

Colorectal Screening in Canada: A national collaboration of provincial initiatives

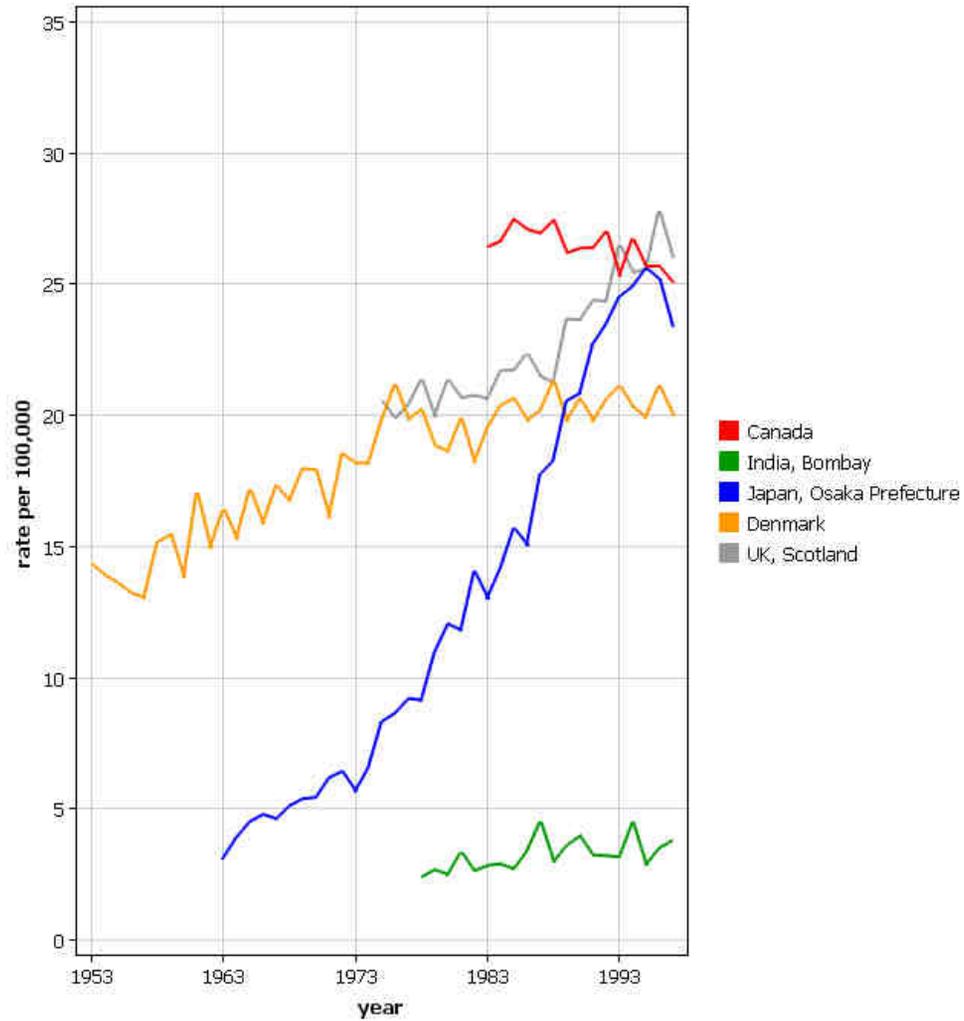
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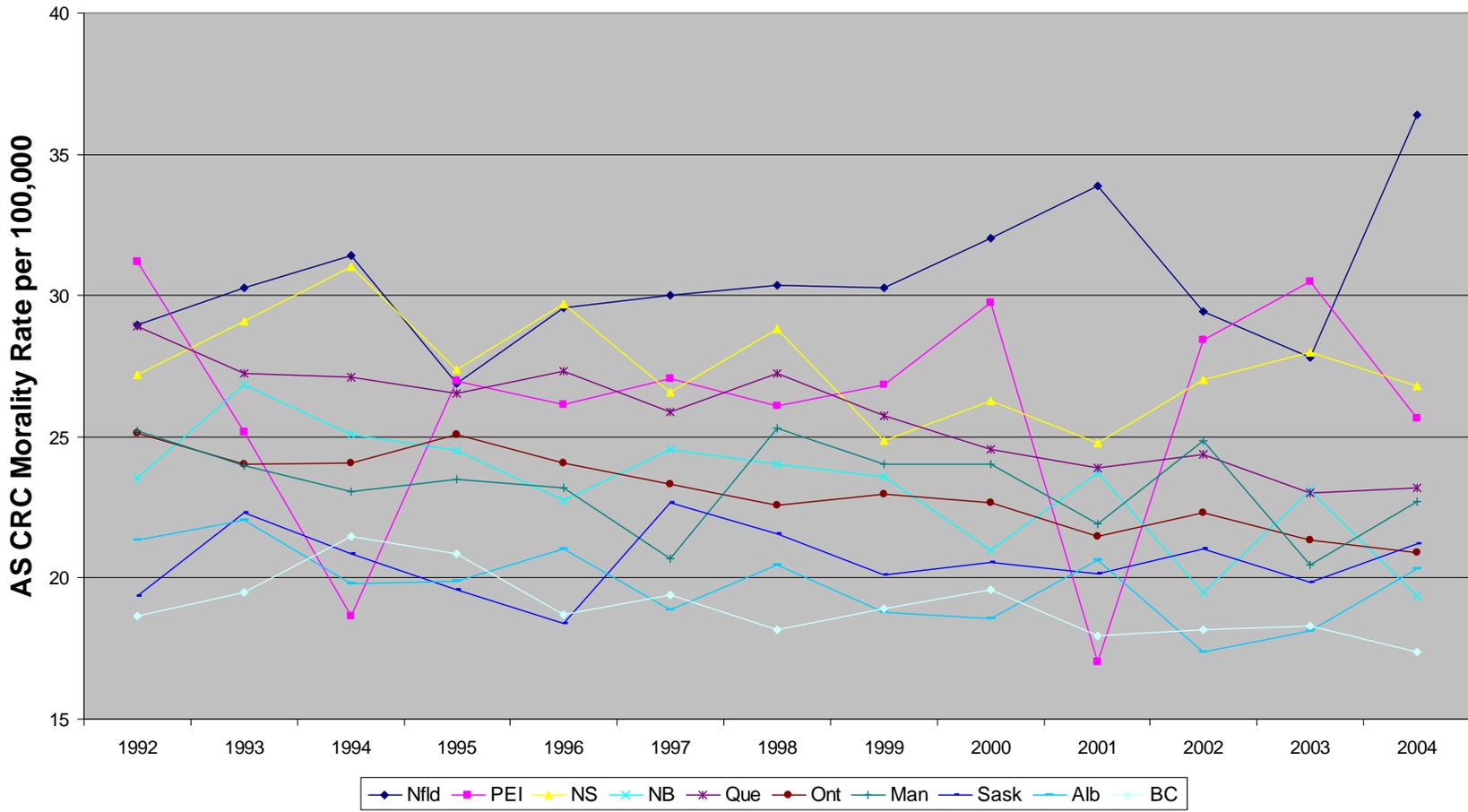
With Verna Mai, MD, Susan Fekete, and Candice
Anderson

Colon

Age Standardised Incidence Rate (World), Male age [0-85+]



Age-Standardized Colorectal Cancer Mortality Rate per 100,000 Population by Province (1992-2004)

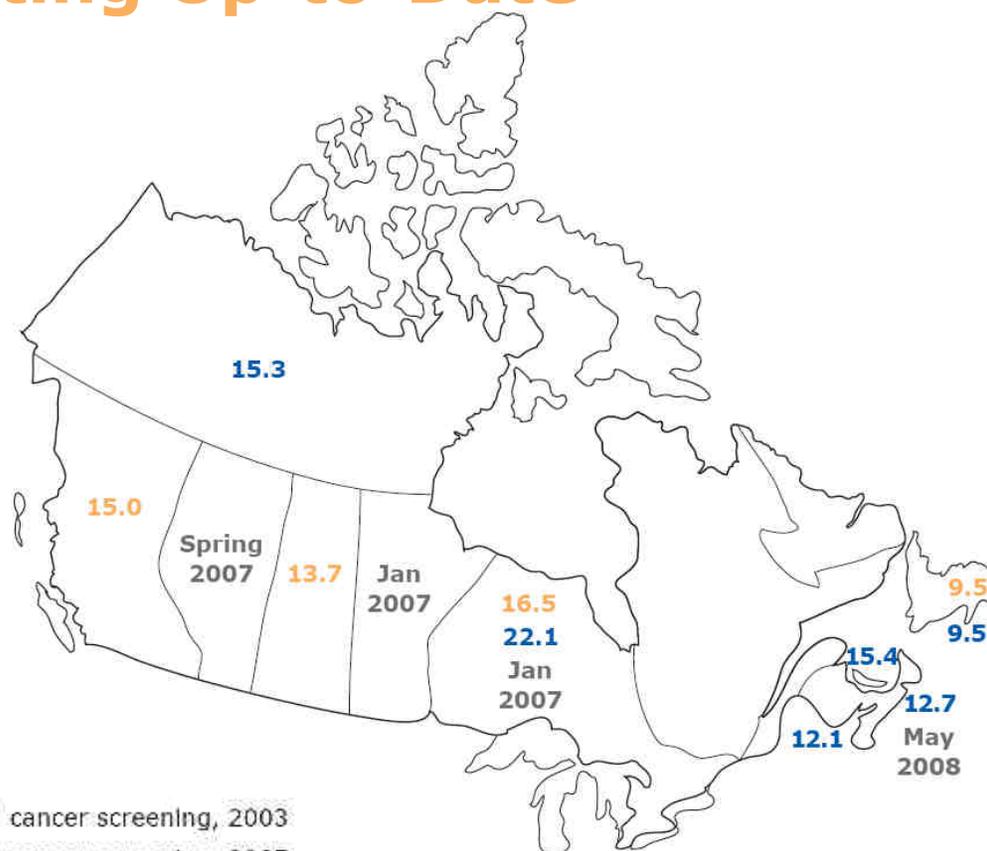


Source: Cancer Surveillance On-Line, Using the Canadian Council of Cancer Registries

Consensus Guidelines on CRC Screening

- Task Force on Preventive Health Care (2001) and National Colorectal Cancer Screening Network (2002) made recommendations re CRC screening
- National network recommended fecal test as entry test, age group 50 to 74, at least biennial screen, and colonoscopy as follow-up test
- Recommended programmatic screening to maximize impact with potentially limited diagnostic resources
- Recommended frequent review of literature

Colorectal Cancer Screening Program Launches in Canada and % of Canadian Population Reporting Up-to-Date Screening



- % of eligible Canadians reporting up-to-date* colorectal cancer screening, 2003
- % of eligible Canadians reporting up-to-date* colorectal cancer screening, 2005
- Date of screening program launch

*Up-to-date screening (average-risk individual) is defined as having a FOBT within the past two years or colonoscopy or sigmoidoscopy within the past five years.

Source: Canadian Community Health Survey 2003 and 2005



Programs in Canada

- Ontario announced first program in 2007; Manitoba actively launched in 2007; Alberta also announced
- National Colorectal Cancer Screening Network begun by Canadian Partnership Against Cancer soon after it was launched, also in 2007
- Began work on quality determinants and general public awareness - both to be used to assist and to help comparisons to be made across programs
- As of 2009, have 8 provincial programs and one territorial program announced and/or active

What are the attitudes?

- In 2007, most physicians thought that there were barriers to screening - mostly in patient attitudes and willingness to accept the test (“the ick factor”)
- UK surveys showed little awareness of CRC tests, and a range of ways of even talking about it
- CPACC carried out awareness survey as background to launching program communications activities



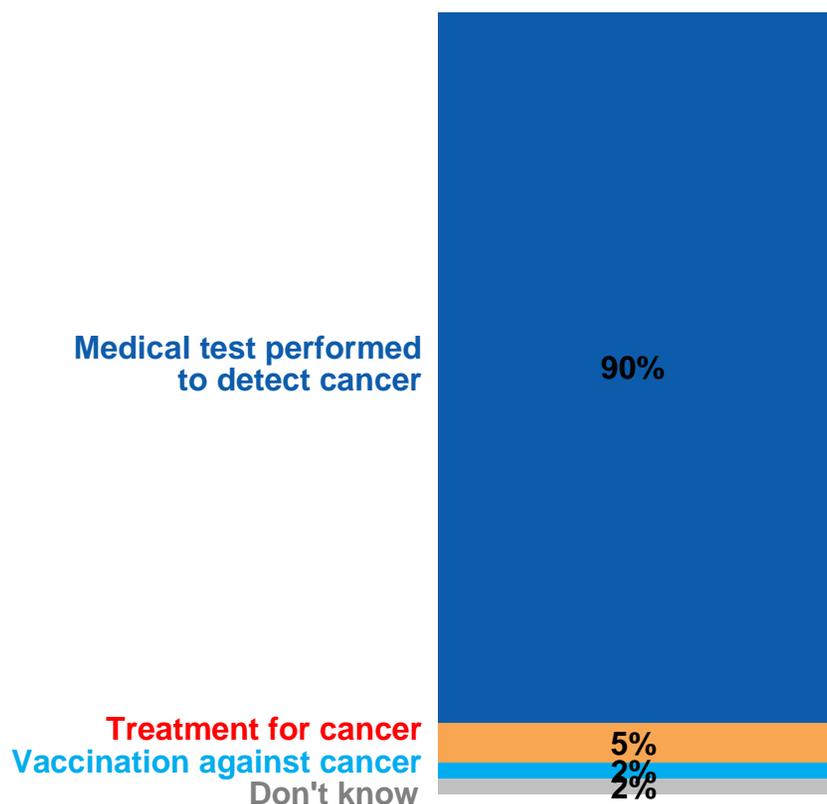
Understanding Cancer Screening (Aided)

Canadians 50-74 yrs understand screening to be a test for detecting cancer but half mistakenly think that screening happens after symptoms start.

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Best Describes "Cancer Screening"



When Screening First Occurs

After they experience symptoms

49%

When they are well, before they experience symptoms

44%

Don't know

6%



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ST. MICHAEL'S HOSPITAL Q.8
A teaching hospital affiliated with the University of Toronto

Base: Canadians 50-74 yrs (n=2444); Canadians who know screening is a medical test to detect cancer (n=2239); 45-49 yrs less likely to know screening takes place before symptoms appear (35%)
Q.7 To your knowledge, which of the following comes closest to best describing the term 'cancer screening'?
Q.8 And to your knowledge, are individuals first screened for cancer ...



Attitudes Toward CRC Screening

Nine in ten agree that CRC testing is a small price to pay for such a large potential health benefit. Over 8 in 10 feel people should get screened and that it would personally give them peace of mind. About half are worried about having to use a colonoscopy bag if they found out they had CRC. A third don't see the need to get tested without symptoms.

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The test is a small price to pay for such a large potential benefit to my health



People my age should get screened for colorectal cancer



Getting tested for colorectal cancer would give me some peace of mind



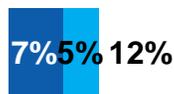
If I found out I had colorectal cancer, I'd be worried that I'd have to use a colostomy bag instead of going to the toilet.



I don't see the need to get tested for colorectal cancer when I don't have any symptoms



If I had colorectal cancer, I'd really rather not know



Strongly agree Moderately agree



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Base: Canadians 50-74 yrs (n=2444); 45-49 yrs more likely to agree they don't see the need to be tested without symptoms, and less likely to agree that people their age should get screened (79%)
Q.21 I am going to read you statements people have made about testing for colorectal cancer. For each statement, please tell me if you strongly disagree, moderately disagree, moderately agree, or strongly agree.

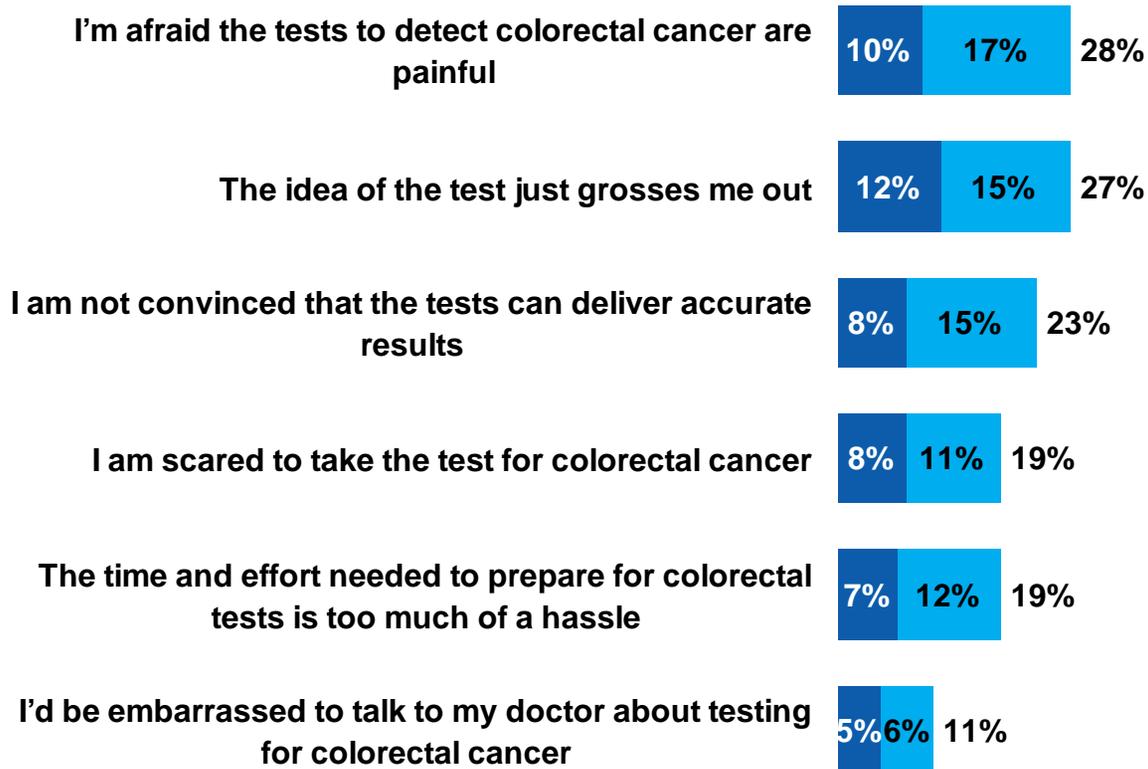


Attitudes Toward CRC Tests

A minority of Canadians 50-74 think the tests are painful, “gross”, inaccurate, or too much of a hassle. Only 1 in 10 say they would be embarrassed to talk to their doctor about testing for CRC.

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■ Strongly agree ■ Moderately agree



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ST. MICHAEL'S HOSPITAL
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Base: Canadians 50-74 yrs (n=2444); 45-49 more likely to agree the tests might be painful (36%)

Q.21 I am going to read you statements people have made about testing for colorectal cancer. For each statement, please tell me if you strongly disagree, moderately disagree, moderately agree, or strongly agree.

Message

- Canadians are accepting of the CRC screening test
- but need further info on its timing and use
- Program implementation is well timed, and
physicians should be reassured that their patients
are waiting for information

Program Information and the Colorectal Cancer Screening Network

- Eight provinces responded to the questionnaire*
- Provided information on targets, methods and definitions used in the programs to the Canadian Colorectal Screening Network
- Have a collaborative space to update and share new information, and to learn from each other

Target Population

- Persons 50-74 years of age, defined as average-risk by the various provincial standards
- Two provinces do not limit target population to average-risk, and include them in the program
- Others refer higher risk to their doctors

Entry test

- All programs use, or plan to use, a faecal test as primary screening modality for average-risk individuals
- However, some are using guaiac tests, others using FIT
 - FIT may have greater specificity and acceptance
 - May also allow more automation
 - Only one test currently available in Canada
 - Most use biennial interval, some use annual interval

Program recruitment

- One province uses only FP referral, and has incentivization system in place to enhance uptake
- Others use combination of FP and self-referral
- Several provinces are direct-mailing tests:
 - One sends a letter first, and the test itself a few weeks later
 - Others send the test with instructions
- Several provinces that aren't direct mailing are hoping to pilot it or to implement it soon on a limited basis

Colonoscopy

- All provinces recommend colonoscopy as the ideal diagnostic test
- Several recommend as screening test for high risk, but there are slightly different definitions of high risk across provinces (under review)
- Results of procedure communicated back to program in four provinces

So.....

- All follow national guidelines
- But.....
- No two programs look exactly alike

- What can we learn from this?

Quality Determinants

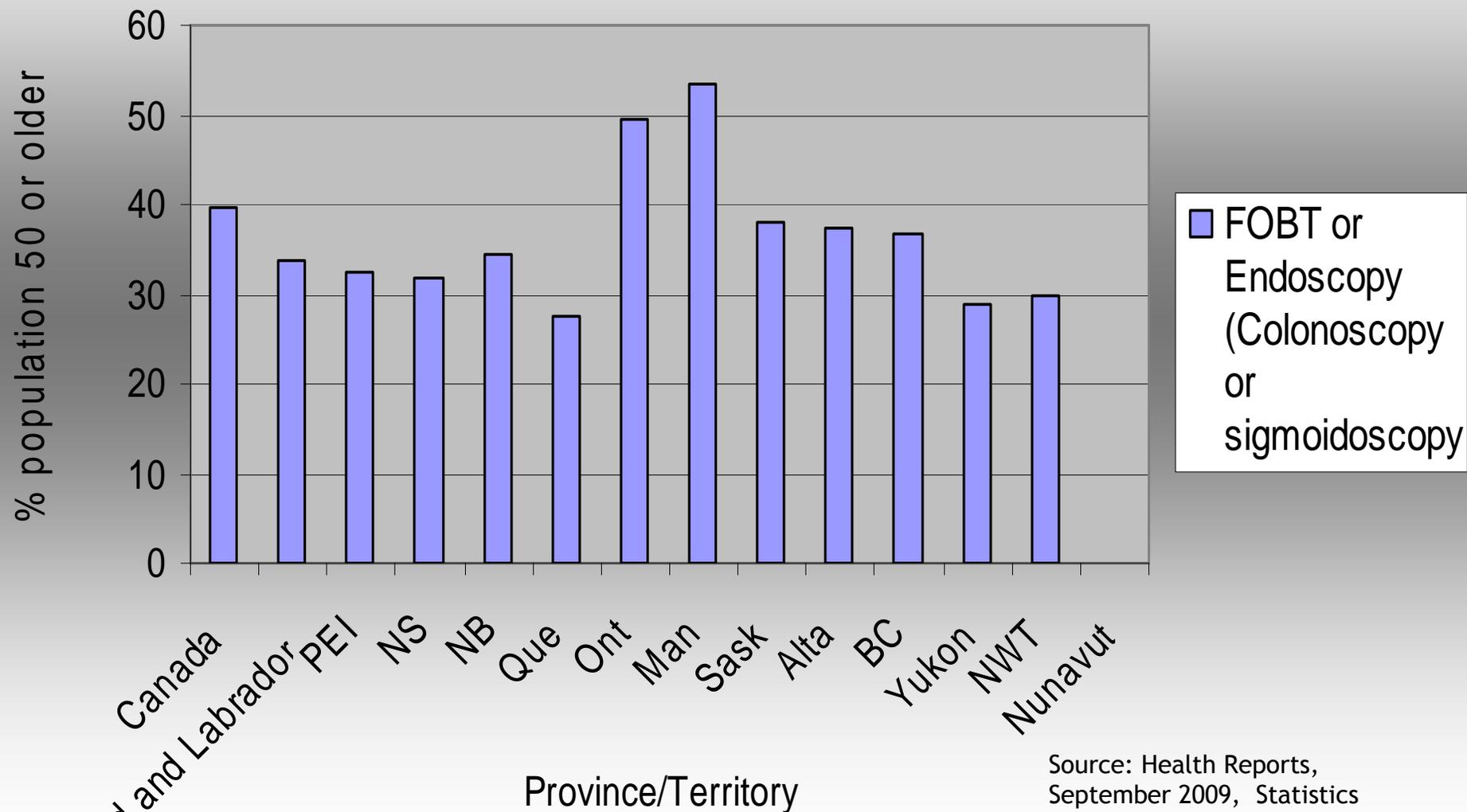
- Refers to core elements that can be collected to evaluate quality within programs
- Covers participation, test results, diagnostic process, timing of services, and outcomes
- Had wide group of stakeholders and experts come to consensus over two large meetings and through interim work of a QD committee
- The Network members have agreed to these core elements, as this will allow them to assess results, and perhaps learn from this “natural experiment”

And now, in 2009...

- Program acceleration is rapid
- Screening uptake appears to be rising.... CCHS included colorectal screening questions for first time in 2008 in order to support the network

FOBT in past 2 years of or Colonoscopy/Sigmoidoscopy past 5 years

2008 Canadian Community Health Survey (CCHS)



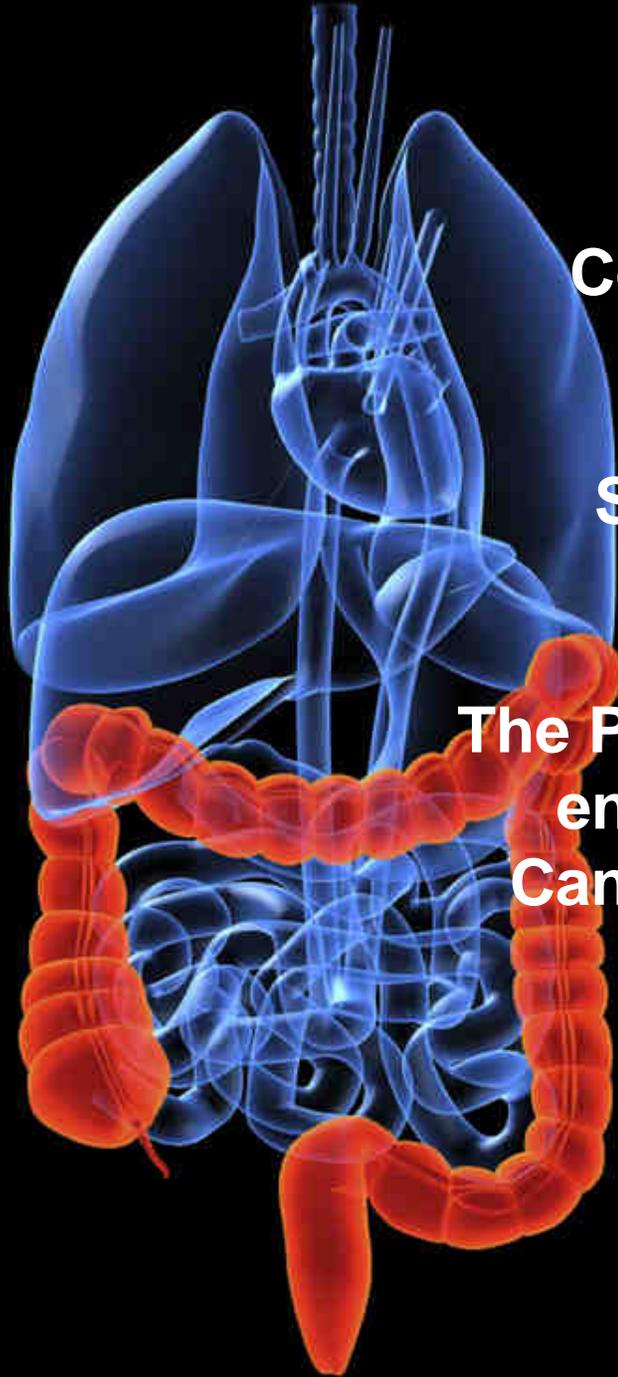
Source: Health Reports,
September 2009, Statistics
Canada

Other issues

- Program representatives and Canadian Cancer Society and Canadian Cancer Advocacy Network have reviewed awareness data with CPAC in order to formulate a national awareness strategy
- Programs are working on patient satisfaction surveys and are now sharing drafts
- Are partnering with Canadian Association of Gastroenterologists in dissemination the Global Rating Scale System (UK/Valori system of patient - centered endoscopy quality assurance) across Canada

Summary

- Attitudes are receptive
- We are in the easiest phase of recruitment expansion
- Programs have developed different approaches, with the same end goal
- The national network will allow all programs, and the system in general, to learn from the “natural experiments” across the country
- Further progress will require assessment, quality assurance, and willingness to act on information gathered



Colorectal cancer kills thousands of Canadians every year.

Screening is the most direct way to reduce this.

The Partnership will work with others to encourage high quality screening in Canada, in order to reduce the burden of cancer.