Making Colorectal Cancer Screening Work Even Better

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VP, Prevention and Cancer Control
Outline

• Organized screening
• Making screening better
• Research
Organized Screening Program

• Defined target population
• Invitations to screen
• Timely access
• Quality assurance
• Tracking of outcomes
Organized Screening Program

• Greater protection against harms
  ➢ Over-screening
  ➢ Poor quality
  ➢ Poor follow-up
  ➢ Complications

Screening is a Process

1. Identify
2. Invite/remind
3. Assess risk
4. Screen
5. Notify of results
6. Recall/remind
7. Follow-up
Screening is a Long Game

It takes 10 years or more to plan, pilot, and implement a CRC screening program across a country.

Therefore...

Future burden of disease needs to be considered.
• Proposed strategies for CRC screening
• Country resource level: basic, limited, enhanced, maximal

Making Screening Better

- Screening test
- Participation
- Follow-up of positive test
- Colonoscopy quality
Screening Test

• Quantitative FIT
• Flexible sigmoidoscopy
• Colonoscopy
Improving Participation

- Invitation letter
- Kit mailing
- Choice of test?
Kaiser Permanente in US

- Annual FIT
- Colonoscopy available
- Invitation letter/kit (outreach)
- EMR reminders (inreach)
Uptake in cancer screening programmes

David P Weller, Julietta Patnick, Heather M McIntosh, Allen J Dietrich

Principles: Addressing the Participation Gap

• No single, universal approach
• Focus on systems (office systems, automated prompts)
• Balance: improve uptake and informed participation
Improving Colonoscopy
Follow-up of FOBT/FIT+

• Diagnostic phase is part of the screening program
• Navigate the participant
• Timed appointment
FOBT+ Colonoscopy Follow-up Within 6 Months, Ontario

![Bar chart showing the percentage of FOBT+ cases that underwent colonoscopy follow-up within 6 months for the years 2009 to 2012. The chart shows a trend of increasing percentages from 2009 to 2012.](image-url)
Every system is perfectly designed to get the results it gets.
## Screening Activity Report for Family Physicians, Ontario

<table>
<thead>
<tr>
<th>Summary</th>
<th>Breast</th>
<th>Cervical</th>
<th>Colorectal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total eligible individuals</td>
<td>21</td>
<td>23</td>
<td>40</td>
</tr>
<tr>
<td>Action Required</td>
<td>14</td>
<td>7</td>
<td>27</td>
</tr>
<tr>
<td>Abnormal screen, follow-up needed</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Overdue for screening</td>
<td>13</td>
<td>7</td>
<td>27</td>
</tr>
</tbody>
</table>
Colonoscopy Quality

- Quality indicator
  - Sufficient evidence to recommend target
- Auditable outcome
  - Insufficient to recommend target but should be monitored

Chilton A et al. NHS Cancer Screening Programmes 2010.
# Quality Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cecal Intubation Rate</td>
<td>• 95% (adequate bowel prep)</td>
</tr>
<tr>
<td></td>
<td>• 90% (overall)</td>
</tr>
<tr>
<td>Post-polypectomy bleeding</td>
<td>≤ 1 per 100 colonoscopies with polypectomy</td>
</tr>
<tr>
<td>Perforation</td>
<td>&lt; 1 per 1,000 overall</td>
</tr>
</tbody>
</table>
Auditable Outcomes

- Adenoma detection rate
- Polypectomy rate
- Bowel preparation
- Post-colonoscopy cancers
- Colonoscopy intervals

Monitor
Research and Innovation

- Cancer screening programs not designed to include research
- Need to be platforms for research

Bretthauer M. BMJ 2012;344:e2864
Thank You