

I don't have  
the time.

It does not concern me.

Does it hurt?

I'm scared.

If you are  
between 55  
and 74, you will  
automatically  
receive a screening  
test at home in  
2016 or 2017

# NO MORE EXCUSES, DO THE TEST!

## Colorectal cancer screening concerns you.

Colorectal cancer is the second most common cancer in Luxembourg. When it is detected early, in 9 out of 10 cases this cancer can be cured.

Do something good for your health:  
take part in the screening programme.

VERSÃO  
PORTUGUESA,  
É FAVOR  
VIRAR

Une version française/allemande  
est disponible sur demande.  
Eine französische/deutsche  
Fassung ist auf Anfrage erhältlich.

# COLORECTAL CANCER

This form of cancer develops from polyps in the colon and the rectum, which together are referred to as “the large intestine”.

A **polyp** is a benign growth in the intestinal wall that can evolve into a malign **tumour** over the course of 10 to 15 years.

## SOME FIGURES

In Luxembourg, this is the second most commonly diagnosed cancer in men and women, and the second biggest cause of death from cancer: every year around 284 new cases\* are diagnosed and around 124 people\* die from this illness.

**This cancer mainly develops in people over the age of 55 years.**

## WHY SCREEN FOR THIS CANCER?

In most cases, colorectal cancer does not present any symptoms in the early stages. When it is detected and treated at an early stage, this cancer can usually be cured.

In Luxembourg, colorectal cancer is too often diagnosed at a late stage, which results in the need for aggressive treatment.

## THE AIMS OF THE SCREENING PROGRAMME

The screening programme aims to:

- 1 reduce mortality from colorectal cancer,
- 2 diagnose colorectal cancer early so as to spare patients where possible from painful treatment,
- 3 prevent cancer by removing polyps.

## WHICH PART OF THE POPULATION IS CONCERNED BY THE SCREENING PROGRAMME?

The National Colorectal Cancer Screening Programme is aimed at anyone aged between 55 and 74, be they male or female.

\* Means calculated between 2010 and 2013, on the basis of statistics from the “Registre Morphologique des Tumeurs of the Laboratoire National de Santé” and the “Registre des décès” of the “Ministère de la Santé, Direction de la santé”.

# TWO SCREENING METHODS USED IN THE PROGRAMME

Polyps and early-stage cancers that are bleeding can be found by looking for traces of blood in the stools or during a colonoscopy. Colonoscopies also make it possible to detect polyps and cancers that are not bleeding.

## 1. The test checks for blood in the stools

This makes it possible to detect intestinal bleeding in people who do not present any particular risk factors.

In the majority of cases (around 95%), the test result is **NORMAL**. It has to be repeated every 2 years.



In a small number of cases (around 5%), the test result is **ABNORMAL**.

This means that traces of blood have been detected in the stools, but does not always mean the patient has cancer.

Indeed there are many possible causes for blood being present in the stools. In order to find out where it is coming from, the doctor will recommend a colonoscopy.

**Advantages of the test:** The test is straightforward. A sample is taken at home by the patient, and is then sent to the laboratory. There is no need to follow a special diet before carrying out the test. The test is extremely sensitive and can therefore detect a tiny amount of blood.

**Limitations of the test:** Certain cancers or polyps may not be bleeding at the time the test is carried out and therefore cannot be detected by the test. For this reason, you should always speak to your doctor if you suffer from chronic diarrhoea, have visible blood in your stools or experience unusual weight loss, even if you have had a negative test result previously.

One stool sample at home, and analysis is carried out in the same laboratory for everyone.

## 2. The colonoscopy



This is performed using a flexible tube with a miniature camera attached, which is introduced via the anus. This examination is the most effective for detecting colorectal cancer. It makes it possible to see the inside of the bowel and to remove polyps.

Colonoscopies are recommended for:

- 1 people who present risk factors for colorectal cancer (where there is a family history or certain intestinal pathologies),
- 2 people who are being monitored after having colorectal cancer,
- 3 people who exhibit warning signs (such as chronic diarrhoea, blood in their stools or weight loss).



Some people who do not have any symptoms or present any particular risk factors choose to undergo a colonoscopy at the outset.

This examination can be carried out with or without sedation.

Depending on the colonoscopy result, the doctor decides on the date of the next check-up or recommends a form of treatment where necessary.

**Advantages of the colonoscopy:** This is the most effective examination for detecting colorectal cancer. Any anomalies in the colon can be seen, and small polyps (pre-cancerous lesions) can be removed immediately during the colonoscopy.

**Disadvantages:** Prior to undergoing this examination, patients must adhere to a low-fibre diet and drink a bowel preparation liquid the day before the examination and again on the day itself. Very occasionally, colonoscopies can result in complications such as bleeding after the removal of a polyp or cancerous lesion, or perforation of the bowel, which in some cases leads to peritonitis.

## QUALITY ASSURANCE

The national colorectal cancer screening programme in Luxembourg is based on European recommendations published in 2010 and the most recent scientific data.

Within this programme, the colonoscopies are performed in accredited centers and by doctors approved by the Ministry of Health respecting the quality criteria. The list of centres is available on the websites [www.plancancer.lu](http://www.plancancer.lu) and [www.sante.lu](http://www.sante.lu).

## GOVERNANCE OF THE SCREENING PROGRAMME

The Ministry of Health is the public authority responsible for implementing the Colorectal Cancer Screening Programme, for its ex-post evaluation and for processing data of a personal nature. This programme is run in partnership with the Luxembourg National Health Fund (Caisse National de Santé, CNS - d'Gesondheetskeess).

In practice, the screening programme will be managed and implemented by a Coordination Centre for Cancer Screening Programmes working with the Health Department of the Ministry for Health.



**You can contact the Centre with any questions you may have or consult our websites:**

### Centre de coordination des programmes de dépistage des cancers

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[www.mytest.lu](http://www.mytest.lu)  
(video-tutorial)

## TAKING PART IN THE SCREENING PROGRAMME

Participation in the screening programme is voluntary. People will be invited to take part via a letter, which they will receive during their birthday month.

By sending their stool samples to the laboratory for analysis along with the requested information, participants give their consent for voluntary participation in the screening programme.

If someone who has been invited to take part in the national screening programme does not wish to do so, s/he can inform the Coordination Centre as soon as s/he receives the invitation letter or by filling in the form that accompanies the reminder letter, specifying his/her reasons if s/he wishes. People who opt out of the programme can always ask the Coordination Centre at a later date if they wish to opt back in.

## WHICH COSTS WILL BE BORNE BY YOU?

The test sent to you and the analysis of your stool sample will be paid for by the Ministry of Health.

If you need to have a consultation with your doctor of choice, you will pay for this and will then be reimbursed by your medical insurance company.

Your financial participation in the colonoscopy procedure will include the following:

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- Part-payment (60%) at the pharmacy for the bowel preparation product; the remaining cost will be paid for by your medical insurance company,
  - If you undergo the colonoscopy without sedation, the doctor will ask you to pay for the examination and you will then be reimbursed by your medical insurance company. If your colonoscopy is carried out under heavy sedation or a general anaesthesia, the doctor can make the payment as a third party, and the hospital will ask you to contribute towards the cost.
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## PERSONAL DATA

By voluntarily participating in this programme, you give your consent for the transmission of information as described below. The doctor who carries out your colonoscopy and the laboratory which analyses the samples will transmit the personal and medical data relative to your colonoscopy, including the results of the examination, to your doctor of choice and also to the doctor in charge of the Colorectal Cancer Screening Programme, to ensure that your screening is properly completed. A pseudonym will be assigned to your data by the Coordination Centre for Cancer Screening Programmes so that the global effectiveness of the screening programme can be assessed and the comparison with the national cancer register can be carried out. If you undergo a colonoscopy between two screening sessions, the Caisse Nationale de Santé will provide the doctor in charge of the screening programme with certain personal data (surname, first name, address, ID number and date of birth) and data relative to this examination (date, place, prescribing doctor and operating doctor). This data will make it possible to adapt the frequency of your screening.

In accordance with the law of 2 August 2002 governing the protection of persons with regard to the processing of data of a personal nature, you retain the right to access and rectify your data and to refuse to have your data processed. In order to do this, you simply have to send your request to the Coordination Centre for Cancer Screening Programmes.

The database is secured and only those competent persons from the Coordination Centre and those who have rights of access are authorised to process your data.