

TYPE  
STATUS

Fully implemented programme  
Since 2009

LAST  
UPDATE

September 2021

SLOVENIA • NATIONAL  
Screening – Colorectal cancer

## PROBLEM & OBJECTIVE

**PROBLEM** Incidence and mortality for colorectal cancer was a substantial contributor to overall deaths in Slovenia and needed to be decreased. Besides, opportunistically screened population and general knowledge about colorectal cancer were very limited.

**OBJECTIVE** To provide a high-quality screening and early detection programme for colorectal cancer for citizens of Slovenia in the target age group. Decrease of colorectal cancer incidence and mortality in Slovenia.

## CONTACT

National Institute of  
Public Health  
Cancer screening unit

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## KEY COMPONENTS / STEPS

- 2006: 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.
- 2006: Programme proposal was approved at the Health Council demanding as soon as possible national coverage.
- 2008: Preparations for the implementation of the programme with a pilot screening.
- April 2009: The programme successfully began to be implemented across Slovenia based on preventive programme rules adoption.
- Target group: The prerequisites for an invitation are compulsory health insurance, residence in Slovenia and age between 50 and 74 years.

Programme algorithm: Main steps include programme central unit personal invitation, statement of voluntary participation, test kit delivery, stool samples collection, results communication and in case of negative results invitation again after two years. In case of positive results colonoscopy appointments scheduling is provided by programme central unit.

## KEY CONTEXTUAL FACTORS

- The responsible body for programme implementation was the Ministry of Health.
- Central management: National Institute of Public Health of Slovenia coordinates the programme providers, quality assurance, invites population, provides central lab testing, central call centre, colonoscopy arrangements and programme promotion.
- Screening providers: general practitioner practices, colonoscopy centres, histopathological centres. Network of colonoscopy and histopathological centres is according to population needs established by programme expert board.

## MAIN IMPACTS / ADDED VALUE

- The main benefits for the individuals are the simple involvement into the screening, since information, test kit and results are all mailed between programme central unit and participants simply by regular well-functioning post.
- The main benefits for the society: lower colorectal cancer incidence (in 2016 20% lower than in 2010), higher colorectal cancer survival rates due to the significant stage shift in diagnosed cancers in the Svit programme.

## LESSONS LEARNED

- Excellent communication of the benefits of the proposed action of the various stakeholders is necessary for the success of the programme. General and different publics are targeted. The programme website is practical and multilingual and can easily and efficiently reach all the population.
- At the beginning it was important to involve international experts to make presentations to health providers and health policy stakeholders - broad involvement of medical specialties in programme proposal preparation.
- Programme algorithm was very well defined at the beginning of the programme that's why no major changes were needed during the course of the programme. From that reason the communication with the target population was clear and easier.

## REFERENCES & DOCUMENTATION

- Information for target population
- National programme guidelines
- Compendium on the 10th anniversary of the Svit Programme