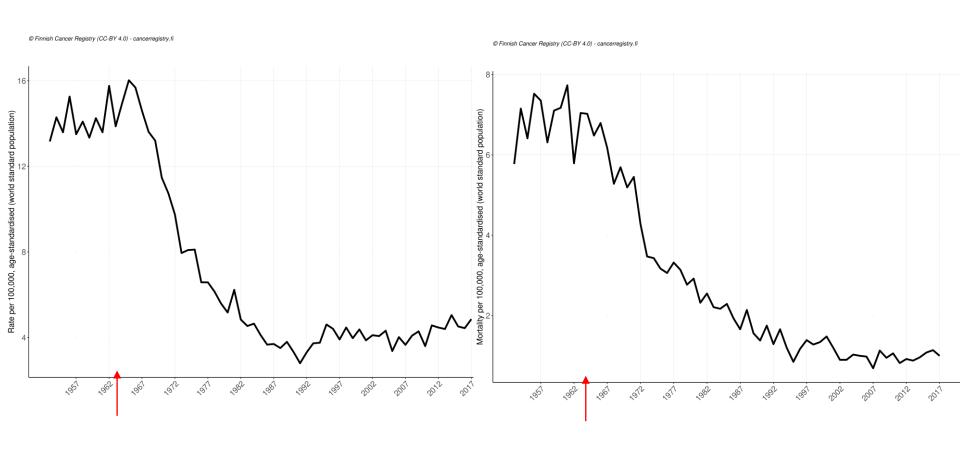


Mass screening registry

- Part of the FCR since 1968
 - National cervical cancer screening since 1963
 - National breast cancer screening since 1987
 - Implementation of colorectal cancer screening in 2004-2016 and from 2019
- Screening and cancer data linked on individual basis for evaluation
- Follow-up close to complete



Incidence and mortality from cervical cancer in Finland 1953-2017





https://cancerregistry.fi/screening/

BREAST CANCER SCREENING PROGRAMME IN FINLAND



ANNUAL REVIEW 2018

MASS SCREENING REGISTRY 50 YEAR



The breast cancer screening programme has been und 30 years and has proved to be effective. Altogether 315, attended breast cancer screenings in 2016, and 2,000 cancer were detected. Participation in screening reduc one third.

COLORECTAL CANCER SCREENING

The purpose of screening for colorectal cancer is At the outset, a colorectal tumour may bleed slightly, to detect colorectal cancer at an early stage, when it is more likely to be cured. The aim of screening test can reveal hidden blood in stool. In conseis to reduce deaths caused by colorectal cancer.



Screening can also detect polyps which are not cancers but some of which may develop into cancers. Polyps can be removed, in which case cancer does not develon Thus, screening can also prevent

SCREENING TEST

The test used for colorectal cancer screening is called FIT. It is an immunochemical test used to find hidden blood in stool. Those invited to screening get an invitation letter, a sampling tool and detailed instructions for taking the sample. The screening sample is taken at home by brushing the test stick in the stool. The sample for examination is posted to the screening laboratory which isn't visible to the naked eye. The screening quence, the disease can be detected at an early stage and treated before the cancer develops further. The target group for colorectal cancer is people 60-74 years old, because colorectal cancer is the most common in this age group. Screening begins in 2019 with the youngest age groups and is gradually expanded to cover the entire target group. An invitation to screening is sent every two years. Screening should be repeated regularly, as one test only reflects the current situation. Screening is part of your own municipality's health care.

in the prepaid cardboard envelope enclosed in the package. The screening centre examines the sample in the laboratory.



The screening test is free of charge.

SCREENING TEST RESULT

The screening test result is posted to the participant within about one month of returning the sample. The result can be negative or positive. A negative or normal result means that no blood was detected in the sample. A positive result means that the screening sample contained blood. our symptoms in bowel function are noticed.

The result is normal in over nine out of ten tests. The result does not warrant further examinations. The next invitation to screening will come in two years until you are 74 years of age. However, a doctor should always be contacted if any continu-





CERVICAL CANCER SCREENING PROGRAMME IN FINLAND

CERVICAL ANNUAL REVIEW 2018

MASS SCREENING REGISTRY 50 YEARS



The cervical cancer screening programme has been underway for over 50 years and has been effective. Despite the excellent results, there is still need for screening. Cervical cancer screenings focus specifically on precancerous lesions. When these are treated, the cancer itself can be averted completely.

SUMMARY

In all, 273,000 women were invited to the cervical cancer screening programme in 2016. Of those invited, 191,000 attended the screening. This is 70% of all invitations. Approximately 94% of those screened received anormal test result, 5% received a recommendation for follow up screening, and 1.2% were referred to colposcopyorother further examinations.

Despite the high-quality screening programme, the numberson precancerous lesions of cervical cancer have not decreased. The numbers of precancerous lesions detected through the programme have even increased slightly, so screening is still needed.



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