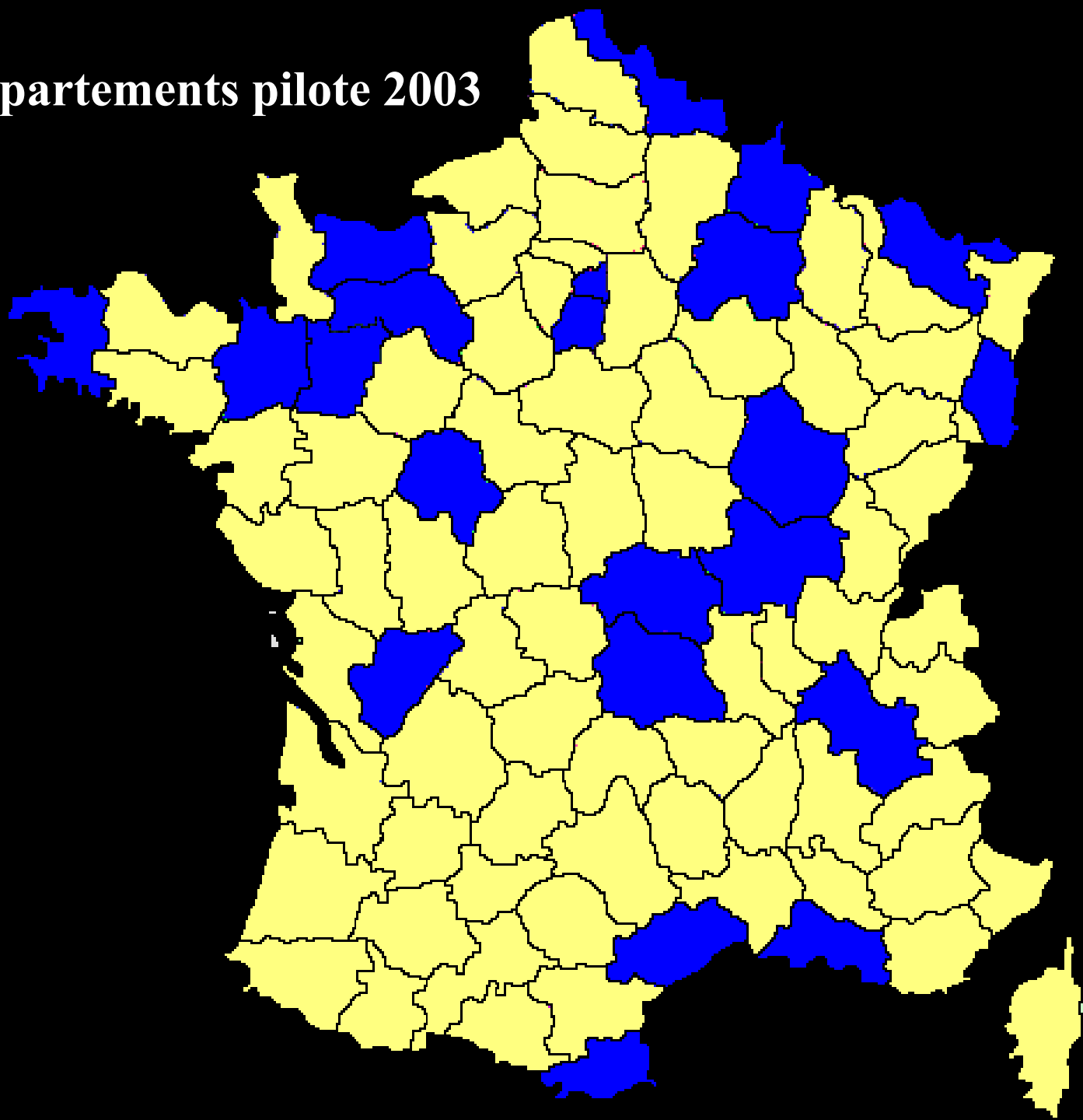


How to increase the participation rate in colo-rectal cancer

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20 Départements pilote 2003

- Allier (03)
- Ardennes (08)
- Bouches du Rhône (13)
- Calvados (14)
- Charente (16)
- Finistère (29)
- Hérault (34)
- Ille et Vilaine (35)
- Indre et Loire (37)
- Isère (38)
- Marne (51)
- Mayenne (53)
- Moselle (57)
- Nord (59)
- Orne (61)
- Pyrénées Orientales (66)
- Haut Rhin (68)
- Saône et Loire (71)
- Essonne (91)
- Seine St Denis (93)



National guidelines

- **1. Inclusion criteria:**
 - Population at « medium risk: 75% of new cases,
 - Men and women 50-74 years old
 - FOBT non re-hydrated, every 2 years
 - **Distributed by GP's, mailed in a second step**
 - Managed by a screening monitoring centre in each district
- **2. Training of the health professionals**
 - Training the trainers 2003
 - Training the GP's 2003-2004:
“at least 50% of the GP's in the area has to be trained before launching the program”
- **3. Accreditation of Reading labs**
- **4. Local (MC) and national (INVS) Evaluation**

National communication plan

LNCC



Colo-rectal Cancers

Efficacy and cost of screening related to the participation rate

Participation	Reduction in mortality	Cost Euros Actualised*	Cost E/YLS Actualised**
25%	4,7%	4703	33363
40%	7,9%	5918	25933
50%	10%	6726	23447
60%	12,1%	7533	21786
70%	14,2%	8340	20598

* Actualisation rate 5%

**Cost /one year of life saved, actualisation rate 5%

Colo-rectal screening: participation rate

48% 50%, 51% 41%, 35%

32%
27%
33%
54%

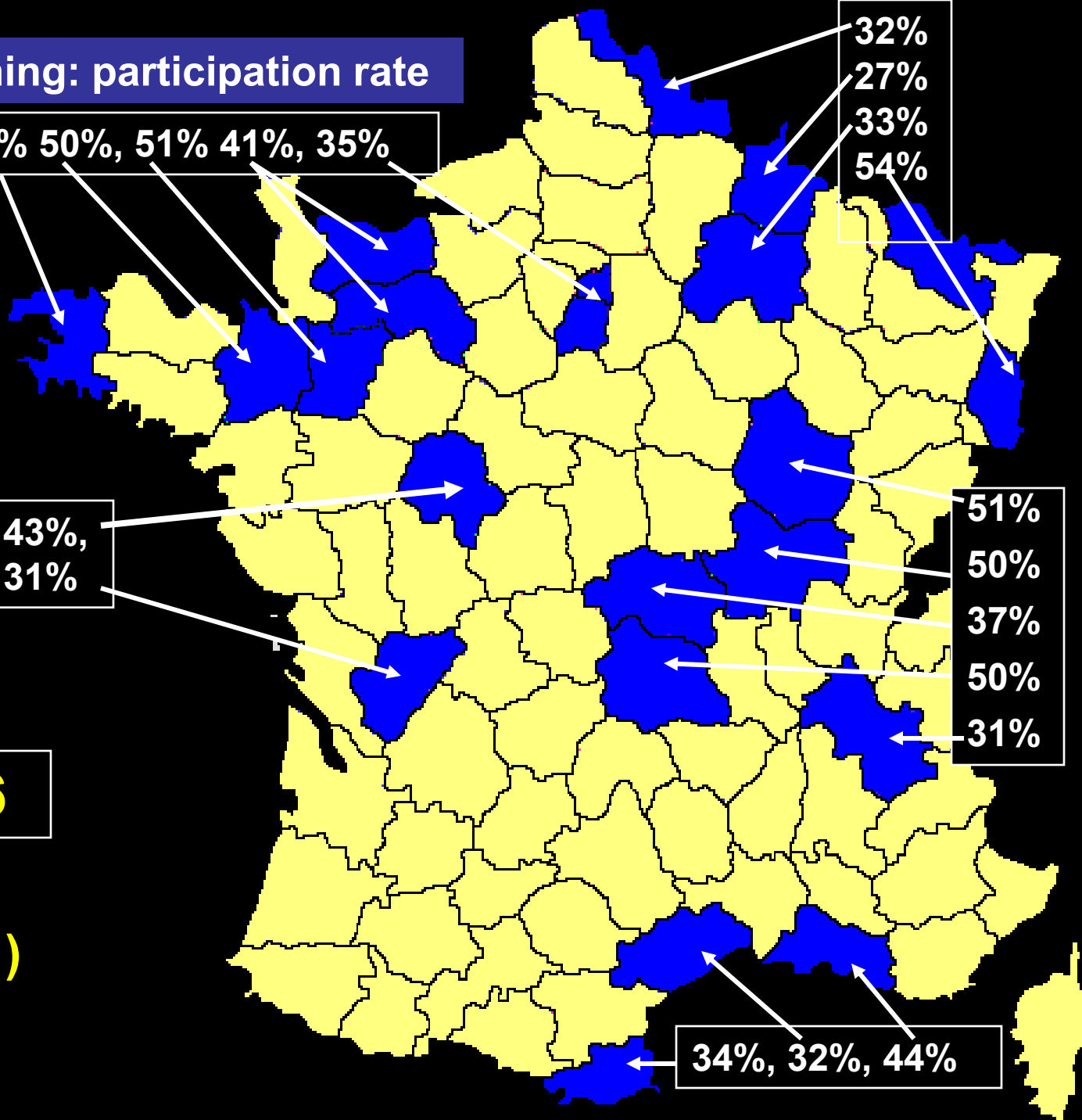
43%,
31%

51%
50%
37%
50%
31%

INVS:09/2006

**Total 42% (31-51)
(n=19)**

34%, 32%, 44%



Barriers to participation

1. Factors affecting compliance with colorectal cancer screening in France: differences between intention to participate and actual participation.

C.Herbert, G.Launois, M.Gignoux 1997 Europ. J. of Cancer Prevention 6:44-51

2. Identification of barriers to colo-rectal screening in Hérault (France) using focus group technique.

A.Stoebner, B.Pereira, Colin MO, Doye M, Baumel H, Sancho-Garnier H. 2007 In press

3. Socio-Economical factors influencing colo-rectal screening

C. Pornet 2008. Journée de la Prévention . INPES Paris April 2008

1. Differences between intention to participate and real participation in colorectal cancer screening in Calvados.

- **Objective:** To identify social, cultural and psychological characteristics influencing behavior in colo-rectal mass screening
- **Methods:** Self reported questionnaires (26 items), mailed to a random sample of 45-74 years old people living in Calvados.
1129 persons contacted, 57% returned the questionnaire, 585 could be analyzed.

The predictive variables on Intention/ realization of the test

	Adjusted Odd ratio	
	Intention	Realization
Compliance with the health insurance advice: yes/no	NS	0.53 (0.38-0.75)
Socio-demographic status* - medium + low/upper	3.99 (0.90-17.6)	0.44 (0.20-0.97)
Marital status		1
- living alone		1
- living with a partner	NS	1.31 (0.68-2.51)
- widowhood	NS	2.40 (1.06-5.41)
Knowing someone with cancer yes/no	NS	1.38 (0.98-1.94)
General knowledge on cancer - Poor / good	1.92 (1.20-3.07)	NS
Children 0/ 1-2	4.09 (2.06-8.11)	NS

Differences between intention to participate and real participation in colorectal cancer screening in Calvados.

Conclusions

Whether or not a person will perform the test cannot be predicted from their intention to do so:

“The characteristics influencing the intention differ from those to perform it”

2. Identification of barriers to colo-rectal screening in Hérault (France) using focus group technique (1)

General Objective

To identify the barriers and the possibilities to increase the participation rate in our Region

Specific objectives:

- The reactions of people vis-à-vis the mailed invitation
- To know the public opinion about the program processes (mailing, Gp's, test,...)
- The reasons of not participating they give

Identification of barriers to colo-rectal screening in Hérault (France) using focus group technique (2)

Methods

- 2 groups, of 30 persons each, aged 50-74 from 2 towns (Lodève and Béziers), were invited to participate on a voluntary basis
- The meeting (1 hour and a half) was animated by 2 specialists (public health and gastrology)
- Discussions were recorded and a questionnaire (12 items) was distributed and recollected at the end of each meetings
- Data from the records and the questionnaire were analyzed

Participation rate 83%

Variables	Modalities		
		N	%
Towns	Lodève	29	58
	Béziers	21	42
Sex	Femme	37	74
	Homme	13	26
Age (years)	median	64	
	minimal	48	
	maximal	74	
Test done	yes	23	46

Results (1)

« Reactions of people vis-à-vis the mailed invitation »

- **1st mail**

- Quickly read (1min)
- Comprehensible
- Positive items : Invitation, Free of charge

- **2nd mail**

- >1.5 min (50%): “I have to read it several times”, before understanding

Problem with the Logo



and



Tools for gardening Logo!

Results (2)

“About the program process»

- **Obligation to visit the GP**
 - To make a telephone call to have a “Rendez-vous”
 - To have time to go: 2-3 hours waiting for the consultation...
 - To take physician time unnecessarily
 - Absence of GP’s motivation or even “against”

Results (3)

About the program processes

- **Technical difficulties to perform the Test**
 - Cultural refusal
 - Irregular or slow/fast fecal transit
 - Difficulties of storage:
 - how long?
 - where?
 - hot weather? (smelling...)

Results (3)

The general reasons for not participating

- Procrastination: I will do it latter...
- Fear,
- Feeling of invulnerability :”not me”
- More important life problems (low income)
- Cost
- Lack of knowledge and understanding
- The risk are higher than the benefice

Results : 5 proposals

- **To modify the mailing**
 - More positive : it can avoid colorectal cancer death
 - Change the LOGO (medical)
 - Clarify the 2nd mailing (pictures) and add a direction for use with the possible variations
- **To better sell the screening program to GPs**
- To link the screenings (+ breast and cervix in women at least)
- **To give the choice to receive the test directly by mail from the beginning**
- **To better inform the public via medias (television++)**

Socio-Economical factors influencing colo-rectal screening

- **Objective:** To identify the socio-economic characteristics of non participants in Calvados
- **Methods:** a randomized sample of 10000 persons from the target population
Data collected from the health insurance system and national census
Multi-level analysis to combined aggregated and individual data

Socio-Economical factors influencing colo-rectal screening

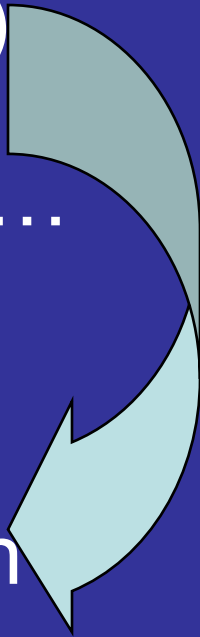
Results:

Factors influencing the non participation:

- Male
- Younger and older people
- Health insurance type
- Geographical area linked with higher insecurity (Carstairs index)

Conclusion

- **Barriers are link to different items**
 - Some of them are easy to change (mailing, targeted communication , even processes)
 - Some are not : cultural, social, economical...
- **Two actions are mandatory, at least :**
 - Ask the population to give their advices on the organization processes
 - Convince the GPs...



Population



FOBT

reading centre

results

Regional Committee

results

GP's

information and invitation

Recall at 4 months

Recall at 8 months mailing test

National Institut public health

Information and training

Monitoring centre

Indicators

DGS

Guidelines

Health Insurance list

