

An update on colorectal cancer screening in Canada

There is strong evidence from randomized controlled trials that screening for colorectal cancer (CRC) using the fecal occult blood test (FOBT)* reduces mortality and incidence of the disease.¹⁻⁴ National screening recommendations for CRC have been in place in Canada for the past 10 years⁵⁻⁶ and by 2010, all provinces had announced or were running organized CRC screening programs or pilot programs. This Snapshot presents results from the 2011 Canadian Cancer Survey. Initially conducted in 2009, the 2011 survey provides follow-up information on the impact that CRC screening programs and national awareness campaigns have had on Canadians' knowledge and attitudes about CRC screening.

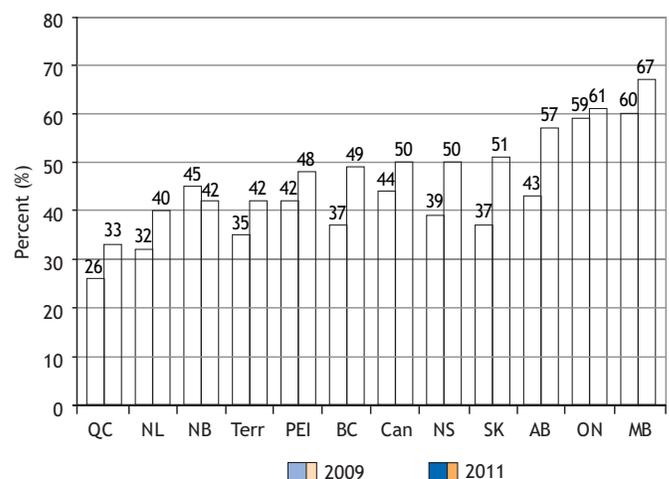
Colorectal cancer testing rates have increased in Canada

Results from the 2011 Canadian Cancer Survey show that half of Canadians aged 50 to 74 are up-to-date with their CRC screening, which is within the past two years for FOBT and past five years for colonoscopy (Figure 1). This percentage is an increase from that found in the same survey conducted in 2009, where 44% of Canadians were up-to-date, as well as other population-based surveys conducted previously.⁷ Women were more likely than men to be up-to-date with their CRC testing (53% vs. 48%) and the likelihood of being up-to-date increased with age. Among those aged 50-59, 43% were up-to-date compared to 58% of those aged 60-69 and 64% among those aged 70-74.

While self-reported testing rates for CRC have increased in Canada, rates are still lower than those for other types of

cancer. For example, in 2008, 72% of women aged 50 to 69 reported being up-to-date for routine screening mammography, and 79% of women aged 18 to 69 reported up-to-date cervical cancer screening.⁸ This is

Figure 1: Canadians aged 50-74 reporting FOBT in the past two years and/or sigmoidoscopy/colonoscopy in the past five years by province/territories, Canada 2009 and 2011.



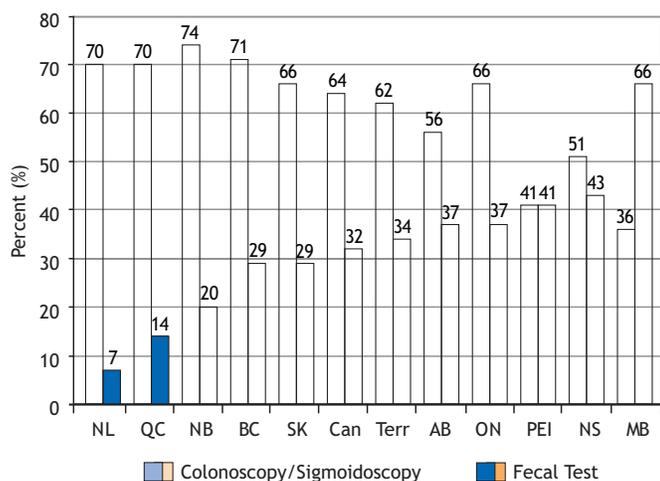
Note: The recommended screening time interval is 5 years for sigmoidoscopy and 10 years for colonoscopy. Since the survey data does not distinguish between the two modalities, the 5-year time frame was used for both.

* Randomized controlled trials have investigated annual and biennial screening with the guaiac fecal occult blood test (gFOBT).

The Colon Cancer Screening in Canada survey polled 4,050 Canadians aged 45 to 74 on their understanding and attitudes towards getting checked for colon cancer. Conducted in September 2011 by Ipsos Reid on behalf of the Canadian Partnership Against Cancer (CPAC), the survey builds on results from a related survey conducted in 2009. The survey used a combination of telephone and online methodologies. The margin of error for sampling variability was +/- 1.5 percentage points, 19 times out of 20. Data were weighted to ensure that the sample's regional and age/sex/education composition reflects that of the actual Canadian population according to Census data.

FOBT is used as an inclusive term to include both guaiac tests and fecal immunochemical tests, also called FIT.

Figure 2: The type of test mentioned among Canadians aged 50-74 who indicated they had a test done to check for CRC.



Note: Percentages do not equal to 100 as participants may have reported more than one test, that they did not know which test they had, or they mentioned other tests.

not surprising however, as screening guidelines for CRC have been in place for a much shorter time period than those for cervical and breast cancer.

There was considerable variation across provinces in the percentage of Canadians who were up-to-date on their CRC testing, ranging from 33% in Quebec to 67% in Manitoba in 2011 (Figure 1). From 2009 to 2011, Alberta, Saskatchewan, British Columbia and Nova Scotia showed the greatest increase in uptake with the percentage of those being up-to-date increasing by more than 10 percentage points.

Testing rates are, to some extent, related to the geographic reach of screening programs in each province. Ontario and Manitoba, who were the first provinces to launch CRC screening programs in 2007, have achieved programs with screening available for 80-100% of its population.⁸

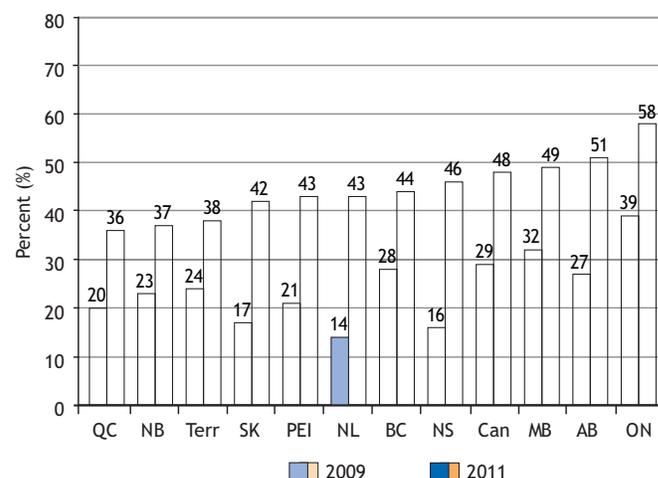
Which test is commonly used to check for CRC?

The Canadian guidelines recommend biennial screening using FOBT, with colonoscopy recommended as follow-up for an abnormal FOBT result,⁵ and this is the approach employed by organized CRC screening programs across the country for people of average risk. The survey showed that colonoscopy was by far the most common test taken among those who indicated they had a test done to check for CRC, mentioned more than twice as often in several provinces (Figure 2). Manitoba was the only province where fecal testing was mentioned more frequently than endoscopy to check for CRC.

How many Canadians are having conversations?

In 2011, almost half (48%) of Canadians aged 50 to 74 recall having a conversation with a physician about CRC screening, an increase from 29% in 2009. From 2009 to

Figure 3: Canadians aged 50-74 reporting ever discussing getting screened for colorectal cancer with a physician by province/territories, Canada, 2009 and 2011.



2011, there was an increase in all provinces and territories in the percentage of Canadians discussing CRC screening with their physician (Figure 3). In 2011, those in Ontario were most likely to have had such conversations, while those in Quebec and New Brunswick were least likely to have done so.

The survey showed that when a discussion with a physician takes place, CRC screening was recommended nearly 9 times out of 10. This underscores the value of conversations with a health care provider in getting Canadians to start thinking about CRC screening and motivating them to get screened. The survey showed however, that only a minority of Canadians (32%) reported that their physician initiated a conversation about CRC screening (Figure 4).

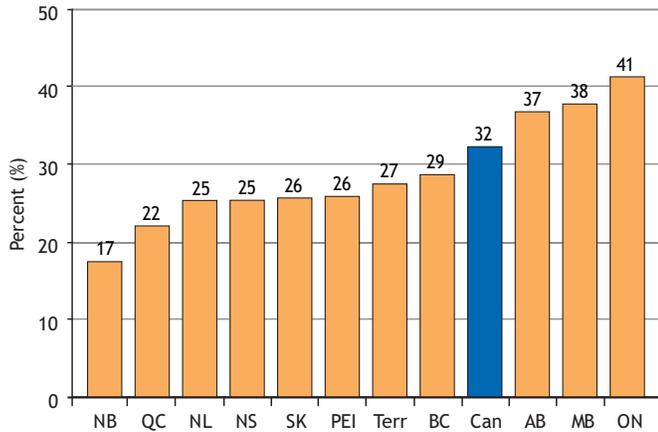
The percentage of Canadians who said their physician initiated a conversation about CRC screening showed much variation across provinces with the percentage lowest in New Brunswick and Quebec, the same provinces where screening rates are also low (Figure 4).

Reasons for not getting screened

Similar to 2009, the 2011 survey showed that, among Canadians not screened for CRC, the most common reasons for not having been screened were a perceived lack of need (in the absence of symptoms) and not having been told by a physician to get screened (Figure 5). Only a small percentage of Canadians mentioned fear as a barrier. The mistaken belief that screening is linked to symptoms can be easily addressed through conversations that educate Canadians on the meaning and importance of CRC screening.

Colonoscopy can be considered for individuals at above-average risk for CRC.⁶

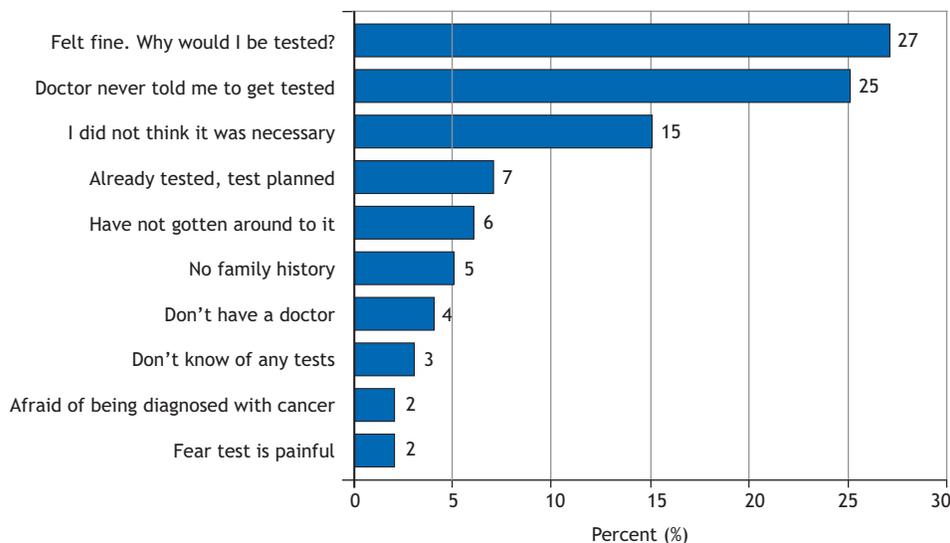
Figure 4: Percent of Canadians aged 50-74 who reported that their physician initiated a conversation about CRC screening.



The “Colonversation” campaign

To support education efforts about CRC screening, the Canadian Partnership Against Cancer’s National Colorectal Cancer Screening Network (NCCSN)* launched Colonversation.ca in 2010, an online information resource for the general public to learn more about the importance of screening and encourage potentially life-saving conversations. The website includes instructional videos on doing a fecal test at home and how colonoscopy works, clear guidelines about who should get screened and when, tips on starting the conversation on CRC screening and how to stay colon healthy. Health care providers can recommend the website to patients who may want more information than could be provided during a typical office visit. Please visit the Colonversation site at www.colonversation.ca.

Figure 5: Reasons for not having been screened among Canadians aged 50-74 reporting never being screened for CRC, Canada 2011.



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The goal of organized screening is to increase access to high-quality colorectal cancer (CRC) screening to eligible Canadians, thereby reducing mortality from the disease. To support this goal, the Canadian Partnership Against Cancer (CPAC) and the National Colorectal Cancer Screening Network (NCCSN)* supported work to develop quality determinants and quality indicators for CRC screening programs in 2009. In 2011, preliminary results were shared across provincial and territorial programs. This initial report included early stage results on programmatic participation rates, positivity, follow-up colonoscopy uptake, positive predictive value, wait time

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to colonoscopy, wait time to diagnosis and complications. Results from a second report, completed for analysis in 2012, include several additional quality indicators. It is anticipated that a national report for publication will be completed in 2013. A uniform way of reporting on program status allows for meaningful comparisons on performance across jurisdictions and internationally, and is the first step in the process of building the evidence base for future decisions and quality improvement.

*The NCCSN was established in 2007 and is comprised of provincial and territorial CRC screening program representatives and key stakeholders that engage in collaborative discussions, projects and information-sharing.

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CRC testing rates have increased nationally, speaking to the success that screening programs and awareness campaigns have had in reaching eligible Canadians

Discussion with a health care provider about CRC screening almost always leads to a recommendation to be screened, underscoring the value of conversations in getting Canadians to start thinking about CRC screening.

The percentage of Canadians reporting that their physician initiated a discussion about CRC screening is low initiating a discussion about CRC screening can help increase screening rates

The most common barrier to screening the belief that screening is linked to symptoms can be addressed in conversations that educate Canadians on the meaning and importance of CRC screening.

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