

# Colorectal Cancer Screening Report

JANUARY 2011 - DECEMBER 2012

## Who are we?

ColonCheck was established in April 2007 to help detect colorectal cancer early and reduce the number of Manitobans who die from the disease. This population-based screening program invites eligible individuals 50 to 74 years of age to screen for colon cancer using a guaiac fecal occult blood test (FOBT), and provides timely follow-up for those with abnormal test results.

*In Manitoba, colorectal cancer is the most common cancer diagnosis (14.2% of new cancers) and the second leading cause of cancer death (12.7% of all cancer deaths)<sup>1</sup>.*

*ColonCheck provides screening to reduce mortality, to detect cancer when it is easier to treat, and to remove pre-cancerous polyps before they become cancer.*

## What do we do?



**Increase colon cancer screening rates** by mailing screening invitations and test kits, sending reminders, working with primary care providers, and increasing education about colon cancer.



**Collaborate** to improve operations, increase awareness, and reduce mortality from colorectal cancer.



**Coordinate follow-up of ColonCheck screening tests**, including sending test results, scheduling diagnostic testing (colonoscopy), and providing pre-colonoscopy assessments.



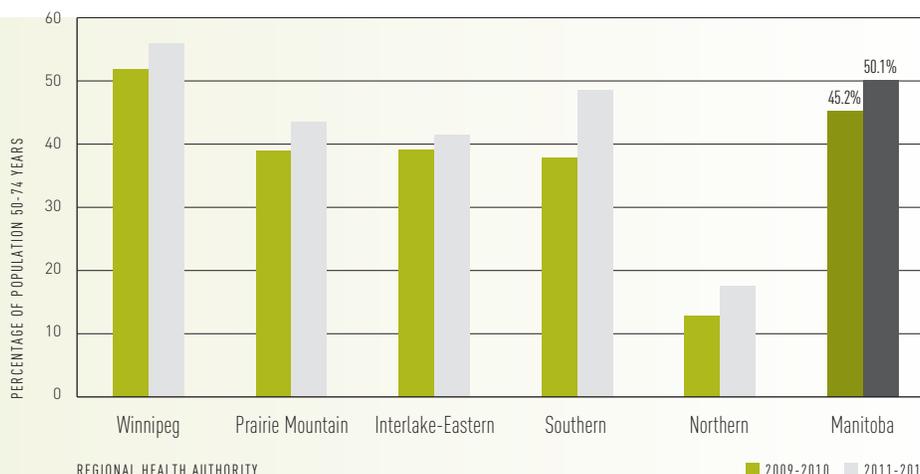
**Manage information** to identify individuals who are eligible for screening and to support program operations and evaluation.

## What do we know about screening rates in Manitoba?

ColonCheck and Manitoba Health data indicate that at least **50.1% of Manitobans are up to date with colon cancer screening** (FOBT in the past two years or colonoscopy/flexible sigmoidoscopy in the past five years).

*A recent report from the Canadian Partnership Against Cancer indicates that, based on surveys, **64.1% of asymptomatic Manitobans are up to date\*** with colon cancer screening. This is the highest rate among all provinces and territories (Canadian average, 42.8%)<sup>2</sup>.*

Percentage of Manitobans 50-74 Years of Age Up to Date on Colon Cancer Screening\*\*

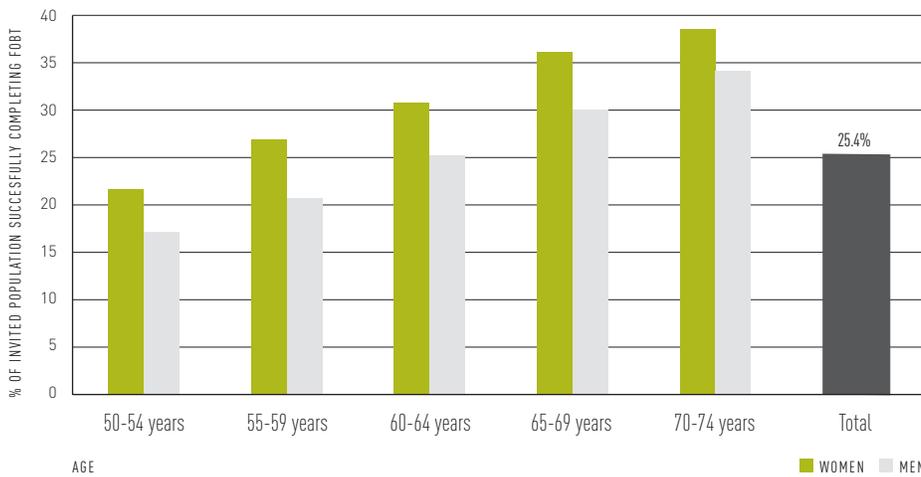


## How are we doing?

### Invitations

- > Nearly 161 000 screening invitations were mailed to Manitobans in 2011-2012.
- > Numerous kits were distributed through primary care providers, in collaboration with the BreastCheck program, and at community events.

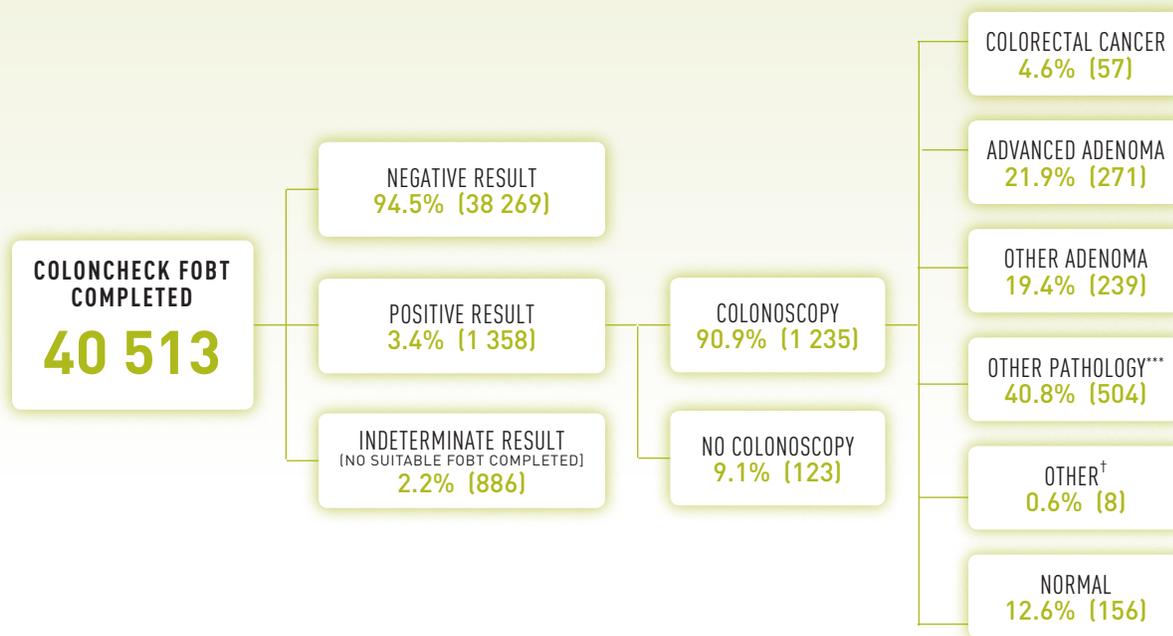
Percentage of Invited Population in 2011-2012 Successfully Completing ColonCheck FOBTs



### Demographics

- > Women were more likely to successfully complete an FOBT than men (28.1% of invited women compared to 22.5% of invited men).
- > Participation rate increased with age, with 19.4% of invited 50-54 year olds successfully completing an FOBT compared to 36.5% of invited 70-74 year olds.
- > 65.5% of individuals who were recalled (received an invitation subsequent to completing an FOBT two years prior) completed an FOBT.

### Screening Outcomes for Individuals Between 50 and 74 Years of Age at Time of Screening January 1, 2011 - December 31, 2012



### FOBT Results

- > Most (94.5%) fecal tests were negative (no hidden blood detected in the stool).
- > 3.4% of individuals had a positive FOBT.
- > The positivity rate increased with age, with 3.1% of 50-54 year olds obtaining a positive test result compared to 4.3% of 70-74 year olds.

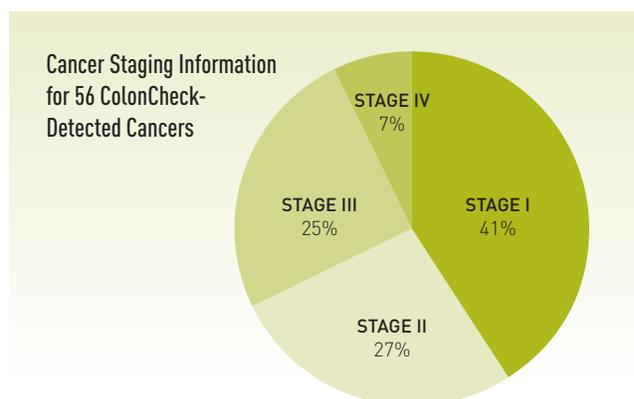
### Follow-Up Colonoscopy

- > ColonCheck recommends that all individuals with a positive FOBT be referred for colonoscopy.
  - 70.9% of individuals' follow up was coordinated by a ColonCheck Patient Navigator.
  - The remaining 29.1% were referred by their primary care provider.
- > 9.1% of individuals with a positive test result did not have a colonoscopy. The most common reasons were patient refusal or medical unsuitability.
- > Beginning in May 2011, a nurse practitioner provided pre-colonoscopy assessments for ColonCheck participants who were scheduled for a colonoscopy in Winnipeg. This reduced the wait time for those participants.

- > The median wait time from FOBT analysis to colonoscopy was 11 weeks (mean wait time 15 weeks).
  - For individuals who live in Winnipeg, the median wait time was 10.3 weeks compared to 12.3 weeks for those who live outside of Winnipeg.

### Cancer and Adenoma Detection Rates

- > The positive predictive value of the FOBT for those who had a colonoscopy was 4.6% for colorectal cancer and 21.9% for advanced adenoma.
- > The colorectal cancer detection rate was 1.4 per 1000 individuals screened.
- > The advanced adenoma detection rate was 6.7 per 1000 individuals screened.



## What do we have planned for the future?

In the upcoming years, ColonCheck will prioritize work in three areas: increasing screening participation, improving follow-up colonoscopy, and understanding the program's impact on the Manitoba population.

### Increase Screening Participation

- > Review impact of changes to dietary restrictions.
- > Trial a new opt-in program for individuals who did not previously complete an FOBT upon invitation.
- > Review the feasibility of a different kind of test, the fecal immunochemical test.
- > Improve and expand education and awareness activities.

### Improve Colonoscopy Capacity and Quality

- > Host continuing medical education sessions.
- > Provide colonoscopy indicator reports to ColonCheck endoscopists.
- > Standardize bowel preparation instructions and colonoscopy reporting requirements.

### Understand ColonCheck's Impact on the Manitoba Population

- > Review performance measures and targets, conduct ongoing program monitoring and improvement.
- > Compare Manitoba results to those in other Canadian jurisdictions.
- > Learn more about who gets colon cancer with respect to their screening history.

## How do we measure against national targets?

In 2009, the Canadian Partnership Against Cancer (CPAC) published 20 quality indicators for colorectal cancer screening programs in Canada<sup>3</sup>. Since that time, the National Colorectal Cancer Screening Network has identified targets for six of the indicators. These targets are based on a review of the scientific literature and international colon cancer screening programs, and are used to facilitate performance monitoring and national comparisons.

### Comparison of ColonCheck Outcomes to Canadian Targets

Performance Measure	Definition	Target <sup>4</sup>	ColonCheck Outcome (2009-2010)	ColonCheck Outcome (2011-2012)
Screening Participation	Percentage of the invited Manitoba population (50-74 years) successfully completing ColonCheck FOBTs <sup>†</sup>	≥ 60%	23.3%	25.4%
	Percentage of the eligible Manitoba population (50-74 years) successfully completing an FOBT		31.9%	34.6%
	Percentage of the eligible Manitoba population (50-74 years) who are up to date on colon cancer screening (FOBT, colonoscopy, or flexible sigmoidoscopy)		45.2%	50.1%
Inadequate Tests	Percentage of inadequate tests (e.g. unsuitable sample, too much time between sample collection and analysis) among all those who complete an FOBT	≤ 5%	2.6%	2.2%
Colonoscopy Compliance	Percentage of individuals with abnormal test results who attend a colonoscopy within 180 days	≥ 85%	69.1%	78.6%
	Percentage of individuals with abnormal test results who attend a colonoscopy within 180 days of test analysis (referred for colonoscopy by ColonCheck)		83.6%	93.3%
	Percentage of individuals with abnormal test results who attend a colonoscopy within 180 days of test analysis (referred for colonoscopy by primary care provider)		65.8%	74.6%
Colonoscopy Wait Time	Number of days from an abnormal FOBT to follow-up colonoscopy for ≥ 90% of individuals	≤ 60 days	151 days	140 days
	Median wait time from an abnormal FOBT to follow-up colonoscopy		93 days	70 days
Positive Predictive Value for Adenoma Detection	Percentage of individuals found to have adenoma following an abnormal FOBT and subsequent colonoscopy <sup>‡</sup>	≥ 35%	35.7%	41.3%
Invasive Colorectal Cancer Detection	Number of cancers detected for every 1000 individuals screened who have a colonoscopy following an abnormal FOBT result <sup>§</sup>	≥ 2	1.2	1.4

#### REFERENCES AND FOOTNOTES

<sup>1</sup> CancerCare Manitoba (2010). *Cancer in Manitoba, 2010 Annual Statistical Report*.

<sup>2</sup> Canadian Partnership Against Cancer (2012). *The 2012 Cancer System Performance Report*.

<sup>3</sup> Canadian Partnership Against Cancer (2009). *Quality Determinants for Colorectal Cancer Screening in Canada*.

<sup>4</sup> National Colorectal Cancer Screening Network (2013).

\* *Up to date* for screening describes individuals 50-74 years who report having completed a fecal test in the past two years and/or a colonoscopy/sigmoidoscopy in the last five years.

\*\* Screening rates may be underestimated, particularly in rural areas, where there may be non-program FOBTs that are processed in public labs but not submitted to Manitoba Health as claims.

\*\*\* *Other pathology* describes colonic pathology that may be the cause of a positive fecal test (blood in the stool). Most commonly, it refers to hemorrhoids, diverticula, or hyperplastic polyps.

† *Other* refers to individuals who require further testing (for example, another colonoscopy or a barium enema) or who are awaiting pathology results before a final outcome can be determined.

‡ The CPAC target includes all eligible individuals in the population. The ColonCheck outcome only includes eligible individuals in the population who were *invited*.

§ The CPAC target only includes information from colonoscopies occurring within 180 days. The ColonCheck outcome includes information from all colonoscopies. 2009-2010 data includes information from people *invited* in 2009-2010, whereas the 2011-2012 results are based on FOBTs *analyzed* in 2011-2012.



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