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The road to aHSIL screening in Belgium

Speed bumps and pits on the road to implementation

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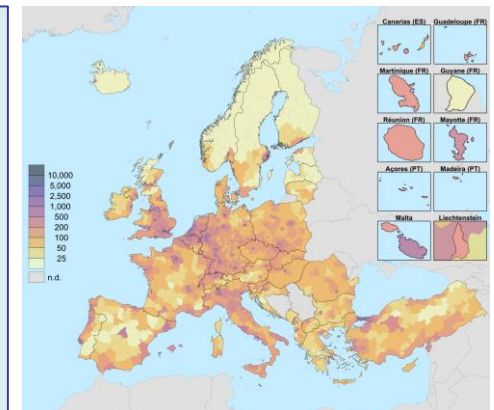
Welcome to Belgium

Horum omnium fortissimi sunt Belgae (Julius Caesar, 50 B.C.)

11.763.650 inhabitants on 30,689 km²

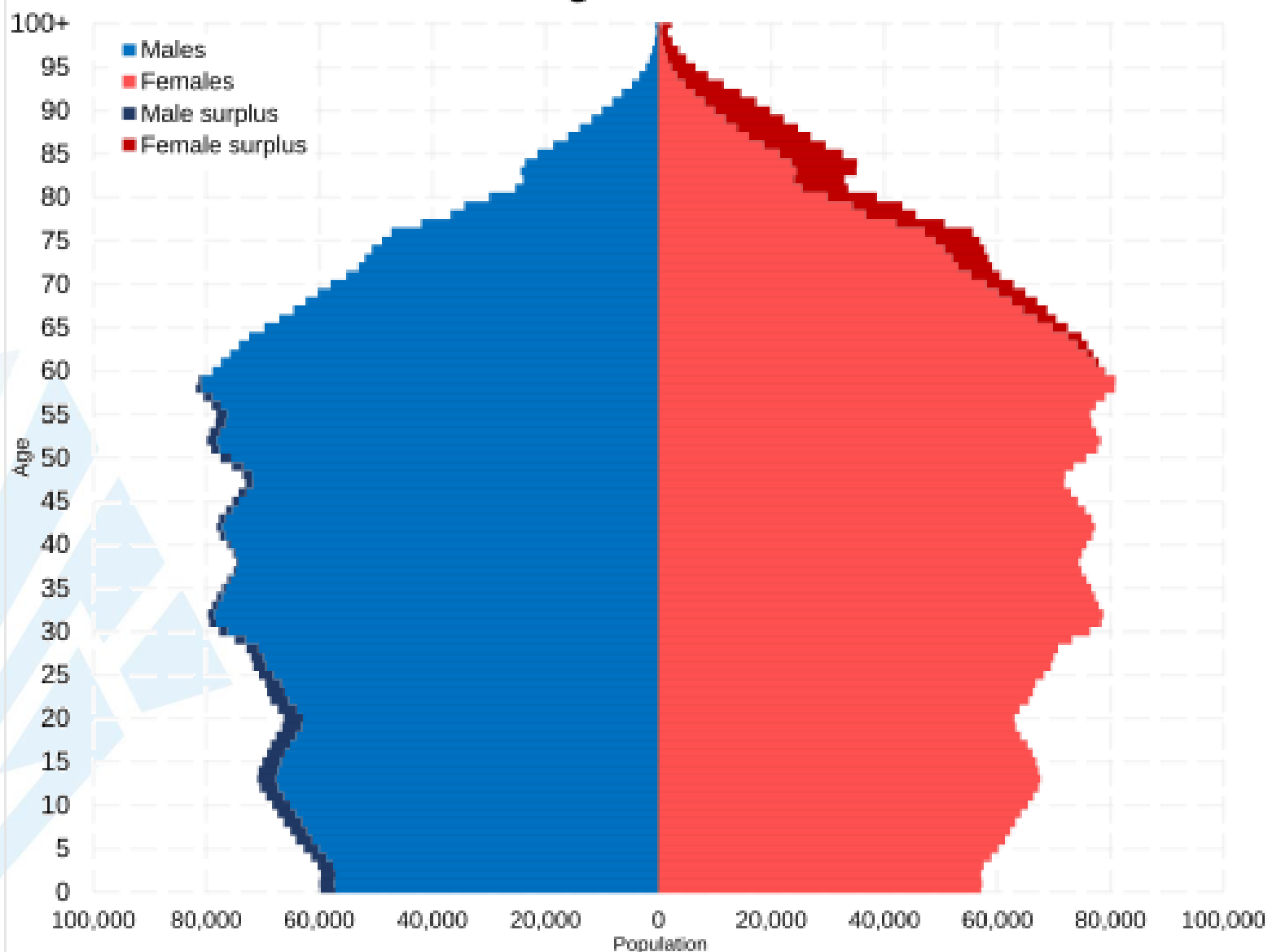


The population density of Belgium is 383/km² (990/sq mi) as of January 1, 2024, making it the 38th most densely populated country in the world, and the 7th most densely populated country in Europe. The most densely populated province is Antwerp.



Australia 3.5/km² - USA 38/km² - EU 106/km² - Japan 338/km² - India 492/km²

Belgium – 2023



2015

Wilson and Jungner screening criteria

- The condition should be an important health problem.
- There should be a treatment for the condition.
- Facilities for diagnosis and treatment should be available.
- There should be a latent stage of the disease.
- There should be a test or examination for the condition.
- The test should be acceptable to the population.
- The natural history of the disease should be adequately understood.
- There should be an agreed policy on whom to treat.
- The total cost of finding a case should be economically balanced in relation to medical expenditure as a whole.
- Case-finding should be a continuous process, not just a "once and for all" project.

HRA, the early days

- Homerton, London (M. Nathan), Nov 2015
- AMC Amsterdam, March 2016
- HRA course Amsterdam, Nov 2016

Mainly post-operative referrals or coincidental findings during proctoscopy or colonoscopy...

... until Clifford *et al.*, ANCHOR, IANS guidelines

HRA practitioners (5, currently ± 10)

Diagnosis and screening for anal intraepithelial neoplasia in Belgium: position statement

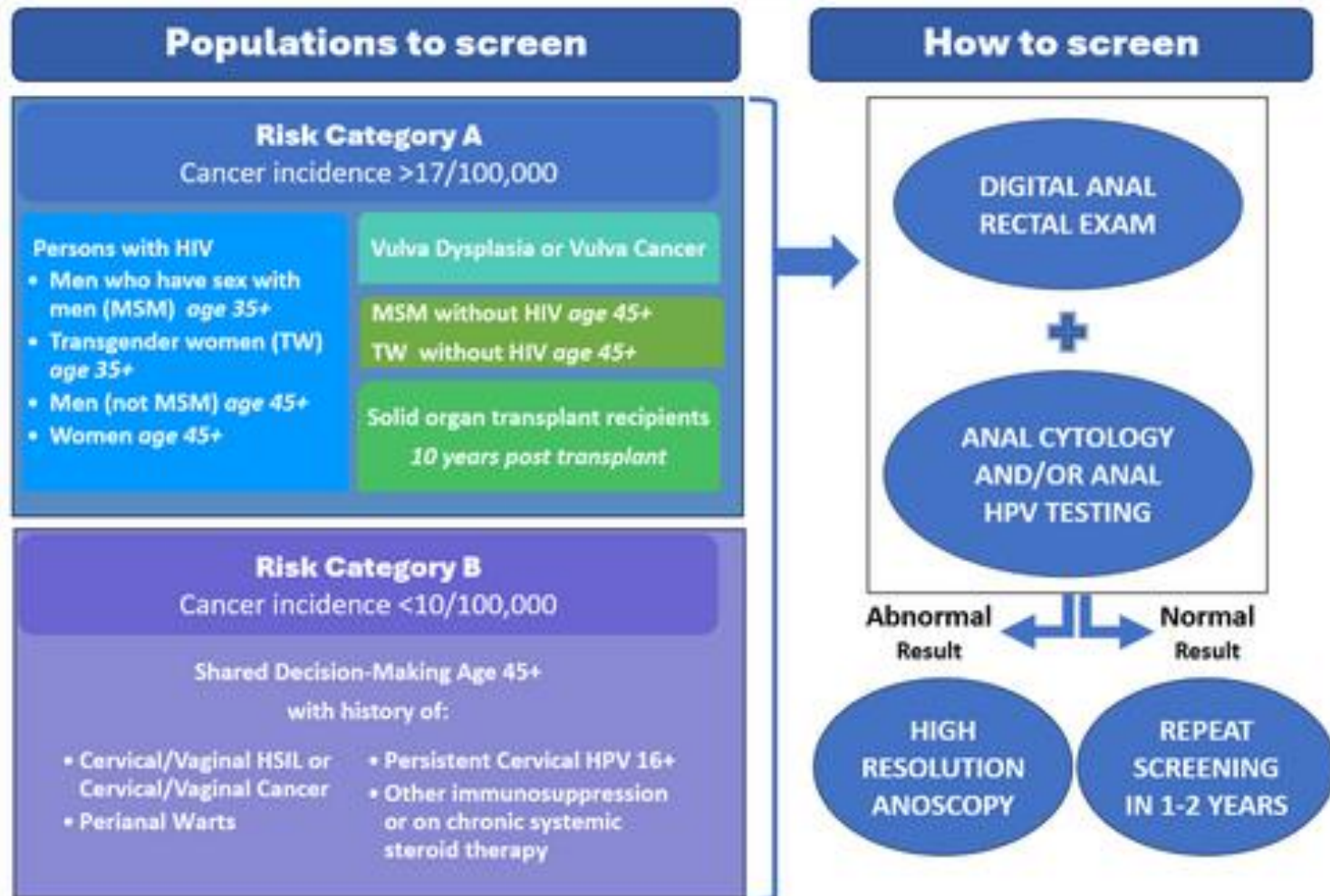
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IANS guidelines 2024



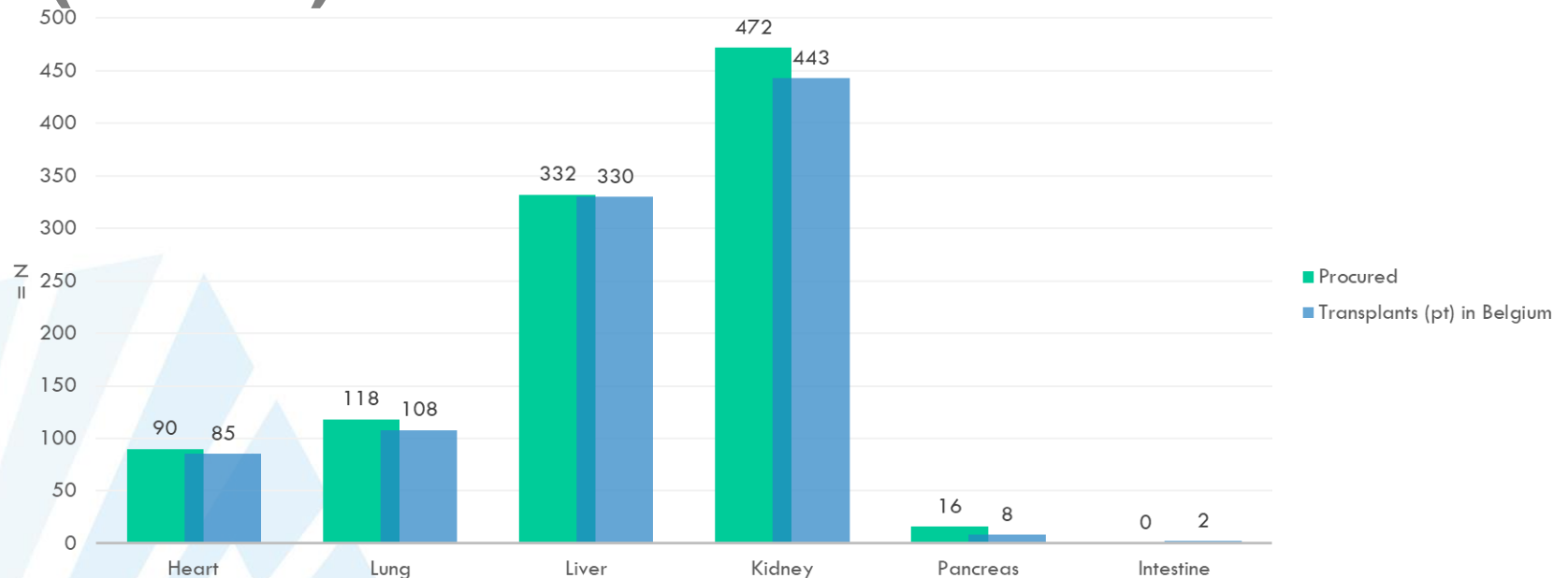
Persons living with HIV (PLWH)

- 18.703 persons Belgium, 51% > 50 years
=> at least 9.538 persons to be screened
- Follow-up via Infectious Disease specialists

Vulvar cancer

- 200 per year
- Follow-up via Gynaecologists

Solid organ transplant recipients (SOTR)



- Total transplantations (2024): 976
=> assumed 70% 10 yrs survival = 683 patients
- Follow up via subdiscipline organ replacement

Gay and bisexual men/transwomen

- 3-8% population LGBTQIA+
352.909 – 941.092
- excl. lesbian and asexual
176.454 – 470.546
- > 45 years
88.227 – 235.273

Populations

	To be screened			
PLWH	9.538			
SOTR	683			
Vulvar cancer	200			
Subtotal	10.421			
GBM/TW	88.227- 235.273			
Total	98.648- 245.694			

Populations

	To be screened	Cost		
PLWH	9.538	667.660 €		
SOTR	683	47.810 €		
Vulvar cancer	200	14.000 €		
Subtotal	10.421	729.470 €		
GBM/TW	88.227- 235.273			
Total	98.648- 245.694	6.905.360- 17.198.580 €		

Populations

	To be screened	Cost	Screening +	
PLWH	9.538	667.660 €	ANCHOR 40%	
SOTR	683	47.810 €	15% ?	
Vulvar cancer	200	14.000 €	20% ?	
Subtotal	10.421	729.470 €		
GBM/TW	88.227- 235.273		10% ?	
Total	98.648- 245.694	6.905.360- 17.198.580 €		

Populations

	To be screened	Cost	Screening +	Diagnostic HRA
PLWH	9.538	667.660 €	ANCHOR 40%	3.815
SOTR	683	47.810 €	15% ?	102
Vulvar cancer	200	14.000 €	20% ?	40
Subtotal	10.421	729.470 €		3957
GBM/TW	88.227-235.273		10% ?	8.823-23.527
Total	98.648-245.694	6.905.360-17.198.580 €		12.638-27.484

3.957 diagnostic HRA annually = 396 per HRA expert = 8 per week

12.638 diagnostic HRA annually = 1.264 per HRA expert = 24 per week

27.484 diagnostic HRA annually = 2.748 per HRA expert = 53 per week

2025

Wilson and Jungner screening criteria

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Conclusion

- Screening is necessary in specific subgroups
- Persons at risk are willing to participate, depending on test
- Bottle necks
 - Coordination of screening (*Infectious Disease, Gynaecology, subdiscipline organ replacement, general physicians GBM/TW*)
 - Training and quality of anal cytology
 - Training and quality HRA practitioners
 - Treatment options
 - Reimbursement

