

## Colon Cancer Prevention Program

By Dr. Bernard Badley, Medical Director, *Cancer Care Nova Scotia's* Colon Cancer Prevention Program

### We've started!

It has been one year since

*Cancer Care Nova Scotia's*

Colon Cancer Prevention

Program was launched in

Guysborough Antigonish

Strait Health Authority, South

Shore Health and Cape Breton

District Health Authority.

We are now expanding the

program across the province.

### The First Year

While it is too early for complete data, participation rates in the program are encouraging – and rising. In the districts where the program is operational, the participation rate is close to the initial target of 30%. But in order for the program to have its desired effect in reducing the number of deaths from colon cancer, it is essential that this participation rate increases.

To understand what we should do to increase participation, we sent a questionnaire to individuals who had not returned the completed screening test within 12 weeks; 30% of respondents said they had planned to participate in the program but never got around to it. Therefore, we will begin sending reminder letters to individuals who do not return a completed test kit.

Because it takes 24 months for all individuals in a region to be invited to participate we did not mount initial large scale media campaigns. Now that more than half of eligible individuals in the early adopter districts have received invitations to participate, we have begun targeted advertising.

Media advertising and a reminder process are undoubtedly effective in increasing participation rates for cancer screening programs. However, it has been clearly shown that the highest participation rates are achieved in a program that has two components: a direct approach to potential participants, as is the case in our program, and strong endorsement and support by family physicians.

*I cannot over-emphasize the vital role that family physicians and other primary care providers play in encouraging patients to participate in this proven effective screening activity.*

### Survey results of program participants and non-participants

Survey results of participants indicate that:

- 60% of respondents took part because they saw it as part of a healthy lifestyle;
- a fear of cancer was the second most common reason cited;
- people like the idea of receiving the test at home; and
- they also like the fact that this test – the FIT (fecal immunochemical test) – does not impose dietary restrictions.

Of the non-participants who responded to the survey:

- some said they were already being screened or had colon cancer.
- most people, however, said it had simply slipped their mind.

Both groups regarded the program as an effective use of health system resources.

**“Colon cancer screening is an excellent idea. It is good to be able to do this test at home in private when convenient. Then, if necessary, doctors and hospitals can do their part.”**

*Participant*

**“I previously had a similar test that required not eating red meat....I found this test much easier. Thank you!”**

*Participant*

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## The Early Results

Nova Scotia is the first province to use the FIT, but other provinces are following suit. So far, our rate of positive (abnormal) tests is between 6 and 7%. Although this is higher than our initial estimate, evidence indicates that this is an optimal level for the initial round of a screening program and these results are comparable to those of other programs who use the FIT.

Both participants and family physicians speak positively about the screening process:

**“There is no waiting for an appointment, and you don’t have to lose time from work.”**

*Participant*

**“Patients seem to understand the importance of a screening program and they like the fact that they don’t need to leave home to do it – everything comes right to their front door.”**

*Dr. Tim Woodford,  
Family Physician, Liverpool, NS*

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## If the test is abnormal, what is colonoscopy likely to find?

Experience from screening programs in other countries suggests that if a fecal occult blood test is abnormal, it is likely that no polyp or cancer will be found in approximately half of the cases. Around 30% will have one or more ‘advanced’ adenomas, low grade adenomas will be found in 10% and a further 10% will have a malignancy. Initial findings suggest that this will be the case in Nova Scotia.

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## Are there problems with the test kit?

All FIT samples are sent by prepaid post in a Canada Post-approved biohazard envelope to a central laboratory. Unfortunately, almost 8% of tests cannot be processed due to inadequate accompanying data or inappropriate application of the stool sample. While this isn’t different from the experience of other programs, this “inadequate” rate is too high.

We are changing the kit design and patient information materials in order to improve compliance with appropriate collection methods and mailing deadlines.

Despite these challenges, there is no doubt that the FIT is an eminently suitable method for screening Nova Scotians in their own home. All of the participants contacted, who had done the test, said they would do it again and would recommend that their friends complete the test when invited.

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## Success of the District Screening Nurse concept

Each participating health authority has appointed one or more District Screening Nurses (DSN) – experienced nurses who are familiar with all aspects of preparations and procedures involved in colonoscopy. Each individual who completes the FIT is mailed the result (both normal and abnormal), and a copy is sent to the family physician. The DSN is notified of all individuals in their district who have had abnormal results. The DSN meets with each of these patients to conduct a basic health assessment, and to provide information about the risks and benefits of colonoscopy. If the individual is considered fit for the procedure and agrees to have a colonoscopy, the DSN books it. An individual whose fitness is questioned is referred to one of the credentialed colonoscopists for further assessment.

Family physicians receive the results of the colonoscopy and are also informed of cases in which a participant either chooses not to have a colonoscopy or the colonoscopist determines that the individual is not appropriate for the procedure.

This unique approach has a number of benefits: it provides effective communication, ensures truly informed consent, enhances system efficiencies and reduces wait times. Feedback from the staff at the three participating districts indicates that the approach is working well.

**“People arriving for their colonoscopy are confident and well prepared as a result of their appointment with the District Screening Nurse.”**

*Endoscopy Unit Nurse*

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## How efficiently is the system working?

On average, participants with an abnormal FIT result are notified within two weeks of completing their test. They then meet with a DSN and have their colonoscopy completed within eight weeks of the abnormal FIT result. This is in line with the target for follow-up set by the Canadian Association of Gastroenterology.

Participants feel the response time in getting their results, meeting with a DSN, and having their colonoscopy is acceptable.

**“My test was abnormal. The test results were back quickly and I had my colonoscopy very quickly too.”**

*Participant*

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## Credentialed colonoscopists

Individuals with an abnormal FIT are recommended to have a colonoscopy – a procedure not without hazard. To reduce risk to those who require colonoscopy, all procedures within the program are performed by colonoscopists credentialed by the program. To meet the program's credentialing criteria, the colonoscopist must have appropriate training and/or experience, must perform at least 200 colonoscopies annually and must agree to use the program's own computer-based reporting system to submit performance data that measures quality – not only on procedures completed for the screening program but for all colonoscopies they perform. This allows the program to compare the quality of an individual's performance with that of their peers and to provide confidential feedback.

**“There is a tremendous advantage – both to patients and to the health system – in using only credentialed colonoscopists in the program. The more experience someone has, the higher the likelihood that they are going to examine the entire colon effectively and efficiently, identify subtle changes, and perform polypectomy safely.”**

*Dr. Robert Sers, General Surgeon,  
Guysborough Antigonish Strait  
Health Authority*

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## Common Questions

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### What is the implementation schedule?

The program was launched in March 2009 in South Shore Health, Guysborough Antigonish Strait Health Authority, and Cape Breton District Health Authority.

To date, approximately one-half of eligible individuals in these districts have received test kits.

**Spring 2010** – To be launched in South West Health, followed by Colchester East Hants Health Authority.

**Spring 2011** – The program will be available province-wide.

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### Who is invited to participate in the program?

Nova Scotians who are registered with MSI and are:

- between 50 and 74 years, and
- living in a health district that has adopted the program.

The kits are only available through the program. Sample collection cards are labelled with the personal information required by the laboratory, making participation easier. There have been instances where family members have shared their test with others – this is unacceptable. Only the invited individual can complete the test. Nova Scotians within the target age range who have not yet received a kit will be sent one when the program is implemented in their district and according to the invitation schedule.

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### When will people be invited to participate?

Distribution of invitations and test kits will depend on the patient's month and year of birth. If born:

- in an **even year** (e.g. in 1946) they will receive their invitation in an even year (e.g. 2010) shortly after their birthday;
- in an **odd year** (e.g. in 1947) they will receive their invitation in an odd year (e.g. 2011) shortly after their birthday.

This staggered implementation method means that one member of a family may get his/her testing kit several months before others in the same household.

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### Why are Nova Scotians 75 years and older not invited to participate?

People over the age of 75 are **not** excluded from efforts to diagnose colon cancer. Anyone with a new onset of persistent abdominal pain, a change in bowel habit or, particularly, blood mixed with the stool should seek medical attention. Similarly, people above the age of 75 who are in an increased risk group require individualized follow-up and attention.

Routine screening, however, is a different matter. The efficacy of population-based screening for colon cancer has been validated by research studies on people in the 50-74 year age group. The risk of developing colon cancer in asymptomatic people over aged 74 who have had previous negative (normal) results from routine screening (by stool testing or colonoscopy) is minimal.

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### Should people 'opt out' of the program?

It is reasonable for patients to opt out if they are already being followed in a surveillance program after being identified as having an increased risk of developing colon cancer (personal or close family history of colon cancer or polyps, inflammatory colitis for more than 10 years, previous adenomas or colorectal cancer).

However, patients have the right to opt out of the program for any reason, but before doing so, they should know:

- Colon cancer is the second leading cause of cancer death in Nova Scotia.
- 80% of individuals diagnosed with colon cancer have no family history of colon cancer and no other identifiable risk factors.
- Colon cancer screening has been clearly shown to reduce the chance of dying from this cancer.

*Cancer Care Nova Scotia* is a program of the Department of Health. Its mandate is to evaluate, coordinate and strengthen the cancer system in Nova Scotia.

*Cancer Care Nova Scotia* works with and supports professionals and stakeholders in the health care system to bring about patient-centred change. Its ultimate goal is to reduce the burden of cancer on individuals, families, communities and the health care system.

*In Practice* is a supplement to *Cancer Care Nova Scotia's* newsletter. It is written specifically for primary care practitioners with information that we hope will make a difference in your cancer practice.

Please contact Christine Smith, Communications Manager, *Cancer Care Nova Scotia*, by phone at 902-473-2932 or by email at [christine.smith@ccns.nshealth.ca](mailto:christine.smith@ccns.nshealth.ca) with comments or suggestions for future topics.



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## To whom should I be paying special attention?

Patients who are at increased risk include those with close relatives who have had adenomas or colon cancer, plus patients with extensive inflammatory colitis (both U.C. and Crohn's) for more than 10 years.

Subjects at very high risk include family members of patients with FAP (familial adenomatous polyposis). These people require special management since affected members have a 100% chance of developing colon cancer at an early age. The possibility of Lynch syndrome (HNPCC) should be strongly considered if there is a history of colon or rectal cancer in two or more family members, if it occurred in two or more generations, and if one case of colon cancer developed before age 50. Such families should receive genetic evaluation.

*See the enclosed protocol for details.*

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## “Please talk with your patients about this program. This will save a lot of lives.”

*Dr. Robert Sers, General Surgeon,  
Guysborough Antigonish Strait  
Health Authority*

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## When does *Cancer Care Nova Scotia* step out of the picture?

*Cancer Care Nova Scotia* will continue to contact eligible residents who have had normal (negative) tests in previous years and will also contact those who have recently reached the age of 50. However, once an individual has been identified as having colon cancer or adenomatous polyp(s) the burden of subsequent care falls to family physicians, other primary care providers and colon cancer specialists in the local health districts. *Cancer Care Nova Scotia's* role is limited to setting up and administering a program that invites and encourages Nova Scotians to participate in colon cancer screening. ***Our role is not to assume clinical responsibility for those who are identified by the program.***

**“I had a colonoscopy done and had a large polyp removed. Participating in the program turned out to be good for me.”**

*Participant*

**“I think this program is excellent. I have a friend who had absolutely no symptoms, had the screening test, and was diagnosed with colon cancer.”**

*Participant.*

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## What roles do family physicians and other primary care providers play?

- While the program is being phased-in, you should continue to provide an FOBT to any patient who is appropriate for screening and is not yet part of the program, and seek out those who require special attention.
- You can answer questions from patients about colon cancer, the FIT, about individual test results, and even why they have not yet received a test in the mail.
- Once the program is available in your district, ***you play an important role in supporting and encouraging your patients to participate and in facilitating appropriate screening for your patients who are at increased risk.***

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## For more information

Contact us at [info@ccns.nshealth.ca](mailto:info@ccns.nshealth.ca), call toll-free 1-866-599-2267, or visit the CCNS website at [www.cancercare.ns.ca](http://www.cancercare.ns.ca)