



International perspective

Experience from 10 years of skin cancer screening in Germany

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Outline

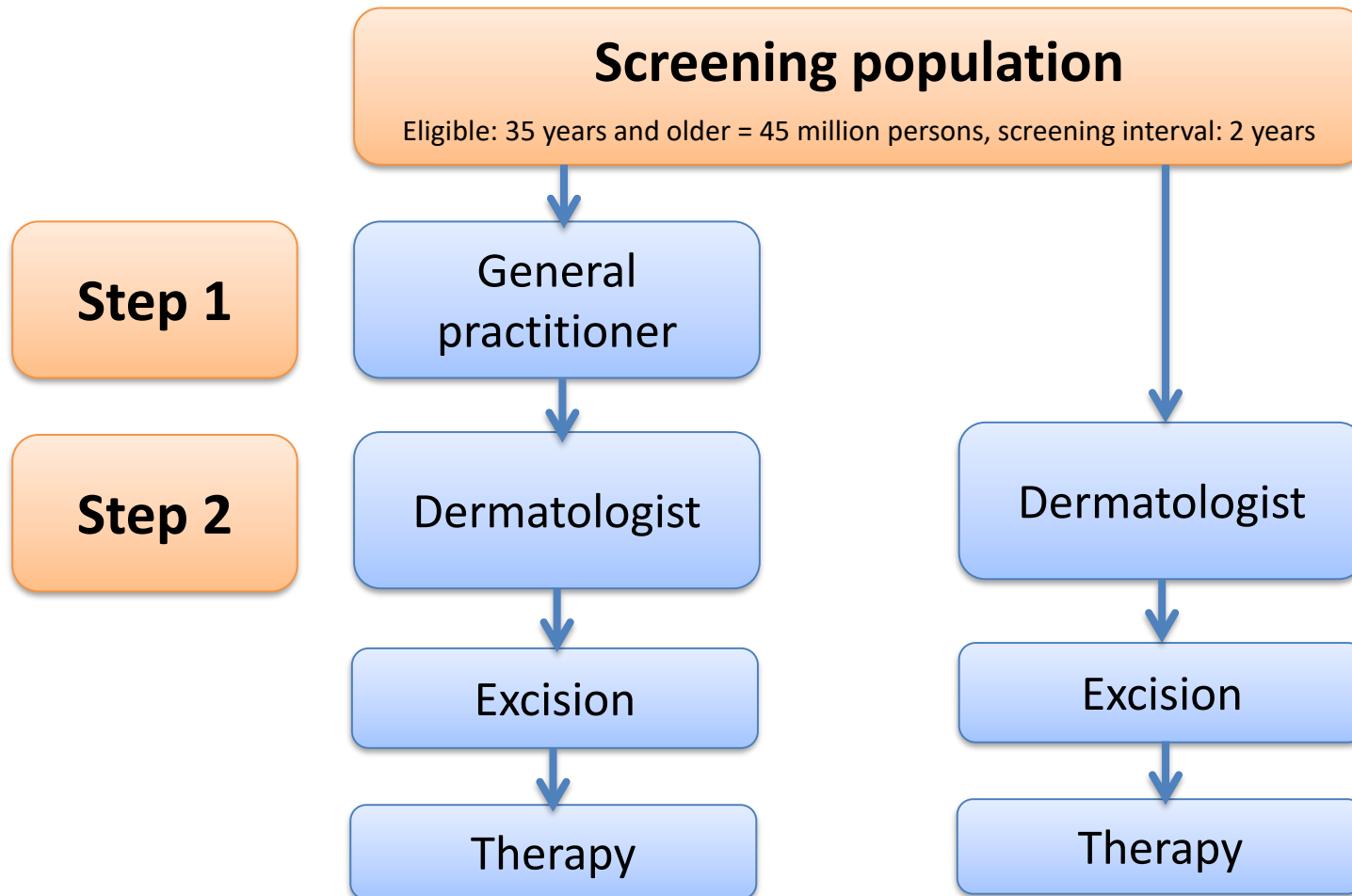
- The German SCS Program
- Results
- Deficits
- Open Research Questions
- Conclusions & Discussion

THE NATIONAL GERMAN SKIN CANCER SCREENING (SCS)



National on German SCS

Introduced 2008 * whole body examination (scalp to toe, 10 min) * mandatory one time training for screeners * financed by health system (25€/40 AUD per exam)



ACTUAL STATUS SCS IN GERMANY



SCS - National Report

Evaluation Report 2016 (latest data (2013) presented)



F. Lüken, D. Betz, M. Kutschmann

Evaluation der Screeninguntersuchungen auf Hautkrebs gemäß Krebsfrüherkennungs-Richtlinie des Gemeinsamen Bundesausschusses

Abschlussbericht der Jahre 2011 – 2013

im Auftrag des Gemeinsamen Bundesausschusses, 2015

Stand 30. September 2016

Participating physicians

- ~ 36,000 of 52,000 general practitioner (70%)
- ~ 3,200 of 3,400 dermatologists (93%)

Exa

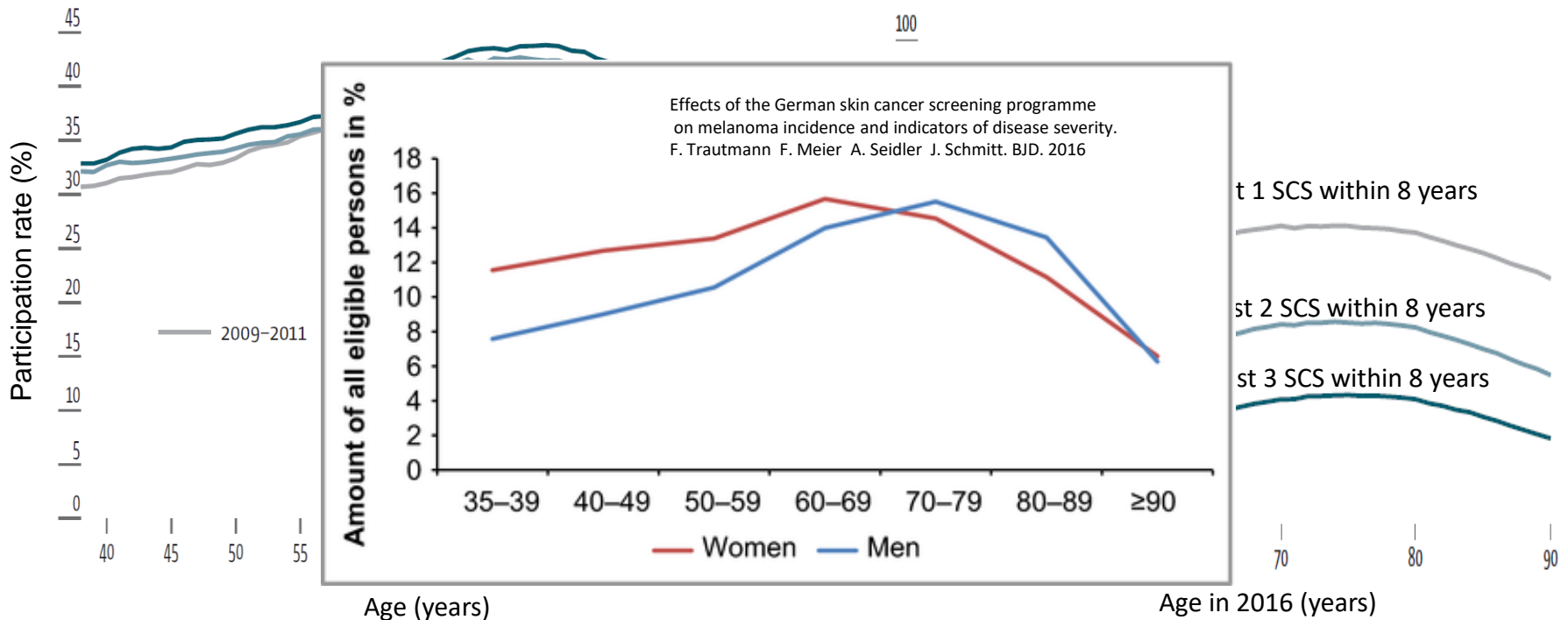
- 7.1 million D (50%) (90% primary)
- 4.1 million GP (50%) (90% primary)
- 3.2 million D (43%) (90% primary)
- 6,100 documented melanomas, 68,000 non-melanoma skin cancers

**Evaluators criticize insufficient data quality!
This report is only of limited use!**

SCS Participation

Participation per screening round (2 years)

- 15.6 million persons
- Rate: 38% (men 31%, women 44%)



LET'S TALK ABOUT COST.

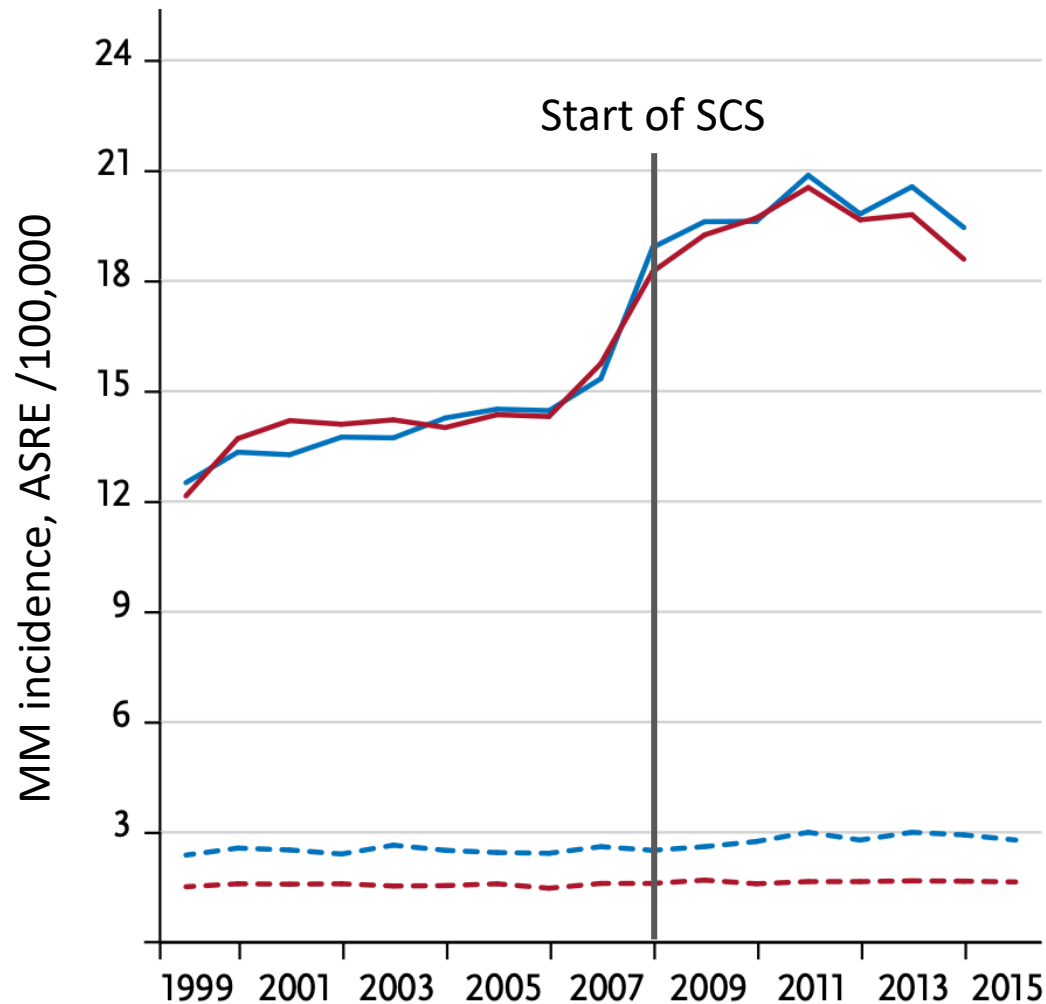


Estimate per year:

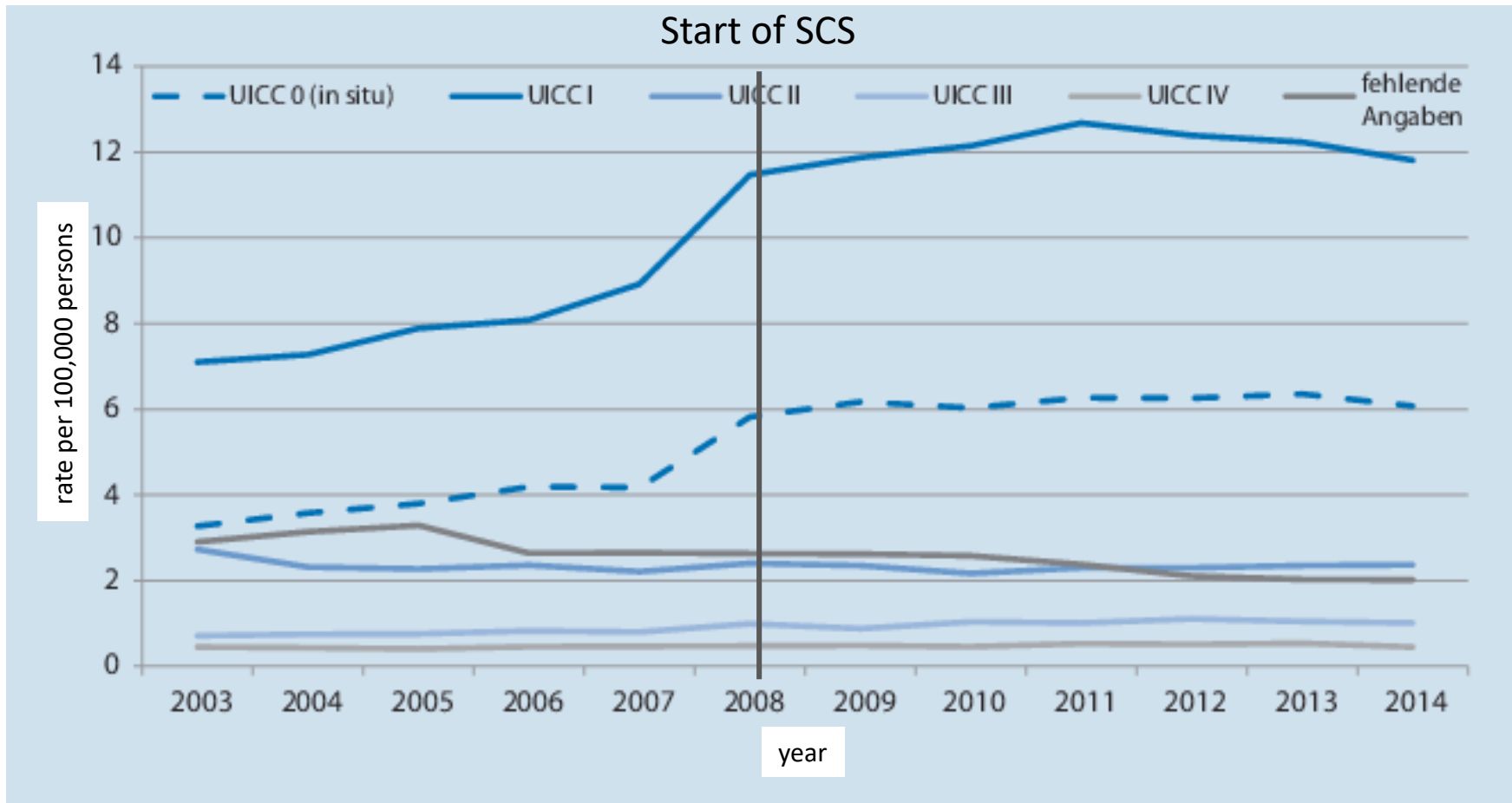
- 7.8 million persons screened
- 150 million €
(260 million AUD)

Trends in melanoma incidence Germany

age standardized rates



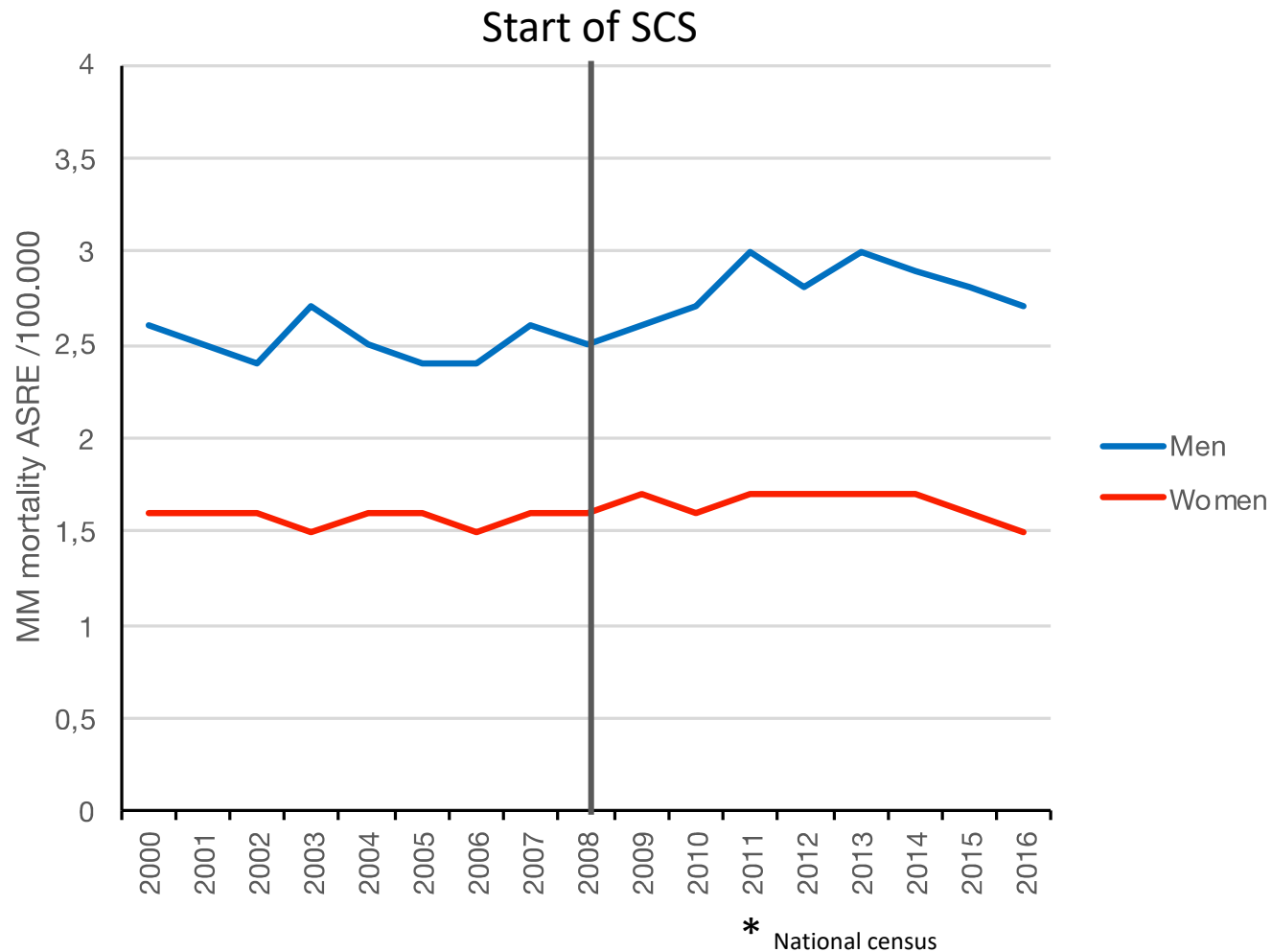
Trends in stage specific incidence Germany



Friedrich S, Kraywinkel K. Faktenblatt: Epidemiologie des malignen Melanoms in Deutschland. Onkologie. 2018;24(6):447-52.

Trends in melanoma mortality Germany

age standardized rates



“Limited effects” of SCS?

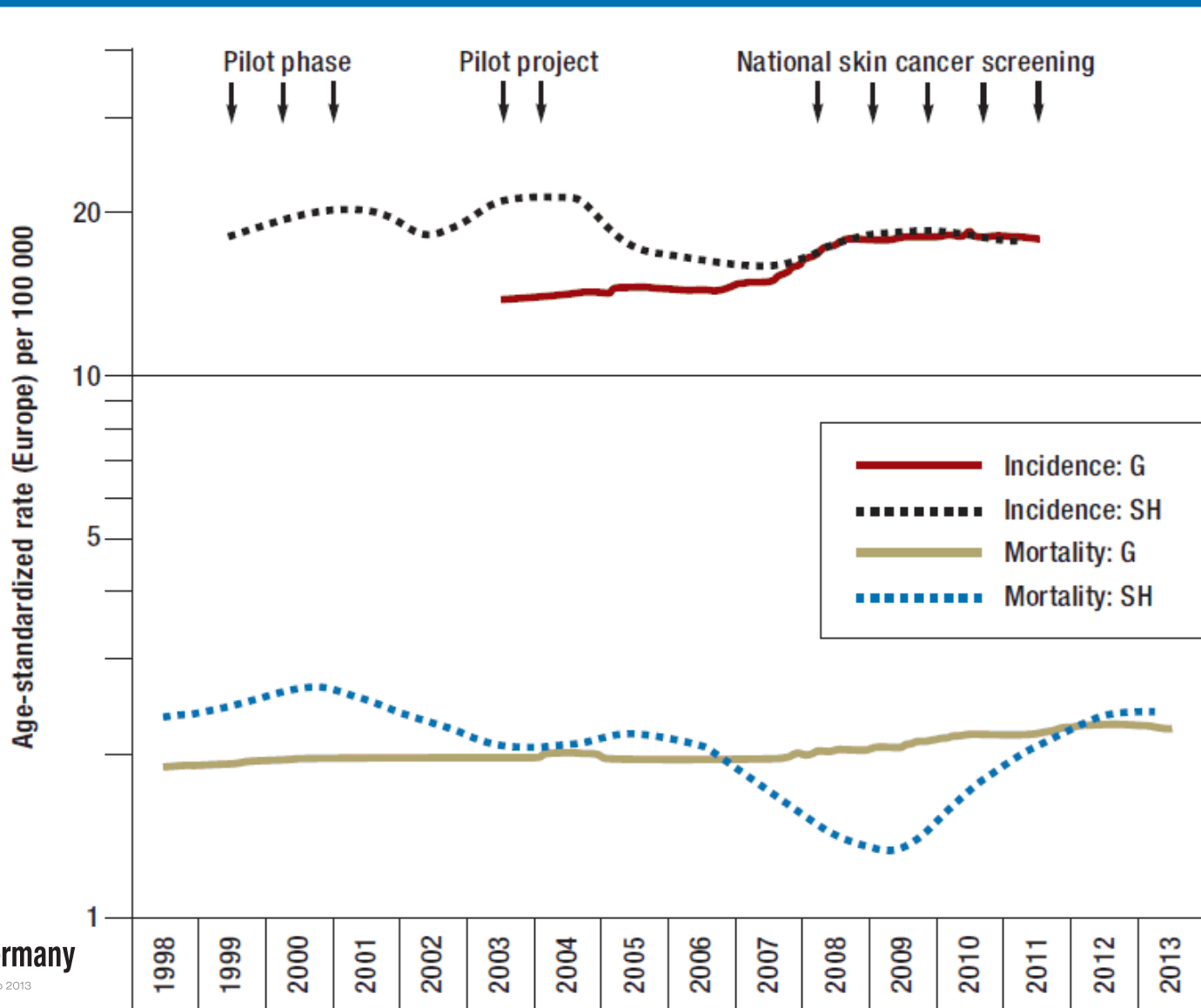
Three questions

1. Is the German SCS not effective?
2. Is SCS at all effective?
3. Do we have an efficacy / effectiveness problem?

Malignant melanoma incidence and mortality in Germany and Schleswig-Holstein, male and female combined, rate standardized for age according to the European standard per 100 000, logarithmic representation, mortality shown as moving average.

Data sources:
 mortality: www.gbe-bund.de;
 incidence for Germany (G): www.gekid.de;
 incidence for Schleswig-Holstein (SH): www.krebsregister-sh.de

FIGURE



ORIGINAL ARTICLE

Skin Cancer Screening in Germany

Documenting Melanoma Incidence and Mortality From 2008 to 2013

Alexander Katalinic, Nora Eisemann, Annika Waldmann

Deutsches Ärzteblatt International | Dtsch Arztebl Int 2015; 112: 629-34



DEFICITS

Main deficits of German SCS

- Participation
 - Low rate (<40%)
 - Healthy screenee problem (low risk population screened?)
 - Both likely caused by
 - opportunistic manner of the SCS (esp. no invitation)
 - missing awareness campaigns (esp. concerning risk factors)
- Unknown, likely insufficient quality of SCS
 - Hints, that WBE is not always performed correctly
 - One time education of GP and Dermatologist maybe insufficient
 - → Lack of sensitivity (and specificity)?
- Insufficient quality assurance and evaluation
 - E.g. no linkage of documentations from GP, Dermatologist or CR

OPEN RESEARCH QUESTIONS

Open research questions

- Effects of awareness activities on participation rate, risk profiles
- Quality of screening exams in regular care
- Impact of continuous training of physicians in SC detection
- Extent of false negative and false positive findings
- Assessment of interval cancers and overdiagnosis
- Evidence for currently arbitrary age limits
- Risk adapted screening
- Impact of SCS on disease burden (esp. NMSC)
- Impact of SCS on LQ
- Cost effectiveness

- ... and still more evidence needed on the question:
Can SCS save lives?

CONCLUSION & DISCUSSION



Conclusion & Discussion

- 10 years of SCS in Germany show that a population-based SCS is feasible...
- ... but results not yet as promising as expected
- Several difficulties can be identified, which might explain missing population-based effects

- Do we have an efficacy / effectiveness problem?

- Efforts to improve SCS, better program evaluation and more research are urgently needed

Skin Cancer Council Germany (NVKH)

- 1) Development of strategies for cancer prevention and early diagnosis
- 2) Development of oncological treatment options and quality assurance
- 3) Securing efficient oncological treatment
- 4) Strengthening patient-centered care/ cancer services