
Integrating CRC Screening into health care in Australia

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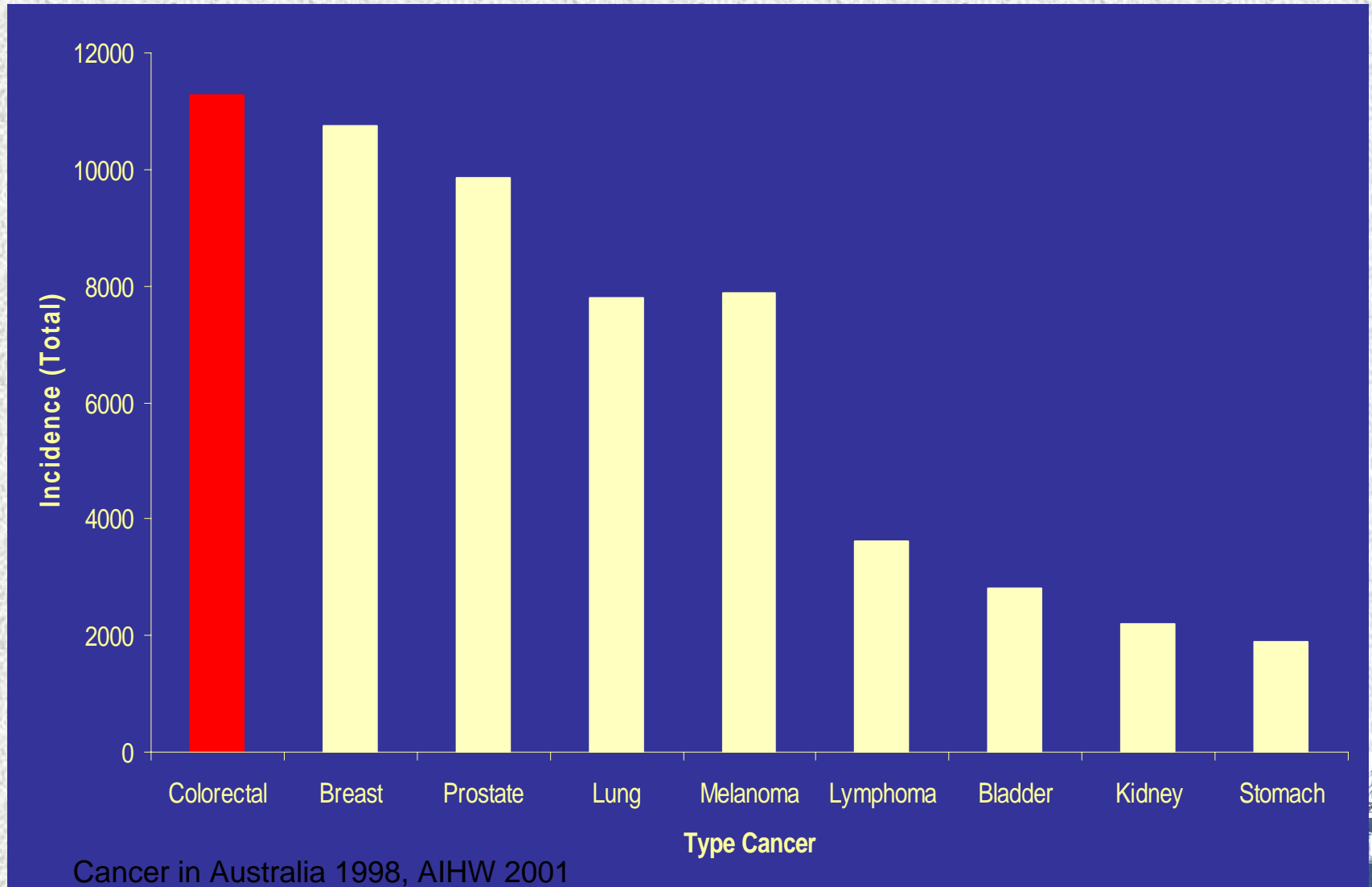




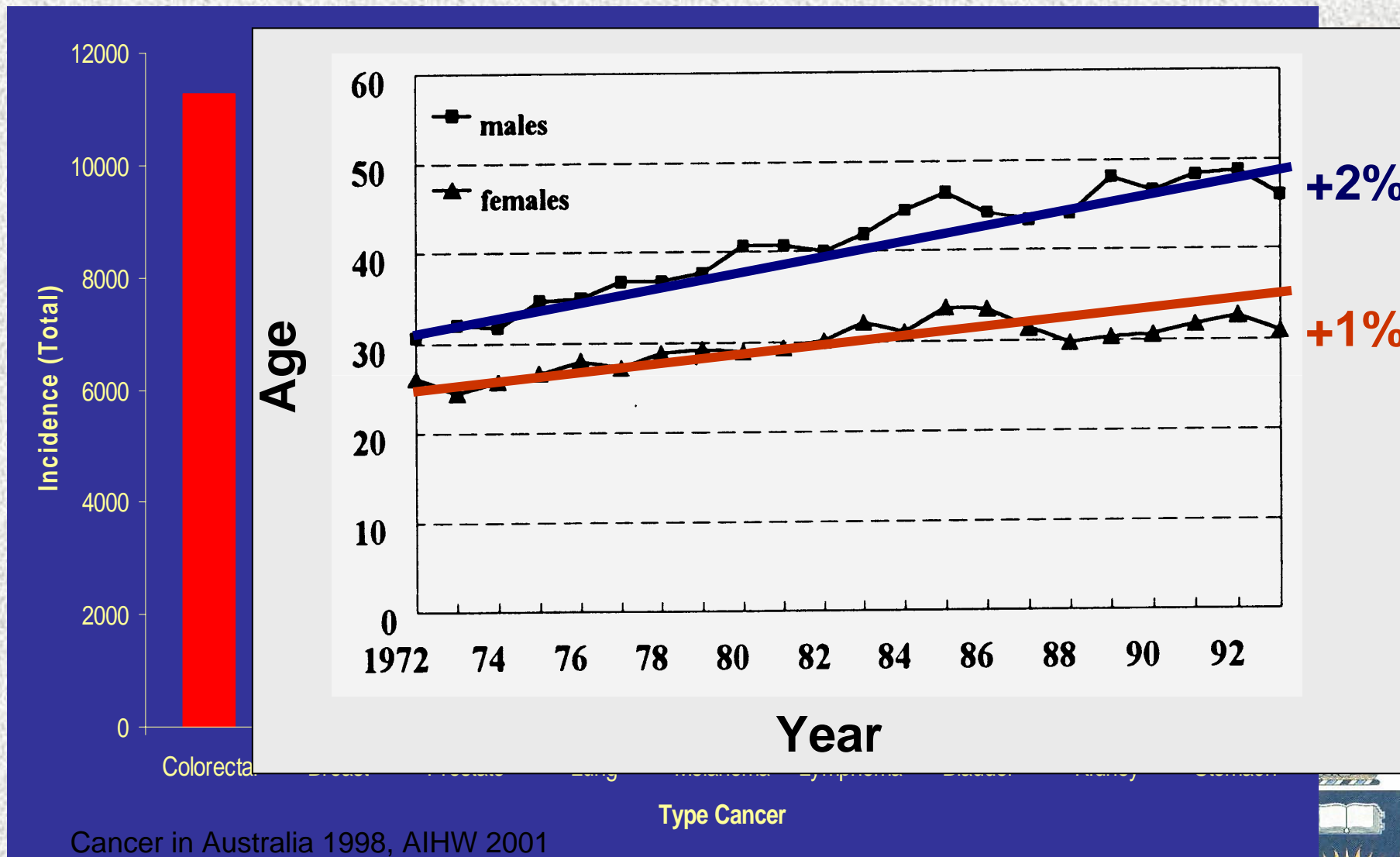
**There'd have to be a
really good reason for
the Australian Government
to ask people to do this ...
... and there is.**



Incidence of CRC in Australia, 1998



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Perspectives when screening

Personal:

- Minimise morbidity and/or avoid death
 - Issues: duty of care, individual choice, do what is best (cost is less important)

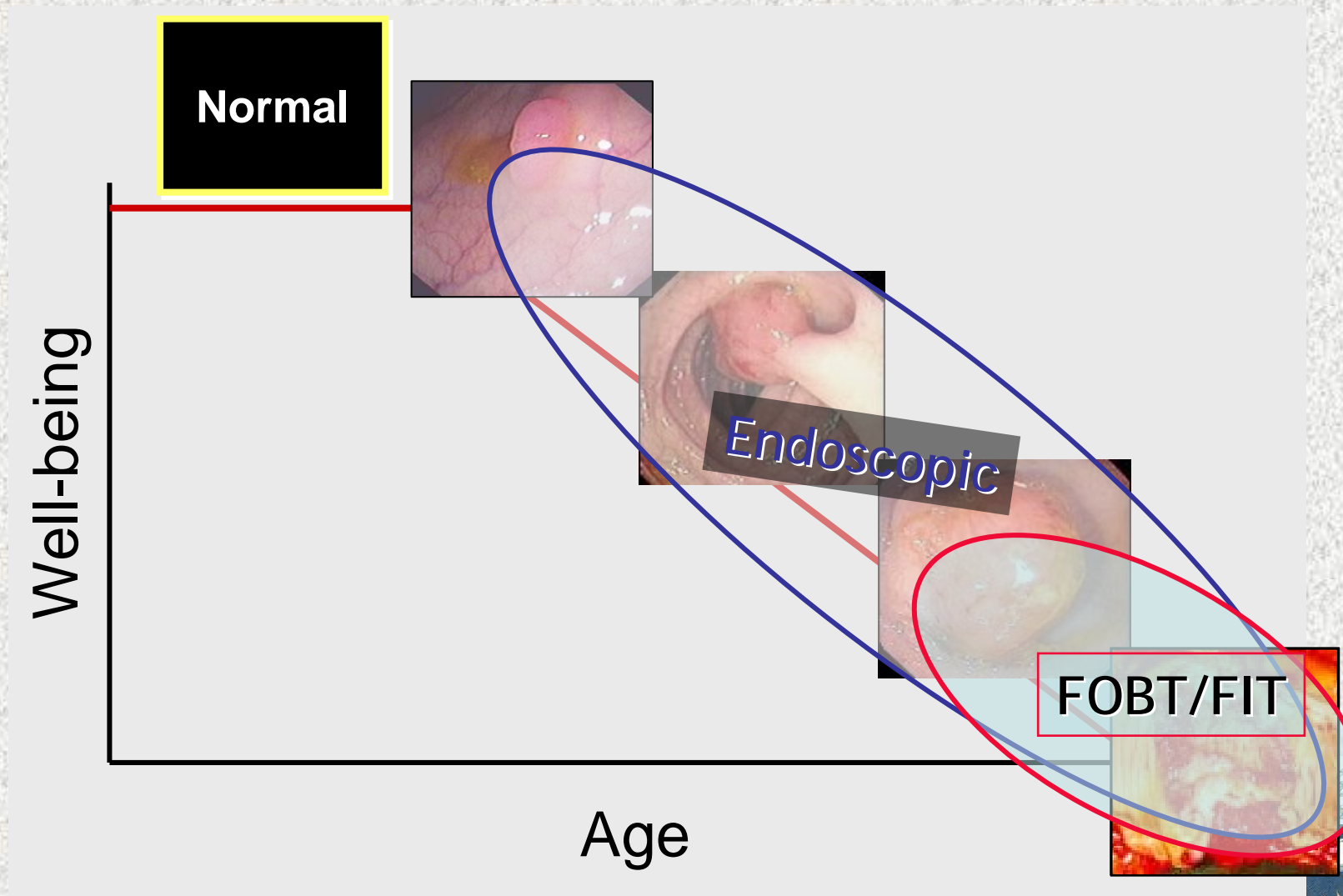
Population:

- Implement a process that reduces the burden to the community
 - Issues: cost, acceptability to majority, risks.

To have population impact, doing anything is better than nothing.



Screening targets

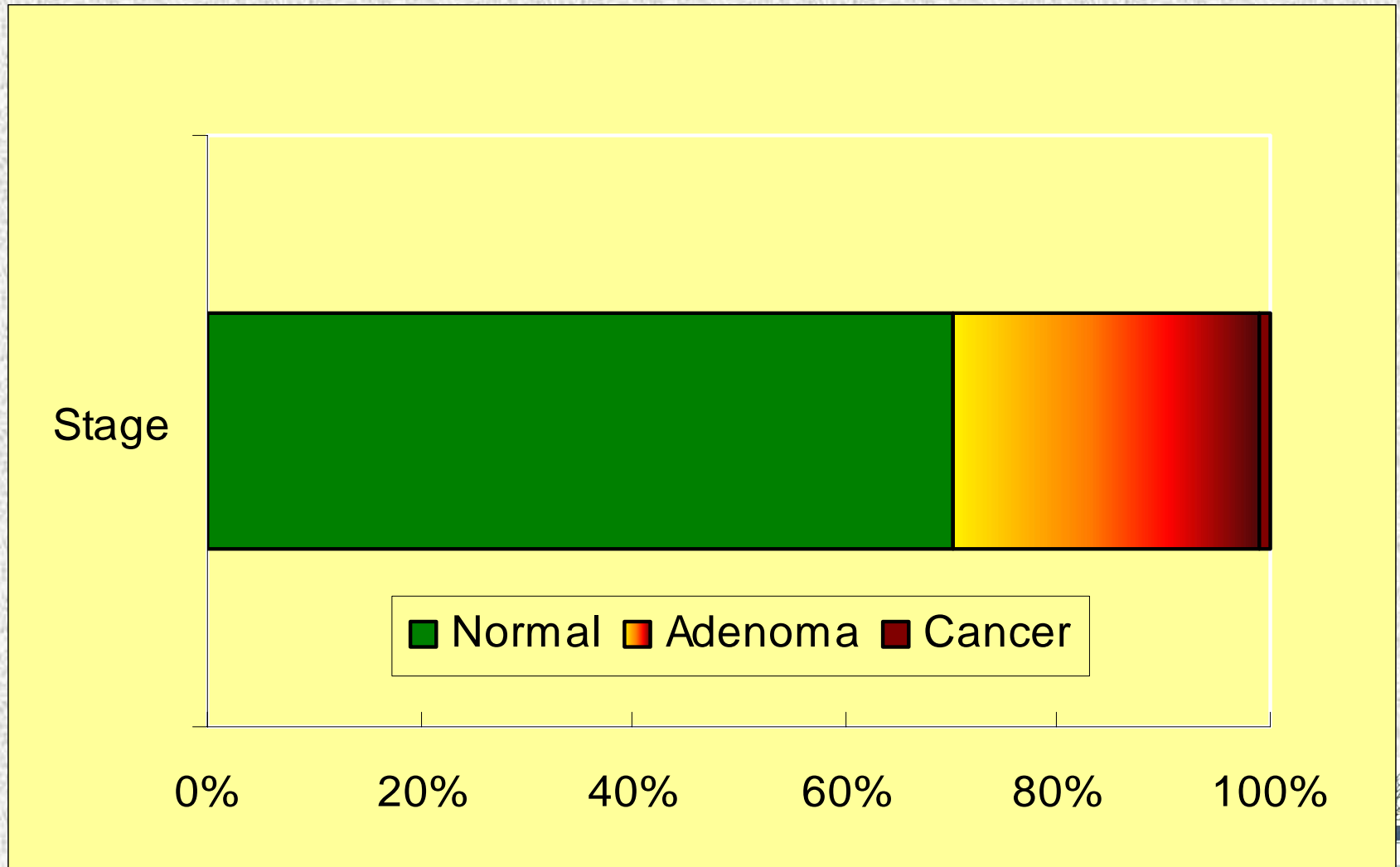


Issues for population screening

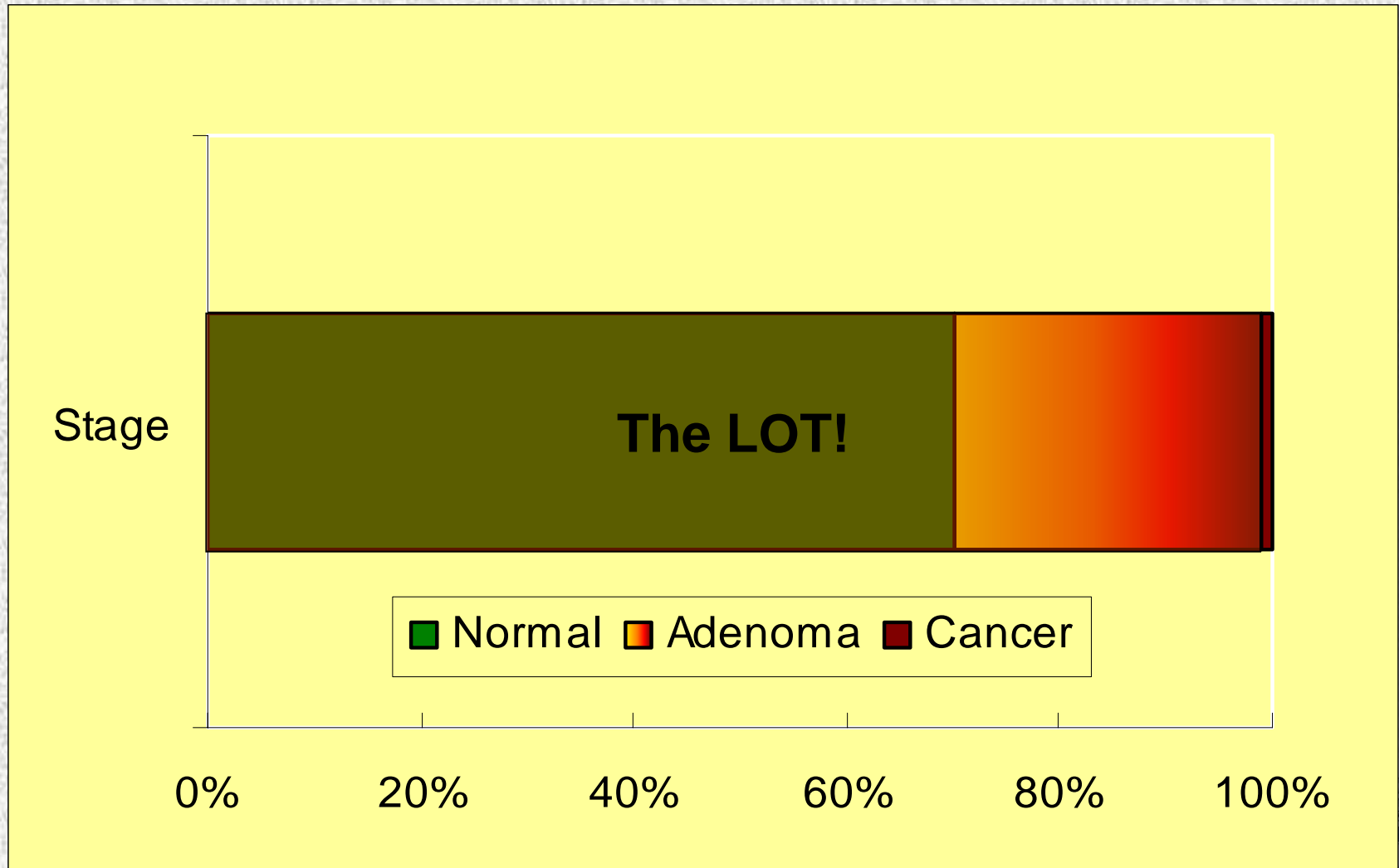
- Smart selection for colonoscopy
- Risk factors
- Sensitivity/specificity and quantification
- Acceptability
- Behavioural issues
- Feasibility



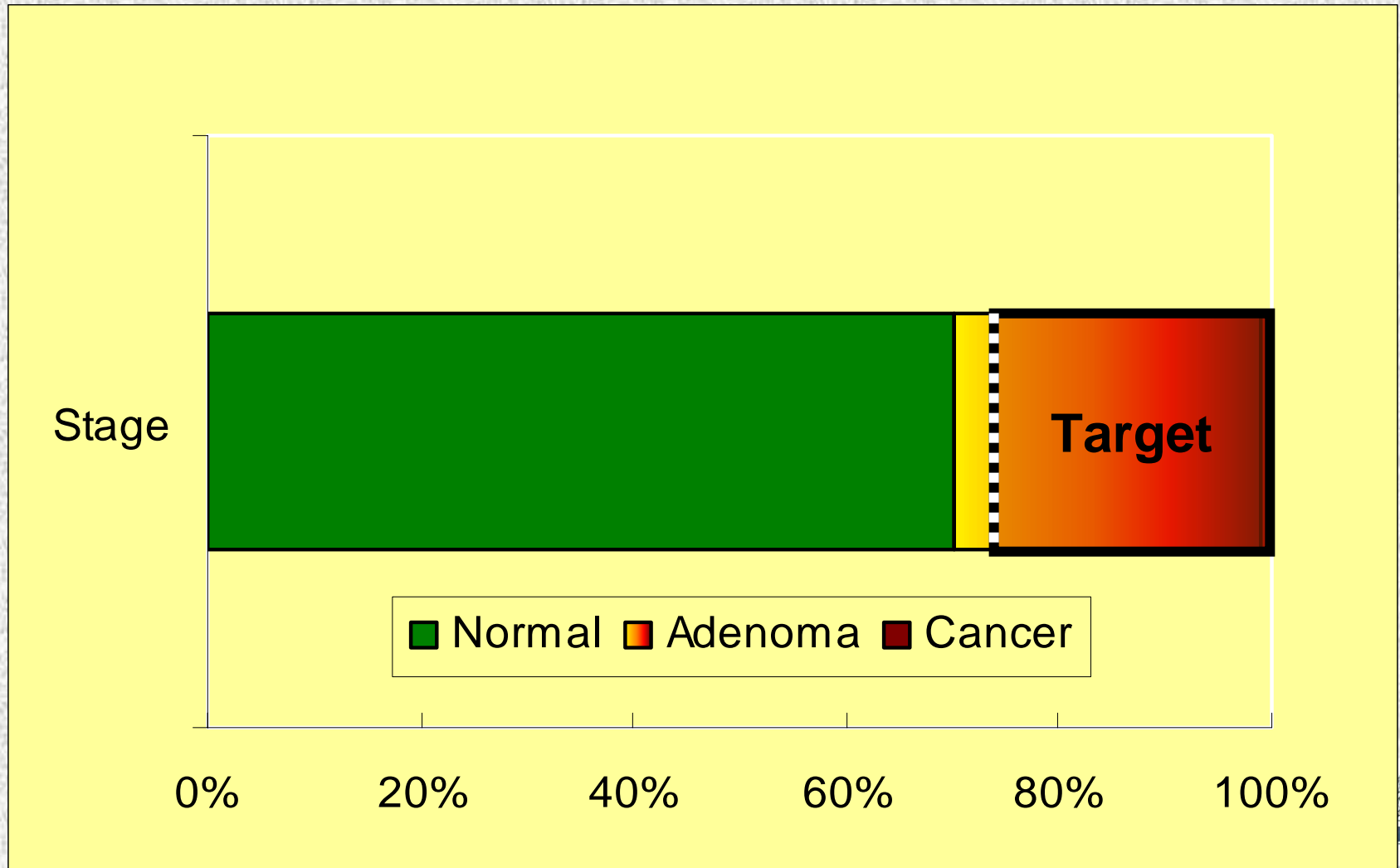
Who do we colonoscope?



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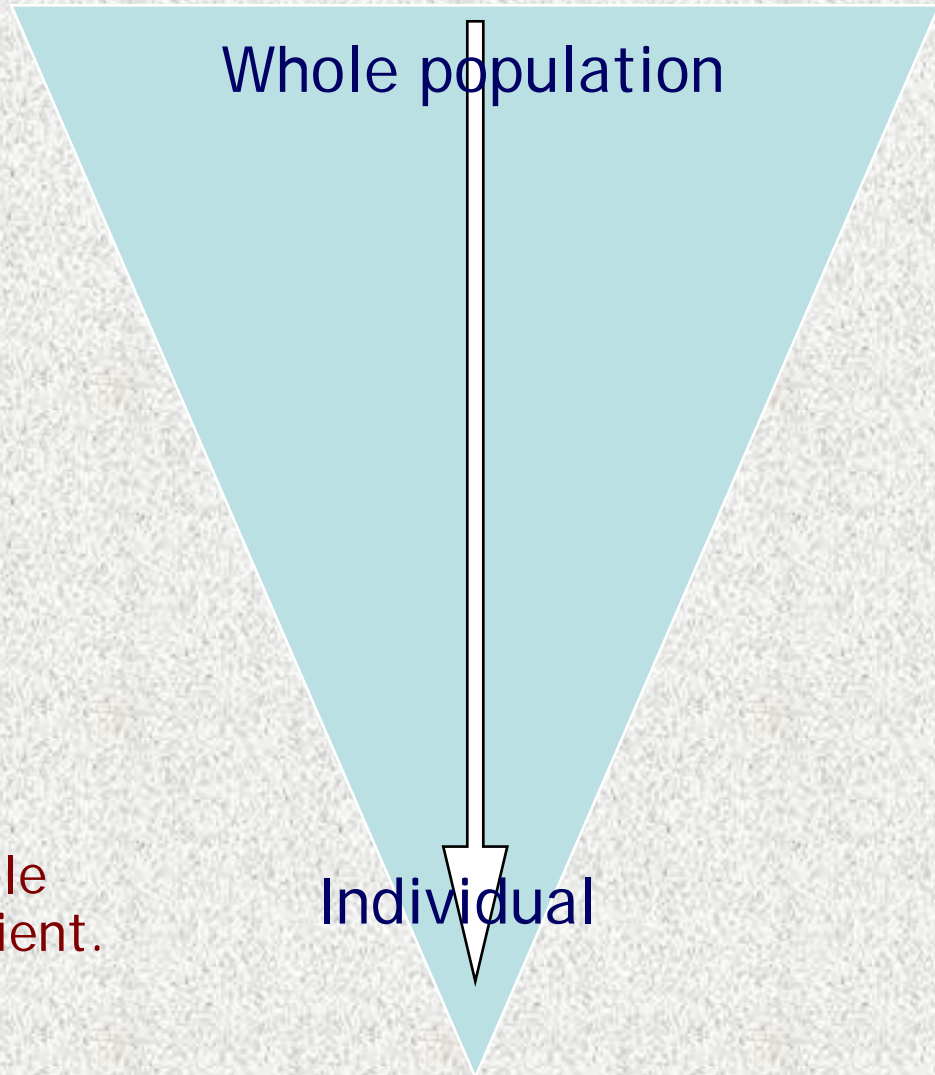


Who do we colonoscope?



Screening is risk-refinement

-
- Age ≥ 50 years
 - 2.5-fold
- Familial risk
 - 2- to 8-fold
- Past neoplasia
 - up to 7-fold
- *FOBT result*
 - *11-50 fold*
 - but sensitivity is suboptimal and people find gFOBT inconvenient.



Scope of pilot roll-out

- Government provided funds over 4 years
- Up to 50,000 to be offered screening by FOBT
 - Fecal immunochemical tests (FIT) only to be used
- Rural and urban regions to be represented



Essential Pilot Criteria

- National ownership
 - C'wealth, States, Territories, professional community, consumers
 - pilot design, outcomes
- Scale-up to National Program
 - use existing infrastructure, funding mechanisms
- Adequate quality control across pathway
- Collection of consistent data
- Within budget
 - Commonwealth, additional funding from our partners
- Deliver information within 5 years



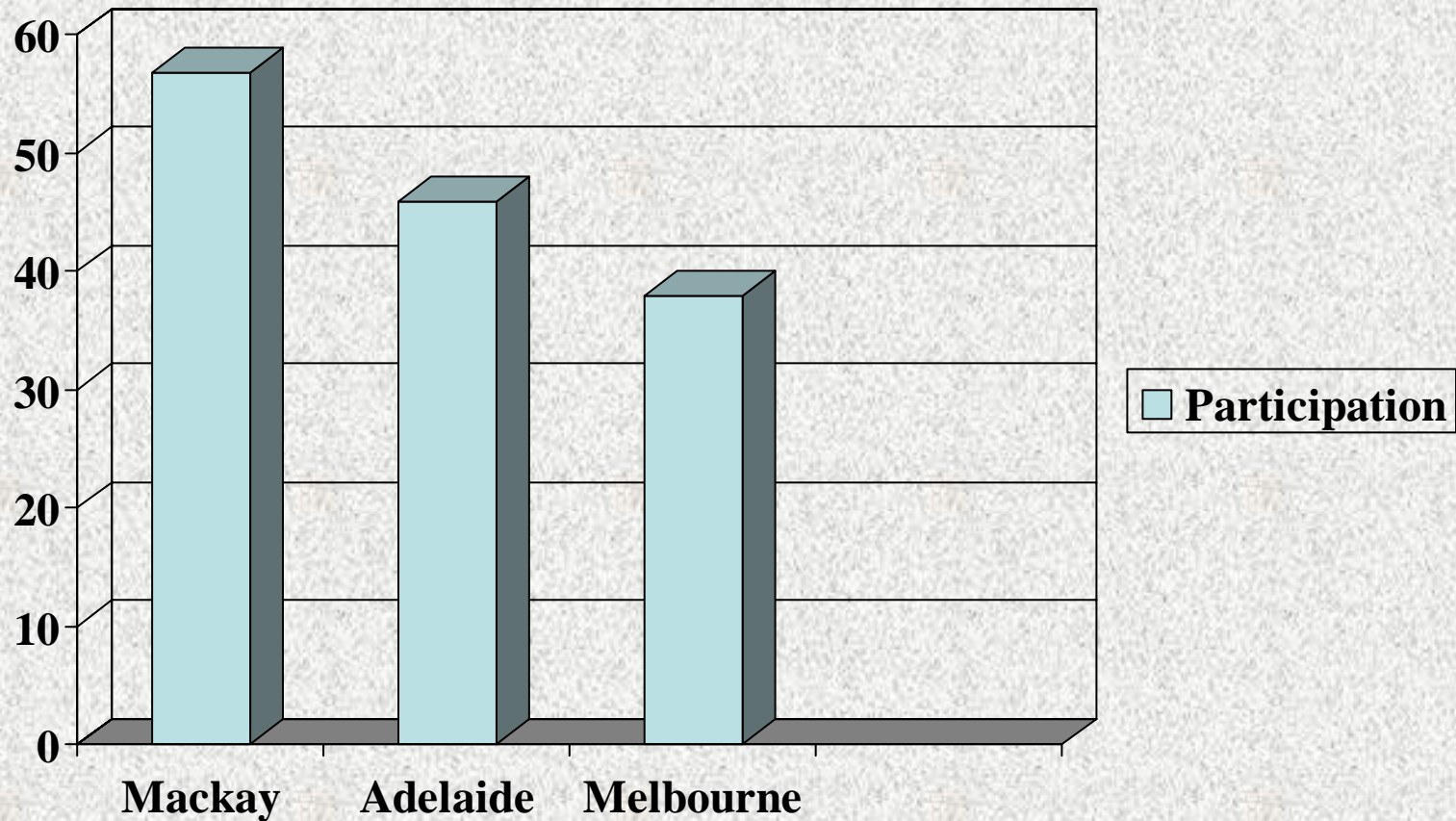
Current Pilot indicators -benchmarks*

- Participation - 30-70%
- FOBT processing to result - 7 days
- Result notification to GP visit - quick!
- GP visits and referral to colonoscopy - 95%
- Colonoscopy - adequacy and completion rates >85% and >95%
- Waiting times for colonoscopy - within 12 weeks
- Positivity rates - 2%!!!!!!!!!!!!!!!
- Other measures of interest

*unofficial



Participation to 1 April 2004

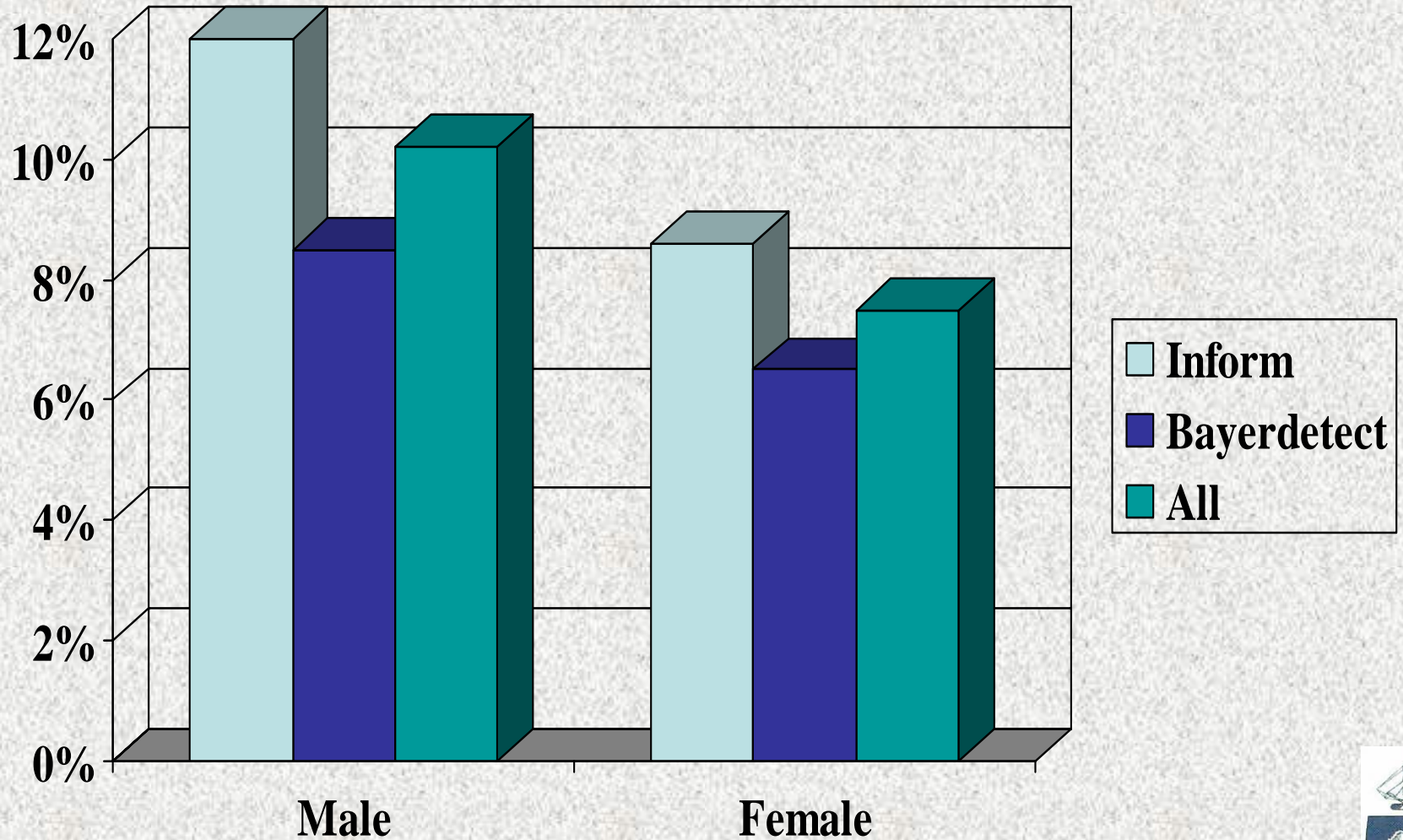


Median waiting times

	Days
Invitation to processing of FOBT	21
Processing of FOBT to result letter	7
Positive FOBT result letter to GP visit	9
GP referral to colonoscopy	30



Positivity rates



Colonoscopy achievements

Adequate colonoscopy; i.e. clear views and caecum intubated or diagnosis made

	July 2003	October 2003
Yes	93 (86%)	332 (86%)
No	15 (14%)	53 (14%)
Total	108	385



For more information

visit the website

www.cancerscreening.gov.au

or email DHAC at

cancerscreening@health.gov.au



Conclusions

- Screening by mail-out of FIT is feasible and acceptable (but could be better).
- Colonoscopies get done and get done well even with a high positivity rate.



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