"QUALITY ASSURANCE AND LOGISTIC ORGANISATION OF A PROGRAMME"

EUROPEAN DIGESTIVE CANCER DAYS
PRAGUE, CZECH REPUBLIC, SEPTEMBER 25 – 27, 2017
NO CONFLICT OF INTEREST SITUATION TO DECLARE
FEEDBACK ON THE FRENCH EXPERIENCE
GOVERNANCE

Ministry of health

National Cancer Institute

Public Health France

County Monitoring Centers (89)

Strategic policy
Regulatory framework
Performance assessment

Operational piloting
Regular monitoring
Screening needs
Guidelines
System design
Threats and alerts

Monitoring Participation
Eligibility, Invitation,
Information, follow-up
Promotion

Innovations
Assessment

Ministry of health
National Cancer Institute
Public Health France
County Monitoring Centers (89)
COLORECTAL CANCER SCREENING PROCESS REVISED

Invitation every 2 years of average risk persons aged from 50 to 74 years

- Eligibility
- Information

Average risk person
Delivery of kit

Performing test

Analysis

Mailing results

Positive Test: 4.7%
- Referral to a specialist
- Colonoscopy & medical follow-up

Negative Test: 95.3%
- Invitation 2 years later
- Consult in case of symptoms

Harmonised Invitation

 Ordering Kits via Internet

 Centralized automated analysis

Analysis

Mailing results

Better performance

Positive Test: 4.7%
- Referral to a specialist
- Colonoscopy & medical follow-up

Reminder letters

Harmonised Transmission of results

Reactivity Threshold adjustment

Easier Test

High risk follow-up
### DRIVING CHANGES: INTERNATIONAL PUBLIC TENDER

<table>
<thead>
<tr>
<th>Integrated services</th>
<th>A single central medical testing laboratory</th>
<th>One sample only</th>
<th>Harmonised invitation and results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test</td>
<td></td>
<td></td>
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<tr>
<td>Analysis</td>
<td></td>
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<tr>
<td>Sending Results</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3 months between contract and services</th>
<th>NationwideTarget population 18 millions</th>
<th>Positivity rate 4-6% Evaluated in population</th>
<th>Identity monitoring Barecode labels</th>
</tr>
</thead>
</table>

Renewal of the regulatory framework

*No systematic sending by mail*  
*GP Pathway*

International public tender  
*National Health Insurance*
Guadeloupe, Martinique, Guyane, La Réunion, Mayotte

DRIVING CHANGES: SELECTION OF SERVICES
DRIVING CHANGES: 3-4 MONTHS OF ADJUSTEMENT AND “WASHOUT”

Threshold: 150ng/mL

Design of the kit

Test

Information educational & training tools

Campaign to launch

Data format & exchange standardisation

Washout
Driving Changes: Kit Design

Waterproof package with programme label & negociation with French Post

Operating instructions
DRIVING CHANGES: COMMUNICATION CAMPAIGN

TV Spot: « Life-saving skills »

Posters

Info Tools

Press article

Population

Posters

Press article

Congresses

Professionals
DRIVING CHANGES: INFORMATION, EDUCATIONAL & TRAINING TOOLS

- Flyer
- Booklet in 5 languages
- Online video tutorial
- Training powerpoint for GPs

PROGRAMME NATIONAL DE DÉPISTAGE ORGANISÉ DU CANCER COLORECTAL

Passage au test immunologique
DRIVING CHANGES: DATA FORMAT AND EXCHANGE STANDARDISATION

Data format report
Invitation letter
Identification sheet
Barcode labels

Online order site
Analysis report
.XML script
Notice CNIL
MONITORING TECHNICAL QUALITY: DATA FROM MED. TESTING LAB.

- 6 billions pers.
- Test positivity rate: **4,7%**
ASSESSMENT OF PERFORMANCE: DATA PUBLIC HEALTH FRANCE

PARTICIPATION RATE 2015-2016 BY COUNTY

- First 4,800,000 pers.

- Participation rate:
  28.6% (2015-2016)
  40.1% (2016)

- Variation with age and gender
  - Hommes: 27.8%
  - Femmes: 30.8%

- Variation by county
  9.4% to 46.4%
Positivity rate: **4.7 %**

- Male: 5.7 %
- Female: 3.9 %

### Variations with age & gender

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 y</td>
<td>4.2%</td>
<td>3.0%</td>
</tr>
<tr>
<td>55-59 y</td>
<td>5.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>60-64 y</td>
<td>6.0%</td>
<td>3.5%</td>
</tr>
<tr>
<td>65-69 y</td>
<td>6.9%</td>
<td>4.0%</td>
</tr>
<tr>
<td>70-74 y</td>
<td>7.9%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>
VPP on a retrospective study

Bernard Denis, Paris, 24 mars JFHOD 2017
DRIVING CHANGES : WHAT WE SHOULD HAVE NEEDED IN ADDITION

- More time!
- Complete the main GP strategy for the kit delivery and address the question of probable inequities
- Insurance and quality improvement for gastroenterologists and pathologists
- Address the question the difference of positivity rate between males and females and according to the age
- Strengthen our responsiveness ability in case of failure
- Improve our communication strategy to reach non-attendants
System in place & functional

Processes, tools and IS are goods

Kit and processes known by GPs & County MC

Threshold of 150 ng/mL, positivity rate, PPV

Single lab

Washout period

Participation rate of 30%, so, invitation strategy is to complement

Complex governance

Implementation decentralized and delivery based on 50 000 GPs

Set of indicators to improve

Lack of quality insurance protocol for GE and Pathologists

Monopole of the single lab
SO...

Calibrate the start of the programme!

Be careful to the risk of stockout!

Don’t underestimate the planification!

Make a good estimation of resource needs!

Organise a proactive and agile monitoring!
It’s more difficult to adapt an existing system than to create a system *de novo*.

You are never prepared enough for the implementation of such a programme!

There always are small missteps to derail the process.
THANK YOU FOR YOUR ATTENTION!

Frédéric de Bels, Head of National screening department, INCA

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