

Practical implementation of colorectal cancer screening in France

J FAIVRE, Dijon, France

Implementation of colorectal cancer screening

- 1996-99 : Results of trials
- 1998 : French consensus conference on colon cancer
- 2000 :
 - Recommendations of the Advisory Committee of cancer experts
 - Decisions of the board of the French Society of Gastroenterology to support the implementation of FOBT screening
- 2001 : Inscription in the European code against cancer
- 2003 :
 - Start of pilot studies
 - EU Council recommendations
- 2006 : Decision to progressively generalise CRC screening
- 2008 : Nationwide population-based FOBT screening is a reality

Organization of colorectal cancer screening

National coordination
Technical group on CRC screening
(Health authorities and experts)



Regional technical committee



Local coordinating centre

National guidelines

- Inclusion criteria : **subjects aged 50 to 74**
FOBT every 2 years
- Exclusion criteria : **Recent digestive symptoms**
1st degree relative with index case < 65years
Personal history of CRC or adenoma
Colonoscopy during last 5 years
Severe illness

Distribution of the screening test

Standardized procedure for interpretation of tests (who must be accredited)

Data to be collected for the program evaluation

Monitoring centres

- Non profit organization
- Directed by a public health doctor assisted by a technical staff, in charge of implementing CRC and breast cancer screening
- Information of physicians and health professional in the community and in the workplace

Training of GPs

- Information of the population
- Rigorous call-recall system
- Centralization of test interpretation
- Evaluation of the screening campaign

Training of primary care physicians

- Small groups, active participation, 2 meetings
- First meeting
 - information on CRC and screening + organization of the screening campaign (45 minutes)
 - Active discussion (1 hour)
- Second meeting
 - Reminder on the planning of the screening campaign
 - Distribution of the tests and of the material for the evaluation of the campaign
 - Regular feed back
 - Role of the GP : explain and give the test, identify persons needing colonoscopy screening

Invitation strategy

Invitation letter + information brochure
+ press campaign
+ posters in GPs waiting room



GPs explain and give the FOBT
(4-6 months)



Reminder letter (after 3 months) with a questionnaire
on exclusion criteria



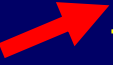

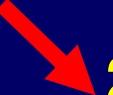
Mailing of the test to non participants
and questionnaire on exclusion criteria
+/- reminder letter

Participation according to the way of proposing the test

	Medical invitation phase tests done	Postal invitation tests done
1st campaign	85%	34%
Succeeding ones	91%	28%

Faivre J Gastroenterology 2004

Effect of acceptability on the cost per year of life saved

Participation	Mortality	Cost per year life saved
55%	18%	3 357€
 10%	22%	- 20%
 10%	13%	+ 31%
 20%	9%	+ 86%

Lejeune et al, *Int J Technol Asses Health Care*, 2004

Advice of GPs on the screening campaign

After training

76% motivated for participating

12% no highly motivated

12% skeptical about the outcome

→ 80% participated by moral obligation
for not being different from the others GPs

Main constraint

- Time spent to convince the patients
(additional 5-10 minutes to consultation)

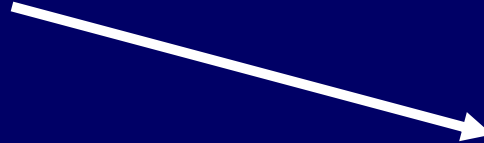
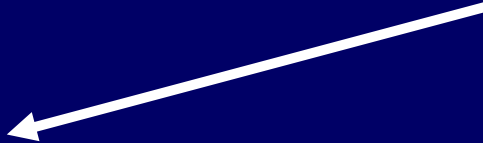
Main motivation

- Participation to a screening activity (60%)
- Valorization by their patients and health authorities (21%)

Two samples of 3 consecutive stools
No diet restrict
Prepaid envelope



Central analysis centre
(processed without rehydration)



negative test



repeat the test within 2 years
Necessity to consult the GP
in case of digestive symptom

positive test

(at least one positive field)



consult the GP



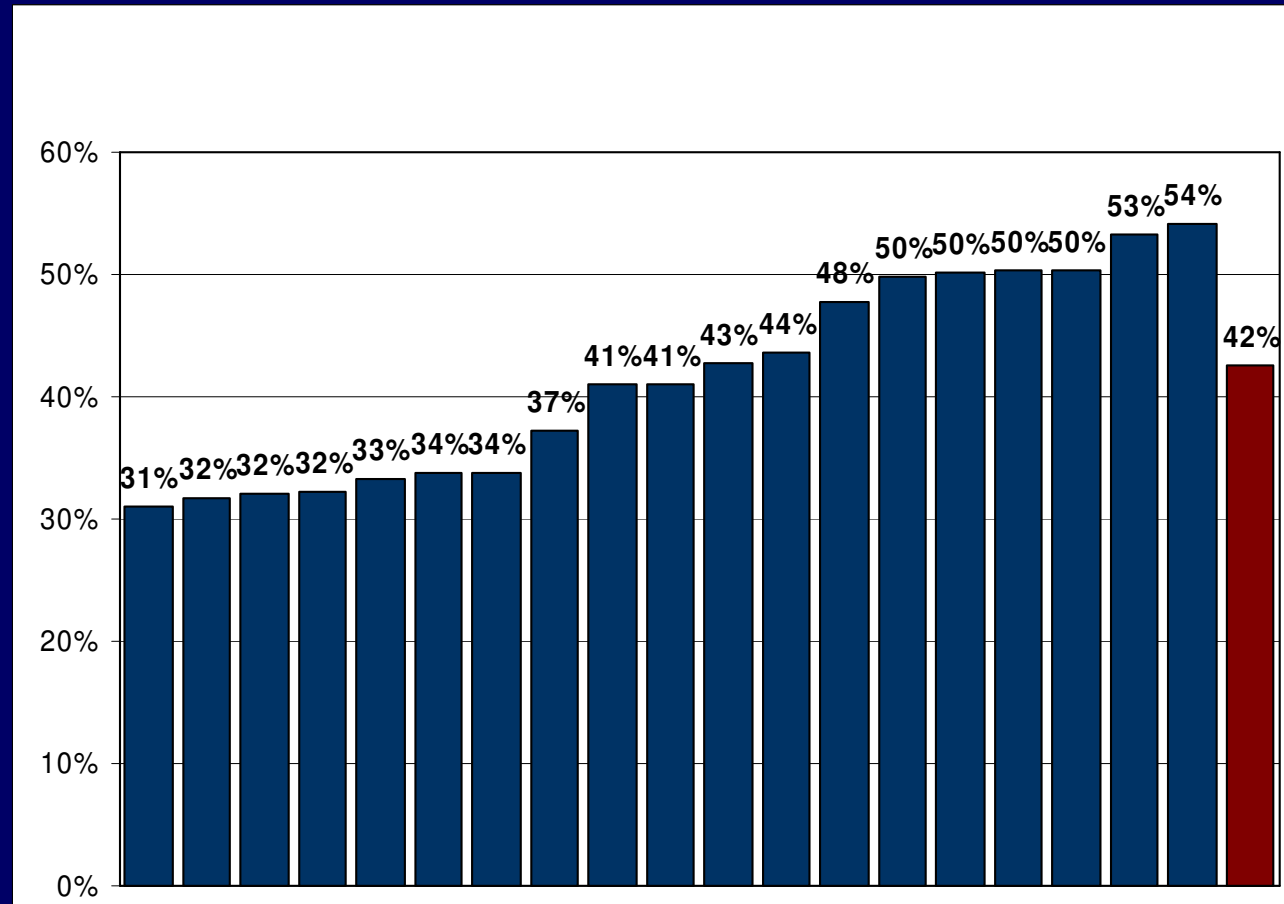
colonoscopy

Participation rates of the first round 19 districts

Target Population
50-74 :
3 917 279

Number tests :
1 120 955

Participation
rate : 42%



Results of the first screening round in France (19 districts)

- Positive rate : **2.7%**
- % colonoscopy performed : **86%**
- Detected cancers : **2.3%** (9.3% of all colonoscopies)

Tis / stage I and II : 74% of the cancers

- Detected adenomas : **7.2%** (31.1% of all colonoscopies)

For what reasons did you perform a screening test for colorectal cancer ?

- I asked my GP 21%
- It was proposed by my GP 32%
- It was proposed by a specialist 20%
- Because I received a letter inviting me to participate 24%

Reasons for non compliance

	BVA	FADO	EDIFICE 2
Not concerned	16%	14%	36%
No symptom	57%	26%	10%
I don't want to know	6%	9%	8%

Advice of patients to screening on the screening campaign

- Satisfied : **99%** Not satisfied : **1%**

- Positive aspects :
 - test easy to perform : **61%**
 - test free of charge : **34%**
 - short delay in results : **63%**
 - I was well informed : **26%**

- Negative aspects :
 - fear of the result : **38%**
 - inconvenience of faecal manipulation : **11%**
 - test too complicated : **3%**

Conclusion

- Since the end of 2008, colorectal cancer screening is offered to the French population aged 50 to 74.
- The strategy is based on biennial faecal occult blood testing.
- A structured organization with a rigorous call-recall system and quality insurance was set up in each administrative area.
- In some areas, it was possible to reproduce the results of trials, in other improvements are needed.