



DIFFERENT LEVELS OF PARTICIPATION IN EUROPE?

1) INFLUENCE OF THE PROGRAMME DESIGN : **PRO GP IMPLICATION**

EUROPEAN DIGESTIVE CANCER DAYS
PRAGUE, CZECH REPUBLIC, SEPTEMBER 25 – 27, 2017

NO CONFLICT OF INTEREST SITUATION TO DECLARE

COLORECTAL CANCER SCREENING PROCESS IN FRANCE



DÉPISTAGE
DES CANCERS
PARLONS-EN

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



- ✓ Eligibility
- ✓ Information

High risk follow-up

Average risk person
Delivery of kit

Performing test

Analysis

Mailing results

Reminder letters

Negative Test : 95,3%

- Invitation 2 years later
- Consult in case of symptoms

Positive Test: 4,7%

- Referral to a specialist
- **Colonoscopy** & medical follow-up

MAIN BARRIERS EVOCATED IN FOCUS GROUPS

Fear of cancer, of screening test results and of the consequences

Low knowledge of colorectal cancer, confusion

No concern for this issue

A « take away » test is a low cost option, an unserious option

AGAINST...

TO SEE IN THE NEXT TALK



<50% of the population consult their GP in the year. Screening is discuss in 3rd or 4th rank (what reduces the expectations in terms of participation)

Data show that systematic sending of the kit with reminder letter may improve participation rate.

Inefficient? : cost of GP's consultation vs cost the sending (even whether tests are not used)

Potential source of inequities (access, information)

Shrinkage and controlling out of stock (exp. dates & stock fragmentation)

Standardisation not easy to achieve! Need capacities of efficient training.

Conducting changes is more complexe (numbers, private, resistance to change): more simple to apply decision if the test is just to be sent!

PROS



The weight of history (with guaiac test)

Eligibility has to be verified

Purchasing a tailored information on benefits and harms according to person knowledge.

Decision aid according to preferences and priorities of the person during screening and after, for further assessment (87%) and treatment referral,

Power of conviction : 85% of the patients do the test after delivery

Not realist to built a programme leaving out the GPs. To take care of GPs adhesion to the screening programme.

IN OUR MIND...

The question may not be to leave out GPs from the programme but to complement the main strategy of kit delivery by GPs. Especially at a low rate of participation.

We have a ongoing medico-économique study and that's what will be performed in the next legal framework.

THANK YOU FOR YOUR ATTENTION !



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