



COST-UTILITY ANALYSIS OF COLORECTAL CANCER SCREENING IN THE PHILIPPINES

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Colorectal cancer (CRC) is the third leading cause of cancer deaths in the Philippines, accounting for 9% of total deaths for males and females. The national estimated incidence rate for CRC in 2012 was 13.3 per 100,000, with males reporting higher rates (15.6 per 100,000) than females (11 per 100,000).



CRC becomes symptomatic only at advanced stages, which makes screening critical while patients are still asymptomatic.

What is already offered?

PhilHealth developed a **Z Benefits package for CRC** which covers diagnostic tests, chemotherapy, other medicines, and procedures such as surgery for closure of colostomy or ileostomy.

What will be offered?

To complement the existing package, PhilHealth is considering to offer **CRC screening**, to help reduce the incidence and subsequently, expected costs of reimbursing these cases.

What is the study about?



A **cost-utility analysis** and **budget impact analysis** of various **colorectal cancer screening** strategies among average risk Filipinos aged 50 and above were conducted with data from 61 facilities surveyed. The outcome measures the quality-adjusted life years (QALY) gained.

FOUR SCREENING MODALITIES

gFOBT

Guaiac-Fecal occult blood test (gFOBT) followed by colonoscopy every 10 years

1

FIT

Fecal immunochemical test (FIT) followed by colonoscopy every 10 years

2

3

FS

Flexible sigmoidoscopy (FS) every 5 years followed by colonoscopy every 10 years

4

Colonoscopy
every 10 years

Results have shown that gFOBT + colonoscopy is the most cost-effective strategy, however the strategy **FIT + colonoscopy is recommended** for a number of reasons such as an increase in QALYs, its specificity and accuracy, and its convenience for the patient as compared with gFOBT.