

# CRC Screening Overview in Canada, 2006

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## National Committee Recommendations: Background

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- Recognize that there are considerable potential benefits:
  - Possibly as many as 7700 deaths prevented over 10 years of screening
  - Potential cost per life year saved is acceptable (ca. \$12000)

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## National Committee Recommendations: Background

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- Recognize that there are some potential risks:
  - Possibly 611 perforations and 75 deaths over 10 years

**Colorectal cancer screening should be made available to Canadians. In order to ensure quality screening which maximizes benefits and minimizes potential risks, ideally screening should be within an organized and structured environment, with the following elements in place (partial list follows):**

**Element:**

**Clear, concise and understandable information for patients and physicians on the risks and benefits of screening and on the administration of the test.**

**Element:**

**Standardized protocols and procedures with a single entry test and options for follow-up.**

**Element:**

**Systematic tracking and evaluation of all screening invitations (if used), testing frequency, results (including false positive and false negative rates), follow-up, and outcomes.**

**Screening be offered to a target population of adults aged fifty to seventy-four years of age, using unhydrated Hemoccult II or equivalent as the entry test.**

**Research and evaluation of new tests for CRC screening be an on-going process.**

## **British Columbia**

### ***Current screening activity***

- 2004/05: colonoscopies=55,000 (some performed for screening purposes; suggested no more than 25%) and FOBT=450,000 (all ages).
- Sigmoidoscopy screening clinic

## Outcome

- Initial modeling to look at options; FOBT recommended as first test
- December 2003, BCMOH approved the guideline (colorectal cancer screening as an insured service)
- Protocol provides guidance for use of screening tests

## Outcome (cont.)

- Programmatic approach recommended; awaiting decision
  - patient and physician based recruitment and retention systems
  - network for the provision of FOBT
  - network of affiliated endoscopy centers and specialists; some colonoscopy screening
  - single provincial leadership structure
  - single information system integrating program activities

## Alberta

### *Current screening activity*

- From health care utilization and self-report data: fewer than 20% are screened
- 21% with positive FOBT's receive appropriate diagnostic follow-up within 12 months

### Aspects of the CRC Screening Program Proposal

- FOBT as primary screening test for most people aged 50 to 74; colonoscopy as usual recommended follow-up; some colonoscopy screening included on MD recommendation
- Stakeholders engaged; awaiting decision
- Launch in 2007
  - Phase 1: receipt of FOBT data from labs and generation of results letters, April '07
  - Phase 2: receipt of colonoscopy data & generating quality assurance reports, Sept '07

## **Manitoba**

### **Committee recommendations for screening**

- Population-based organized program has been recommended; FOBT as initial test, colonoscopy for positive results
- Pilot should be carried out to address operational issues

## **Ontario**

### ***Current screening activity***

- 6% of eligible population per year have colonic evaluation (could include FOBT)
- One region: 20% of 50-69 years reported ever having an FOBT; only 15% had had one in previous 2 years



### Initial work/studies

- Ontario launched Canada's first large colorectal cancer screening pilot project to evaluate approaches to recruitment March 1<sup>st</sup>, 2004
- June 2005: proposal submitted to ministry for phased in organized program
- Awaiting decision on programmatic elements; issues include colonoscopy capacity

### Current status (cont.)

- Family physicians practicing in rostered group practices and are enrolled in family health initiative: receive incentive payments for achieving set participation rates

## Quebec

### *Current group(s) involved*

- Institut national de santé publique du Québec (INSPQ) (National Public Health Institute of Quebec) has been brought in by the Direction nationale de la lutte au cancer et Direction de la santé publique (Ministère de la santé et des services sociaux du Québec)

### Initial work/studies

- Several studies have started collecting information already, others have been developed
- The main focuses are:
  - The health system capacity, the volume and the quality (post-endoscopy complication and mortality rates) of endoscopic exams involved in colorectal cancer screening in Quebec
  - The acceptability and its determinants of colorectal cancer screening in the target population in Québec
  - Modelling of various scenarios of colorectal cancer screening adjusted to data specific to Quebec

## Nova Scotia: Initial work/studies

- Symposium - consensus was reached that, considering limited resources and no national CRC screening plan, recommendation was that high risk screening be done in coordinated way when funding available – but wasn't made available
- Small-scale pilot project undertaken to look at public education and FOBT self-referral

## Current status

- Developing recommendations to government on method for population screening
- Aim is to have document finalized by December '06

## **New Brunswick, Newfoundland/Labrador**

Cancer control planning has led to identification of CRC screening as an issue that they would like to address

## **Saskatchewan, PEI**

- Are monitoring activities in other provinces; no active planning as yet



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