

Colorectal screening: its status in Canada

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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

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Current group(s) involved

- BC Colorectal Screening Committee - set up by BC Cancer Agency
- Committee met 2002-2004
- Focus = make recommendations on screening

Initial work/studies

- Mathematical model created - looked at FOBT, FS and colonoscopy
- Colonoscopy most effective but had highest complication rate
- FOBT recommended for screening program

Initial work/studies (cont.)

- BCMA established committee - recommended guideline for inclusion of screening in Provincial Medical Plan; guideline included FOBT screening for average risk and colonoscopy for high risk.

Outcome

- 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
 - patient and physician based recruitment and retention systems
 - network for the provision of FOBT
 - network of affiliated endoscopy centers and specialists
 - single provincial leadership structure
 - single information system integrating program activities

Current status



- BC Cancer Agency written proposal to develop screening program; intend to create programmatic framework for screening using the approved BCMOH/BCMA guideline
- Plan approved by Agency and Health Authority

Current status (cont.)

- Health Authority approves of request for funds towards first two phases of plan and towards some “programmatically elements” of provincial program
- No firm agreement on dollar amount
- Authority waiting for commitment by Ministry of Health to consider full program on completion of first two phases

Aspects of CRC screening program

- Initial development of program infrastructure and field testing of program processes/procedures at a single site (15 months)
- Roll-out to single field sites in each health region (total of five) to assess issues unique to that region (additional 12 months)
- Provincial implementation (to be determined)

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

Current screening activity (cont.)

- 30% of colonoscopies in the Calgary Health Region may be for screening
- Colonoscopy occurring outside the two large RHA's and by physicians other than gastroenterologists

Current group(s) involved

- Expert Group, chaired by the Alberta Cancer Board
- Emerging from Expert Group: Advisory Committee, Database Committee and Colorectal Interim Implementation Team
- Calgary and Edmonton endoscopy groups working with universities & regional health authorities

Initial work/studies

- For last 18 months, expert group has been determining requirements for a program
- No formal pilot study

Outcome



- Preliminary presentation to AHW Nov'05
- Expert Group encouraged to continue:
 - Cost-effectiveness using POHEM
 - Screening cascade
 - Database
- Program proposal made to AHW July'06:
blend of current recommendations &
potential colonoscopy clinics

Current status



- Waiting for feedback from AHW
- Hired a CRC screening medical lead
- Started to define data for database

Other related issues

- Funding for colonoscopy clinics being discussed by host regions; ACB may contribute start-up capital to develop core database
- Over next year: discussions with all RHA's where colonoscopy is occurring to assess capacity and roles for FOBT follow-up

Other related issues (cont.)

- Groups developing ways of increasing capacity of endoscopists e.g.
 - ancillary health personnel to assist in colonoscopy screening process
 - development of training programs for non-specialists

Aspects of the CRC Screening Program

- FOBT as primary screening test for most people aged 50 to 74; colonoscopy as usual recommended follow-up
- 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

Aspects of the CRC Screening Program (cont.)

- Planned to fund FOBT & colonoscopy through current funding routes (laboratory global funds for FOBT, and the AHC fee schedule for follow-up) as they are insured services

Saskatchewan

Initial work/studies

- No pilot studies

Current status

- No current initiative but will be reviewed regularly

Manitoba

Current screening activity

- No organized program
- FOBT - well below ideal targets

Current group(s) involved

- CancerCare Manitoba brought together stakeholders (Manitoba Colorectal Cancer Screening Program Advisory Committee)

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

Current status



- Proposal requesting funding for the pilot will be submitted to Manitoba Health (by CancerCare Manitoba); funds for next fiscal year

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

Current screening activity (cont.)

- Of the 20% aged 50-65 who have ever had any bowel investigations, most were not for screening
- In a few areas in Ontario are groups of physicians who have organized colonoscopy screening

Current group(s) involved

- Colorectal Cancer Screening Expert Panel - established by Cancer Care Ontario to develop recommendations for Ontario

Initial work/studies

- Ontario launched Canada's first large colorectal cancer screening pilot project to evaluate approaches to recruitment March 1st, 2004
- Funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC)
- Conducted jointly by Cancer Care Ontario and Institute of Clinical Evaluative Sciences

Initial work/studies (cont.)

- Distribution of kits to potential participants occurred through the usual route, with the physicians giving the patients a requisition to pick up a kit at the lab
- Targeted group: men and women, average risk, age 50+

Initial work/studies (cont.)

- Objectives
 - assess two minimally disruptive recruitment approaches using FOBT (supported usual Primary Care and Public Health strategy)
 - attitudes about FOBT screening among primary care physicians, public health units and eligible individuals
 - determine compliance with follow-up investigations

Outcome



- Recruitment improved with organized outreach and promotion, but uptake low in both arms
- Participation rates less than 10%
- 65% completed follow-up; men more so than women and also quicker

Outcome (cont.)



- Final report 1999
- Recommendations:
 - develop FOBT screening program for average-risk, ages 50-75
 - establish multi-stakeholder advisory group

Current status



- June 2005: Cancer Care Ontario submitted proposal for screening program to government
- Still under review by government; issues include colonoscopy capacity and best model

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

Other related issues

- Colonoscopy resources = key; has been estimated that additional need for this test is not beyond current trend in annual increases

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

Outcome



- Reports will start to be issued within the next few months

Current status



- Current work at INSPQ is aimed at evaluating the feasibility of a provincial screening program

New Brunswick



Current screening activity

- *Ad hoc* screening happening but no true sense of the extent of it

Current group(s) involved



- New Brunswick Cancer Network (NBCN); was set up just under a year ago

Current status



- NBCN has identified CRC screening as an issue that they would like to address

Nova Scotia

Current screening activity

- *Ad hoc* screening, extent unknown

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
- Small-scale pilot project undertaken to look at public education and FOBT self-referral

Outcome



- Recommendation from symposium did not proceed forward; no funding available from DOH
- No results from the pilot currently available

Current status



- Developing recommendations to government on method for population screening
- After decision made regarding methodology, will look at fiscal and process change implications of full program
- Aim is to have document finalized by December'06

Prince Edward Island

Current group(s) involved

- Prince Edward Island Cancer Control Strategy Advisory Committee

Initial work/studies

- Lobbying to the provincial government by the Prince Edward Island Cancer Control Strategy Advisory Committee

Current status

- No funds or timeline set
- Infrastructure and manpower to do endoscopy follow-up currently inadequate

Newfoundland and Labrador

Current screening activity

- Colonoscopy mostly
- Significant amount of gastroenterologists' practices related to CRC screening
- In many areas, surgeons and internal medicine specialists are screening using colonoscopy

Current screening activity (cont.)

- Some *ad hoc* screening done with FOBT; connected with family practitioners; not organized or population based

Current group(s) involved

- Screening Working Group of the Provincial Cancer Control Strategy

Initial work/studies



- Currently developing provincial cancer control strategy; one of working groups for strategy is focused on cancer screening

Outcome



- Screening Working Group recommends developing formal colorectal screening program (no official proposal yet)

Current status



- Recommendation for CRC screening will be presented to government as part of overall cancer control strategy (noted as a priority)