Impact of organization of colorectal cancer screening: results of the EDIFICE survey

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OBJECTIVES

The EDIFICE survey aimed to better understand the French population's adherence to the French National Comprehensive Colorectal Cancer Screening and to screen subjects aged 50 to 74 years for the four commonest cancerous breast, colorectal, prostate and lung cancers.

INTRODUCTION

The interest of screening for colorectal cancer led the USPSTF (U.S. Preventive Services Task Force) to rate this intervention “A” (strongly recommended). In 1996, French National Cancer Control Committee recommended a mass colorectal cancer screening (CS) using Hemoccult®, a Fecal Occult Blood Test. Not used for mass screening, colonoscopy is recommended by the French National Institute of Health and Medical Care, OMS and the French National Health Authority. The French National Institute of Health and Medical Care (INSERM) issued a recommendation for screening by colonoscopy in at-risk subjects in February 2006, and while screening is not yet organized in the 76 remaining metropolitan departments.

METHODS

EDIFICE, the first national observational survey of CS in France, was carried out from January 18th to February 2nd, 2005 among a representative sample of 1504 subjects aged between 50 to 74 years, and a representative sample of 600 general practitioners (GPs). The information collected about participating patients included socio-demographic characteristics (sex, age, residence, community size), behaviour regarding CS, attitude to personal health care and lifestyle during the past year (smoking and alcohol consumption), perceptions about CS, medical practices regarding CS (especially perceptions about screening methods, level of screening counselling, screening tests recommended), as well as perceived obstacles to screening and patient’s expectations about CS according to GPs. Data analysis was essentially descriptive.

RESULTS

In organized pilot departments (ODs), the rate of subjects reporting at least one colorectal test was 24% versus 20% in unorganized departments (UDs) (OR=1.20, CI95%:1.04-1.39; p<0.01) (Table 1).

In ODs, the rate of screening based on colorectal cancer alone was significantly lower than the observed rate in UDs: 26% versus 68% respectively (p<0.01) (Fig. 4).

Concluding factors for subjects who not performed CS were fear of the test (OR=0.69; CI95%:0.46-0.92) and age between 50-54 years (OR=0.40; CI95%:0.20-0.80).

In ODs, factors increasing the probability of screening were: feeling concerned (OR=3.167; CI95%:2.487-6.158), and higher academic education (OR=2.288; CI95%:1.10-4.27) (Table 2).

The proportions of GPs who systematically recommended CS for subjects aged 50 to 74 years were 48% in ODs, 20% in UDs for first-wave and second-wave ODs, and for UDs, respectively (Fig. 5).

Deciding factors for subjects who not performed CS were fear of the test (OR=0.69; CI95%:0.46-0.92) and age between 50-54 years (OR=0.40; CI95%:0.20-0.80).

Factors increasing the probability of subjects being screened for colorectal cancer were: living in one of the 22 ODs (OR=1.03; CI95%:1.02-1.05), feeling concerned (OR=1.37; CI95%:1.75-5.72), and higher academic education (OR=1.31; CI95%:1.19-4.76) (Table 3).

CONCLUSION

The main results of this survey, which compared data in the same time frame and in a single country, are the following:

− In France, colorectal cancer screening currently concerns only 26% of subjects aged 50 to 74 years,
− Organized programs for colorectal cancer positively impact screening outcomes (enhanced screening rate, reduced use of colono-grams, increased GPs recommendation rates).

Table 1: Main characteristics of the CS participating patients

Table 2: Main characteristics of the CS participating GPs

Table 3: Factors influencing colorectal screening rate

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Fig. 1: Rate of colorectal cancer screening among the patients, and rate of recommendation of cancer screening by the GPs

Fig. 2: Impact of organization of colorectal cancer screening: results of the EDIFICE survey