

Colorectal Cancer (CRC) Surveillance: Introduction and Overview

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Purpose of Session

- Describe implementation & evaluation of CRC screening programs in selected countries
- Compare & contrast experiences with screening mammography
- Describe modeling as a tool for informing decisions about CRC screening programs

U.S. Preventive Services Task Force Evidence-Based Recommendations

Strongly recommends that clinicians screen men and women 50 years of age or older for CRC.

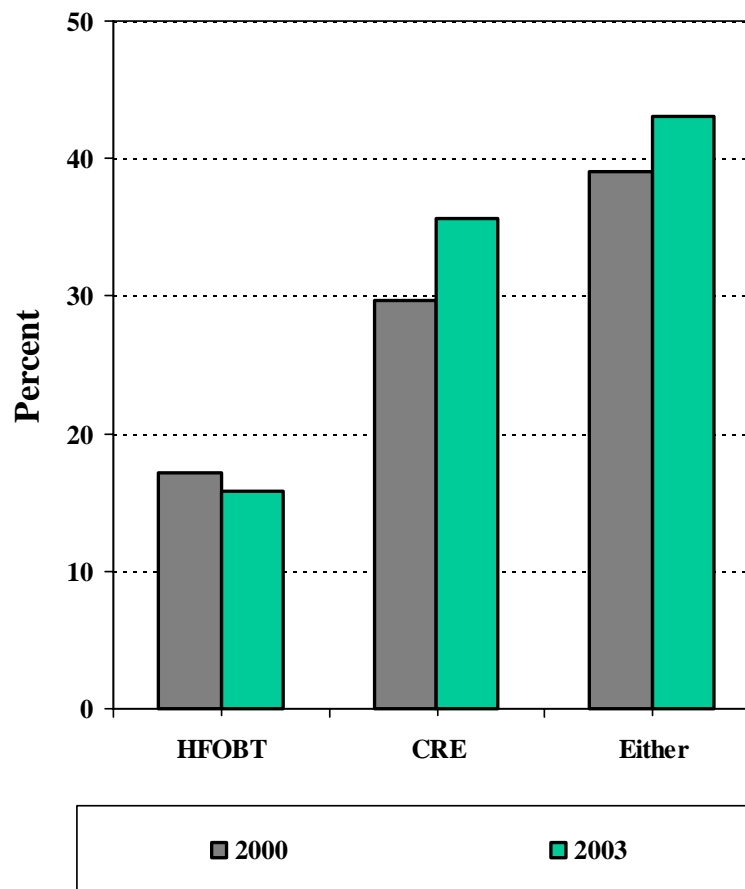
- Good evidence for fecal occult blood testing (FOBT)
- Fair evidence for sigmoidoscopy alone or in combination with FOBT
- No direct evidence for colonoscopy. Efficacy supported by role in trials of FOBT, extrapolation from sigmoidoscopy studies, and ability of colonoscopy to inspect the proximal colon.

Insufficient data to determine which strategy is best in terms of the balance of benefits and potential harms or cost-effectiveness.

U.S. Preventive Services Task Force Recommendations
for Screening Average-Risk Individuals

<i>Modality</i>	<i>Starting Age</i>	<i>Interval</i>
FOBT	50	Every 1-2 years
Sigmoidoscopy	50	Every 5 years
FOBT + Sigmoidoscopy	50	Annual FOBT; Sig every 5 years
Colonoscopy	50	Every 10 years
Barium Enema	50	Every 5 years

Recent Use of CRC Tests, U.S.: 2000 and 2003



Source: NHIS. Percentages are standardized to the 2000 Projected U.S. Population by 5-year age groups.

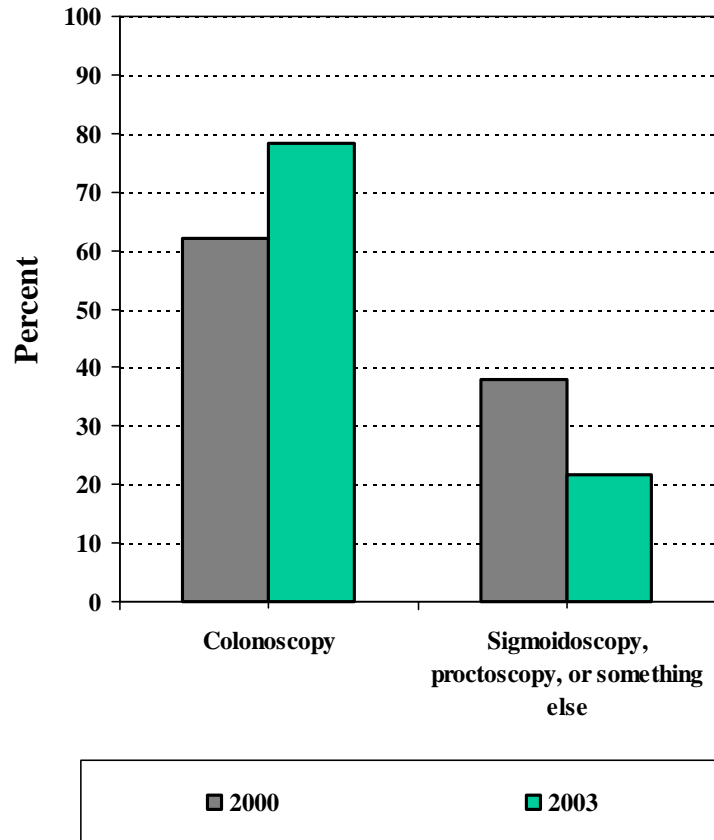
FOBT: Home Fecal Occult Blood Test within the last year, age 50+. **CRE:** Colorectal endoscopy within the last 5 years, age 50+.

Either: At least one of FOBT and CRE as defined above, age 50+.

/prj/arb/nhis/klabunde/req2005_03_08_2000-2003colorectal_screening.sas

Recent Use of CRC Tests, U.S.: 2000 and 2003

Type of Endoscopy



Source: NHIS. Percentages are standardized to the 2000 Projected U.S. Population by 5-year age groups.
Population: People aged 50+ who have had a CRE in the past 5 years.
[/prj/arb/nhis/klabunde/req2005_03_18_2000-2003cre_type.sas](#)

CRC Screening in the U.S.: progress, gaps, opportunities

- Screening rates are increasing, but public health targets not yet met.
- Disparities by race/ethnicity, gender, education, health insurance status.
- Colonoscopy is driving the increase. Sustainable? How will new technologies affect?
- Do patient preferences matter?
- Problem of **over-screening** some while others not screened at all.

Status of Organized CRC Screening in IBSN Countries: 2006

<i>None</i>	<i>Planning/ RCT</i>	<i>Pilot</i>	<i>Regional</i>	<i>National</i>
Germany Luxembourg New Zealand Portugal Uruguay	Iceland Norway Sweden	Australia Canada Denmark France Netherlands Spain Switzerland U. Kingdom	Israel Italy United States	Finland Japan Korea

CRC Surveillance: Session Agenda

3:50-4:35 pm:

- Status of Program Implementation in France (R. Ancelle-Park)
- Evaluation of French Programs (H. Goulard)
- CRC Screening: Current Knowledge & Future Directions (G. Rennert)
- *Discussion*

4:35-5:30 pm:

- Comparing Yield of FOBT and FS in an Average-Risk Population (N. Segnan)
- CRC Screening in Finland as Public Health Policy (N. Malila)
- Modeling Efforts to Inform Countries' Screening Decisions (A. Zauber)
- *Discussion*

5:30-6:30 pm:

- General Poster Session