

**Quality Indicators of Colorectal Cancer Screening Programme
in Catalonia (Spain)**

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Keywords: colorectal cancer, quality control indicators, population screening programme

Abstract

Background: A colorectal cancer (CCR) screening programme based on faecal occult blood (FOB) test every 2 years was introduced in 2000 in Catalonia (Spain). Quality indicators (QI) were established for monitoring and evaluation of the outcomes of the screening programme.

Objective: To present the key performance indicators of the CCR screening programme.

Methods: Descriptive analysis of the main QI of the first two completed rounds in the Catalan CCR screening programme

Results: The most important results of the two screening rounds were: Participation rate: 17.2% in first round (1R) and 22.3% in second round (2R). Adherence rate was 67.4%. QI related to the screening test (FOBT): Adequate FOB test: 96.4% 1R and 95.5% 2R. Positivity rate: 3.4% 1R and 0.8% 2R. QI related to the diagnostic test (colonoscopy): Delay time between positive FOBT and colonoscopy examination: 41 days 1R and 47 days 2R. Assessment attendance: 89.8% 1R and 87.8% 2R. Complete exploration: 92.3% (both rounds together). Complications: 1% (both rounds together). Screen-detected advanced neoplasm rate: 9.3% 1R and 3.7% 2R. Positive predictive value for advanced neoplasm: 27.4% 1R and 44.7% 2R assurance of ongoing followup (explorations and treatments).

Conclusions: The guidelines for quality assessment in our CCR programme were useful to ensure the quality outcomes. Standard guidelines must be developed in order to ensure effective implementation and facilitate comparison across different countries.

The Canadian Strategy on Cancer Control: Supporting the Establishment of Organized Colorectal Cancer Screening Programs in Canada

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Abstract

Background: In 2002, a national committee on colorectal cancer (CRC) screening recommended that CRC screening should be established in Canada within an organized/structured environment. Other recommendations of the committee addressed the target age (50–74 years), screening test (FOBT), and screening interval (biennial). Acknowledging potential resource challenges, it also recommended that resources be built up over time. In Canada, the 13 provincial and territorial jurisdictions are responsible for delivery of health care services, based on multiple factors—including “best practice” recommendations.

A key supporting strategy to facilitate CRC screening program implementation across Canada has been development of The Canadian Partnership Against Cancer (CPACC). Announced in November 2006, CPACC will implement the Canadian Strategy for Cancer Control, a 5-year plan developed by cancer survivors and experts. According to Prime Minister Harper, CPACC’s “job is to make sure that the best cancer care practices in any single part of Canada are known and available to health care providers in every part of Canada.”

CPACC initiatives fall under nine Action Groups, including a Screening Action Group (SNAG). The presentation will describe the group’s mandate, objectives, planning approaches, and actions to support provinces and territories in CRC screening program planning. Projects initiated in 2007 include sponsoring a national roundtable on CRC screening; a systematic review of FOBT literature—comparing guaic-based and immunochemical tests; a baseline study of CRC screening rates across Canada; and development of a national CRC screening committee. Current progress on program implementation will also be highlighted.

Launching Ontario's Colorectal Cancer Screening Program

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Keywords: Colorectal cancer, screening, organized screening, Ontario

Abstract

Background: On January 23, 2007, the Ministry of Health and Long-Term Care (MOHLTC) in Ontario announced funding for Canada's first province-wide, population-based colorectal cancer screening program, ColonCancerCheck.

Objective: To describe the implementation of ColonCancerCheck.

Methods: Descriptive.

Results: ColonCancerCheck is being delivered by Cancer Care Ontario (CCO) and the MOHLTC. ColonCancerCheck involves: (1) biennial guaiac fecal occult blood test (gFOBT) for asymptomatic men and women over 50 years (with colonoscopy for those who test positive); and (2) colonoscopy as the initial screening test for those who are at increased risk because of a family history of more than one first-degree relative with colorectal cancer (CRC). In April 2007, Ontario hospitals (n=54) were contracted to deliver an additional 34,000 colonoscopies during Year 1. The hospitals are required to adhere to CCO's Colonoscopy Standard and to report monthly for all colonoscopies performed on: volumes, indications, wait times, and performance. CCO's gFOBT Laboratory Standard served as a basis for the laboratory contract. Fall 2007 and Spring 2008 mark the onset of the primary care provider and public campaigns, respectively. On April 1, 2008, ColonCancerCheck gFOBT kits will be launched. Eligible participants will receive a letter from ColonCancerCheck and will be recruited by their family physicians. A new Information Management/Technology system has been developed by CCO to support ColonCancerCheck.

Conclusions: Remarkable progress has been achieved during the first year of ColonCancerCheck, Canada's first province-wide CRC screening program. The method of colonoscopy allocation and reporting can serve as a model for other jurisdictions.

How to Increase the Participation Rate in Colorectal Cancer Screening in France

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Keywords: colo-rectum screening, participation, barriers and levers

Abstract

Background: In France, colorectal cancer screening has been organised since 2002 at the district level (geographic area), following a national guide. Biennial screening with FOBT is proposed for middle-risk subjects aged 50–74. The population is invited to consult their general practitioners, who are in charge of explaining and distributing the FOBT, free of charge. A full colonoscopy is proposed to people with a positive test. In the Hérault district (257,880 inhabitants in the 50–74 age group), the program has been running for 4 years, but the participation rate is far too low (32 %).

Objective: We conducted a survey to better know what the barriers for performing the test were and what the possibilities of increasing the participation of our population were.

Method: We organised two focus groups of 30 invited people aged 50–74. The discussions were recorded, and a questionnaire was distributed to the participants and collected at the end of the 1½-hour sessions. Data were extracted from the records and the questionnaires and analysed.

Results: The major concerns of the participants were as follows: the visual aspect of the invitation, which looks like an advertisement and so was thrown away (50%); the practical modalities of the guaiac test, with the three takings; and the obligation to go to the GP's consultation to get the test.

Conclusion: It's possible to modify at least two of these barriers. The use of the immunologic screening test could also decrease the practical problems in the near future.

Determining Optimal Cut-Off of Immunochemical Fecal Occult Blood Test for Population-Based Colorectal Cancer Screening With Cost-Effectiveness Analysis

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Keywords: immunochemical fecal occult test, colorectal cancer screening, cost-effectiveness analysis

Abstract

Background: As far as population-based screening is concerned, how to convert the loss resulting from false-negative cases and unnecessary false-positive cases to the relative contribution between cost and effectiveness given different cut-offs of immunochemical fecal occult blood test (iFOBT) requires economic appraisal.

Objectives: We aimed to determine the optimal cut-off of the iFOBT by using cost-effectiveness analysis.

Methods: Some 22,672 subjects aged 50 years or older were invited to have the uptake of iFOBT. The optimal cut-off was first determined by receiver operating characteristics (ROC) curve analysis. Formal economic evaluation was further applied to identifying the optimal cut-off by assessing the minimum incremental cost-effectiveness ratio (ICER).

Results: ROC curve analysis found the optimal cut-off of iFOBT was 100ng/ mL, at which the sensitivity, false positive rate, and odds affected by positive result (OAPR) were 81.5% (70.2%-89.2%), 5.7% (5.4%-6.0%), and 1.24 (1.19-1.32), respectively. The area under ROC curve was 0.87 (0.81-0.93). In economic appraisal, the optimal cut-off (the lowest ICER) was 110 ng/mL, at which an average of 0.054 life-year was gained and of 950 (\$ US) was saved.

Conclusions: We used cost-effectiveness to identify 110 ng/mL as the optimal cut-off of iFOBT in a Taiwanese population-based screening for CRC. Our model provides a useful approach for health policymakers in designing population-based screening for CRC to determine the optimal cut-off of iFOBT when cost and effectiveness need to be taken into account.

Behavior of Weak Positives in a Colorectal Cancer Screening Program

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Keywords: colorectal cancer, screening program, weak positive

Abstract

Background: The Catalan colorectal cancer screening program (CCRCSP) started in 2000, and since then two completed rounds have been carried on. A low rate of people who do not finish the screening process is a quality indicator of the program. People with a weak positive (WP) FOBT result are potential candidates to have a colorectal lesion, so it is important to ensure their complete participation in the program.

Objective: To describe the behavior of WP in the CRCSP.

Methodology: A guaiac-based fecal occult blood test (FOBT) is used as a screening test. People with an initial WP result have to repeat the test with dietary restrictions. A colonoscopy is recommended in all positive FOBT cases. We realized a descriptive analysis of the WP FOBT results (screening process in the same round and the behavior in the successive rounds).

Results: Initial WP FOBT results represent 5.8% of all participants, 29.0% of whom did not finish the screening process; 57.3% of advanced neoplasm detected in both rounds were diagnosed in persons with an initial WP FOBT result. The 92.6% of people with an initial WP result in the first round that did not finish the process participated in the second round, most of them (97.0%) with a negative FOBT.

Conclusion: Because a WP result could indicate the existence of a colorectal lesion, it is important to develop different follow-up strategies in people with these results in order to have a complete process in the screening.

Prevalence of Colorectal Screening in Canada Following National Guideline Publication

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Abstract

Background: National guidelines recommending fecal occult blood testing (FOBT) and/or sigmoidoscopy were published by the Canadian Task Force on Preventive Health Care in 2001. In 2002, national guidelines on population-based screening recommended establishment of screening programs with FOBT as the entry test.

Methods: We surveyed the available literature in Canada to determine screening rates for colorectal cancer after guideline publication but before programs were inaugurated.

Results: In 2003, a national survey (Canadian Community Health Survey) included optional questions on colorectal screening. Two out of 10 provinces and selected regions of two other provinces participated. The estimated use of FOBT within the past 2 years ranged from 4% in Newfoundland/Labrador to 14% in the other regions, with men having a somewhat higher screening prevalence than women. Independent surveys done in another province in 2004 found a screening rate of 14.3% using any acceptable method.

Conclusions: We have identified three gaps in colorectal cancer screening and control in Canada. First, the screening rates continue to be low despite publication of guidelines recommending it. Second, when these surveys were done, there were no organized screening programs in Canada, despite the national recommendations; three provinces have since announced the initiation of programs, and a national colorectal screening network has been established. Finally, there are little data available to track screening on a national basis; the Action Group recommends routine inclusion of these questions on the next CCHS cycle.

Relevance and Feasibility of a Colorectal Cancer Screening Program in Quebec

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Keywords: colorectal cancer screening, organized program, relevance and feasibility.

Abstract

Background: The Quebec National Institute of Public Health has been mandated by the Quebec Ministry of Health to assess relevance and feasibility of a colorectal cancer (CRC) screening program (SP).

Objectives: To determine whether the Quebec health system can bring together the necessary conditions to benefit from a CRC SP by addressing, a priori, all issues that emerged from RCTs and current programs.

Methods: According to the WHO criteria (Strong, 2005), several studies have been undertaken to assess: (i) the amplitude and trends of CRC incidence and mortality in Quebec, (ii) the efficacy of CRC screening and critical requirements to reduce CRC mortality, (iii) the attitudes/intentions of the target population and general practitioners (GPs) toward CRC screening, (iv) the current capacity and quality in endoscopy services, and (v) the cost-effectiveness of CRC screening integrating data previously collected.

Results: Results showed that: (i) the epidemiological situation of CRC in Quebec warrants its inclusion among the priority cancer-related issues, as in other industrialized countries; (ii) the efficacy of FOBT screening is modest and critical issues must be addressed; (iii) the great majority of the target population have the intent to be screened, if recommended by their GP; (iv) the current endoscopy capacity is largely insufficient to support a SP.

Conclusion: The insufficient endoscopic capacity has already been identified as a critical issue in Quebec and has led to concrete actions to improve health care services. Conversely, a high level of participation may be contemplated if GPs are mobilized to promote screening and are supported to follow up on abnormal FOBTs and diagnosed cancers.

Predictive Factors of Enrollment in a Colorectal Cancer Screening Program in a Southern European Population

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Keywords: colorectal cancer, mass screening, fecal occult blood test, average risk, early detection

Abstract

Objective: To assess factors associated with enrollment in a colorectal screening program (CSP) among average-risk adults in Catalonia, Spain.

Methods: We conducted a computer-assisted telephone interview in a non-urban area in Catalonia, Spain. A representative sample of the non-institutionalized population (1,006 men and 955 women) aged 50–69 years was interviewed in 2006. Study measures included sociodemographic characteristics, health-related variables, and psychosocial variables. Afterwards, we invited the entire target population to participate in the CSP. Once the first round was completed, we created a computerized record linkage between the CSP and the telephone interview survey data to identify those variables related to program enrollment. Bivariate and multivariate logistic regression analyses were performed.

Results: The overall enrollment of the average-risk individuals was 20.2%. Results from the multivariate analysis (adjusted by sex and age groups) showed that enrolling in a CSP was strongly associated with the understanding that: (1) colorectal cancer is a frequent malignancy; (2) you may not notice any symptoms in the early stages of colorectal cancer; (3) colorectal cancer can be detected before any symptoms occur; and (4) the likelihood of cure is substantially higher when colorectal cancer is diagnosed early. Moreover, women who had had regular mammograms and pap smear tests were more likely to enroll in the CSP.

Conclusion: Increasing public knowledge related to cancer prevention may be a vehicle for improving enrollment and participation in CRC screening programs. This study was partially funded by Fondo de Investigación Sanitaria (PI05/09942) and the Network for Research in Cancer.

Performance Assessment and Geographical Difference of Colorectal Cancer Screening

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Keywords: colorectal cancer screening performance assessment

Abstract

Backgrounds: Population-based screening for colorectal cancer was started in Japan in 1992. Over 6 million people are screened every year. However, population-based screening has yet to mature as an organized screening program.

Objective: Performance for colorectal cancer screening was assessed based on the National Report on Cancer Screening Programs in Japan.

Methods: Process indicators including detection rate, recall rate, and attendance at diagnostic exams were calculated for our target group of individuals between the ages of 50 to 69 years from 1992 to 2003. We assessed the performance of colorectal cancer screening using the following methods: (1) trends of performance indicators and (2) comparison of performance indicators according to prefecture.

Results: The median recall rate decreased from 7.3% to 6.6% over the examined study period. On the other hand, the median cancer detection rate gradually decreased from 0.159% to 0.143%. Although the dispersion of the recall rates for each year did not change, that of the cancer detection rates decreased. Attendance at the diagnostic exams plateaued at around 65%. Major differences existed in the quality assurance systems employed among the prefectures. Compared with the respective average for the 47 prefectures, 10 prefectures were categorized as having poor recall rates and detection rates.

Conclusions: The quality of colorectal cancer screening has not improved since the introduction of the program. However, process indicators among prefectures remain disparate. For the appropriate management of cancer screening programs, a system for assessing performance indicators and providing its feedback is required in Japan.

Phased Implementation of Colorectal Cancer Screening in Manitoba, Canada

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Keywords: colorectal cancer, fecal occult blood test, screening

Abstract

Background and Objectives: Manitoba is one of the first Canadian provinces to implement a colorectal cancer (CRC) screening program. The pilot phase began in April 2007; the goal is to determine the feasibility, acceptability, and costs of providing an organized CRC screening program.

Methods: A random sample of 20,000 people between the ages of 50 and 74 (10% of the eligible target population) will be mailed a guaiac-based fecal occult blood test kit. An additional 5,000 kits will be distributed through the provincial breast screening program. Completed kits are mailed to a central lab for processing. Participants and their doctors are notified of results by mail or telephone. Individuals with abnormal results are referred for colonoscopy, and arrangements are made by program staff in consultation with the participant's doctor. An information system is under development to support operation of the program and includes a population register, linkage to the provincial cancer registry, and management of screening invitation and results. Two surveys were performed to support planning. Endoscopists were surveyed to assess colonoscopy capacity and resources. A random telephone survey of the target population in the province was conducted to obtain self-reported CRC screening behavior.

Results and Conclusions: The poster presentation will summarize results to date of the pilot implementation and surveys. Challenges in implementation will be highlighted, including the development of information resources for the public and professionals, access to colonoscopy services, working with stakeholders, and development of the software application to support operation and evaluation of the program.

Implementation of On-Line Data Management System for Evaluation of the Colorectal Cancer Screening Program in the Czech Republic

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Keywords: colorectal neoplasms, data collection, mass screening

Abstract

Background/Purpose: Colorectal cancer is one of the most crucial health care tasks in the Czech Republic, with one of the highest incidence and mortality rates worldwide. After a series of pilot studies, an organized screening program was initiated in 2000 and opened for all individuals over 50 years of age. The screening test is biennial guaiac fecal occult blood test (FOBT) with colonoscopic followup of positive cases. Until 2006, evaluation of the screening program was based on aggregated data only.

Objective: This poster describes a new Web-based individual data management system. The system is handling data on all colonoscopy examinations performed in patients with a positive FOBT result. First results from statistical analysis are presented.

Methods: A Web-based application has been developed. Data are entered directly into the information system using individual accounts at endoscopic (screening) centers. Data collected include basic information about subjects (e.g., demography data), FOBT results, colonoscopy macroscopic findings, histological characteristics of removed adenomas, and description of screening-detected colorectal cancers.

Results: The database contains information on 5,434 subjects with colonoscopic examination performed in 2006. Data has been gathered at 156 endoscopic centers. Endoscopic polypectomy was performed in 2,070 subjects. Adenoma was confirmed in 1,599 patients, and 325 cases of colorectal cancer were detected.

Conclusion: The on-line data management system is a very useful tool in the Czech colorectal cancer screening setting. Collection of individual data allows valid description of the screening process and quality control. Further efforts are necessary to extend its coverage and implement the data validation process.

Integrated Process of Evidence-Based Decision Making and Practice: A Colorectal Cancer Screening Program in Quebec?

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Keywords: colorectal cancer screening, evidence-based decision making, organized program, relevance and feasibility

Abstract

Background: The Quebec National Institute of Public Health (QNIPH) is regularly mandated by the Quebec Ministry of Health (QMH) to conduct evaluative research on high-priority issues. Recently, the QNIPH was asked to assess the feasibility of a colorectal cancer (CRC) screening program (SP). The organizational and relational context existing between QNIPH (knowledge experts and brokers) and QMH (decision makers) offered a window of opportunity (Kingdon, 1984) to initiate an innovative approach. The purpose is to explore the advantages of an integrated process model over the traditional sequential approach of knowledge development, evidence-based decision making (EBDM), and evidence-based practice (EBP). Health professionals are involved in the activities of both the QNIPH and the QMH.

Objectives:

- To optimize the outcomes by expanding the benefits to all services evaluated during the process and by early implementation of improvements into current healthcare services.
- To identify factors that facilitated or prevented the realisation of this innovative approach.

Methods: A two-step approach was used. First, we mapped the attained operational outcomes and secondly conducted an organizational analysis using a conceptual framework, based on the theoretical articulation between the theory of archetypes (Greenwood and Hinings, 1988) and the theory of coalition (Gamson, 1969).

Results: Concrete actions were already decided or implemented while the feasibility of a CRC SP is still being studied. A range of facilitators and barriers has been identified and recommendations for each category of actors have been derived.

Conclusion: Our experience shows that an integrated process may be effective but requires certain conditions to operate. Acting on barriers and facilitators may improve operability.

Screening for Colorectal Cancer in Italy: 2006 Survey

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Keywords: colorectal cancer screening, monitoring

Abstract

Background and Objectives: The National Centre for Screening Monitoring collects every year, on behalf of the Ministry of Health, data about screening activity in Italy. We report the main results of the 2006 survey of colorectal cancer (CRC) screening programmes.

Methods: Cross-sectional survey.

Results: Sixty-four programmes, adopting immunochemical faecal occult blood test (FOBT), sigmoidoscopy (FS), or a combination of both, were ongoing. Overall, 2,106,916 subjects were invited to FOBT, and 907,306 were screened (adjusted attendance rate: 44.6%). The positivity rate of FOBT was 5.3% at first and 3.9% at repeat screening. The attendance rate to colonoscopy (TC) was 81.2% (range 38%-100%). The completion rate of TC was 89% (M: 90.4%; F: 87.3%). The detection rate (DR) for CRC was 3.1‰ and 1.3‰ at first and repeat screening, respectively; the corresponding figures for advanced adenomas (AA - adenomas \geq 10 mm or with villous component $>$ 20%, or with high-grade dysplasia) were 14.6‰ and 7.7‰. The DR of cancer and adenomas increased with age and was higher among males; 55% of cancers were at TNM stage I. The positive predictive value for CRC and AA was 6.8% and 32.1% at first and 4.0% and 23.4% at repeat screening. The seven FS programmes invited 27,990 subjects, and 7,589 (29.2%) were screened. The completion rate was 88.0%. TC referrals ranged between 6.1% and 17.8%. The overall DR of advanced neoplasia ranged from 4.9 to 7.5%.

Conclusion: The coverage of the target population reached 44% during 2006. Participation and DR are satisfactory. Some critical aspects, such as compliance with TC referral, need to be addressed.

Determinants of Participation in a Colorectal and Breast Cancer Screening Program Among Women, Catalonia (Spain)

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Keywords: colorectal cancer, breast cancer, screening program, participation

Abstract

Background: It is important to know the determinants of participation in colorectal cancer (CRCSP) and breast cancer screening programs (BCSP), especially in those countries where both SPs have been implemented in order to optimize resources and get better results.

Objective: To analyze covariables associated with participation in two rounds of CRCSP and a BCSP from a southern European city.

Methods: We selected women who were twice invited to participate in both SP between 2000 and 2005. The same database was used to obtain the target population. The studied variables were categorized as follows: round (1st or 2nd), months between CRCSP and BCSP invitations (0–1.5, 1.6–3, 4–6, 7–12; 13–24), participation in the other SP (yes or no), order of the invitation reception (first CRCSP or first BCSP), false positive experience (yes or no), and age (50–69 years).

Results: Some 18,555 and 17,007 women were invited in both SP at first and second rounds, respectively. Statistically significant determinants of CRCSP participation were: age OR=1.02 (1.01–1.03); second round OR=1.49 (1.41–1.57); and BCSP participation OR=2.69 (2.54–2.85); any increase in the time period between invitations improved attendance $p<0.000$. Determinants of BCSP participation were as follows: age OR=0.97 (0.96–0.98); second round OR=1.81 (1.72–1.89); CRCSP participation OR=2.69 (2.54–2.85); and having previously received BCSP invitation OR=1.17 (1.11–1.23); for the second round a linear association was found with time between invitations $p<0.000$.

Conclusions: Participants in one SP are more likely to participate in the other one. Time between CRCSP and BCSP invitations needs to be considered; future studies should indicate the best invitation strategy for these two SPs.

A Collaborative Approach for Reducing Morbidity and Mortality of Colorectal Cancer in Alberta through Screening

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Abstract

Colorectal cancer screening has been proven cost-effective in reducing the morbidity and mortality of colorectal cancer. However, in Canada, despite the fact that colorectal cancer screening has been recommended for individuals over the age of 50 by a number of expert groups and professional organizations, only a small proportion of people between the ages of 50 and 74 self-report regular colorectal cancer screening participation.

In March 2007, Alberta launched one of the first provincial population-based colorectal cancer screening programs in Canada. The goal of the program is to reduce morbidity and mortality of colorectal cancer in Alberta through early detection. The program targets Albertans aged 50–74 years at average risk of developing colorectal cancer. An annual fecal occult blood test (FOBT) is recommended as the primary screening test, and colonoscopy is recommended as the follow-up test for those who have positive FOBT results.

The program has been developed in partnership with the Regional Health Authorities and health care professional groups and will ensure efficient and effective delivery of colorectal cancer screening and follow-up services to the target population. It will be phased in over the next 5 years. The program will be evidence-driven and have five key components: recruitment and retention strategies; screening and clinical services; information management; quality assurance; and monitoring, evaluation, and research. This poster describes the planning process and design of the program, and highlights the key strategies for step-wise implementation.

**Addressing Patient's Preference in Colorectal Cancer Screening: The
Piedmont Regional Screening Programme**

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Keywords: colorectal cancer screening; monitoring

Abstract

Background and Objectives: The Piedmont screening programme adopted a screening strategy based on the offer of sigmoidoscopy (FS) once in the life. To take into account patients' preferences for different screening tests (a higher participation in FOBT compared with FS screening has been reported among women and older people), non-attenders to FS invitation are offered the option to perform immunochemical FOBT. Also, people aged 59 to 69 who have never been invited for FS screening are offered biennial FOBT until age 69. We present the results of the initial 3-years (2004–06) of activity in Turin.

Methods: All residents aged 58 are invited for screening with a personal letter signed by the general practitioner, with a pre-fixed appointment for an FS. Non-responders are invited to perform FOBT. The invitation letter prompts then to pick up an FOBT kit in the nearest pharmacy.

Results: Starting from 2004, some 23,340 people were invited to perform FS, and 6,482 (27.8%) attended (men: 31.1%; women: 25.1%); 1,553 non-attenders to FS had an FOBT test. As a result, the overall coverage achieved 34.4%: 36.4% among men (31.0% FS + 5.4% FOBT) and 33.1% among women (25.2% FS + 7.9% FOBT). The participation rate among people aged 59 to 69 was 29.0% (16,324/56,345) at the first screening round.

Conclusions: The strategy adopted results in an improvement of population coverage and a reduction of the gender gap determined by the lower attendance rate to FS among women.

Colorectal Cancer Screening Program in Czech Republic

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Keywords: colorectal cancer, population screening, FOBT, colonoscopy

Abstract

Background/Purpose: Czech Republic ranks with one of the highest incidence and mortality rates of colorectal cancer (CRC) worldwide, with approximately 8,000 new cases and 5,000 deaths yearly. Population CRC screening program was launched in July 2000.

Objective: The arrangement of the CRC screening program is described; its implementation, methodology, and latest results are presented.

Methods: The program is recommended to asymptomatic individuals over age 50 as part of the preventive checkup. The 2-step program consists of guaiac fecal occult blood test (gFOBT), developed by general practitioners at 2-year intervals, followed by colonoscopy in gFOBT positive subjects. Close program monitoring (representatives of medical societies, Ministry of Health, General Health Insurance Company) was developed on both central and regional levels. Evaluation is based on direct and indirect data. Since 2006, on-line data management has started.

Results: Indirect data (provided by General Health Insurance Company): in 2006, 193,986 total gFOBTs (7,037 were positive, 3.63%) and 93,064 colonoscopies with 22,572 endoscopic polypectomies (all indications) were performed.

Direct data (156 endoscopic units all over the Czech Republic, on-line data management): in 2006, in FOBT positive subjects, 5,434 colonoscopies with 2,070 endoscopic polypectomies were performed, and 1,599 adenomas and 325 cases of cancer were detected.

Conclusion: The data confirm the significance of population screening for secondary prevention of CRC in Czech Republic. The program requires continuous education and motivation of health care professionals and the public, supported by an intense media campaign.