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Influence of the program design: Con GP implications

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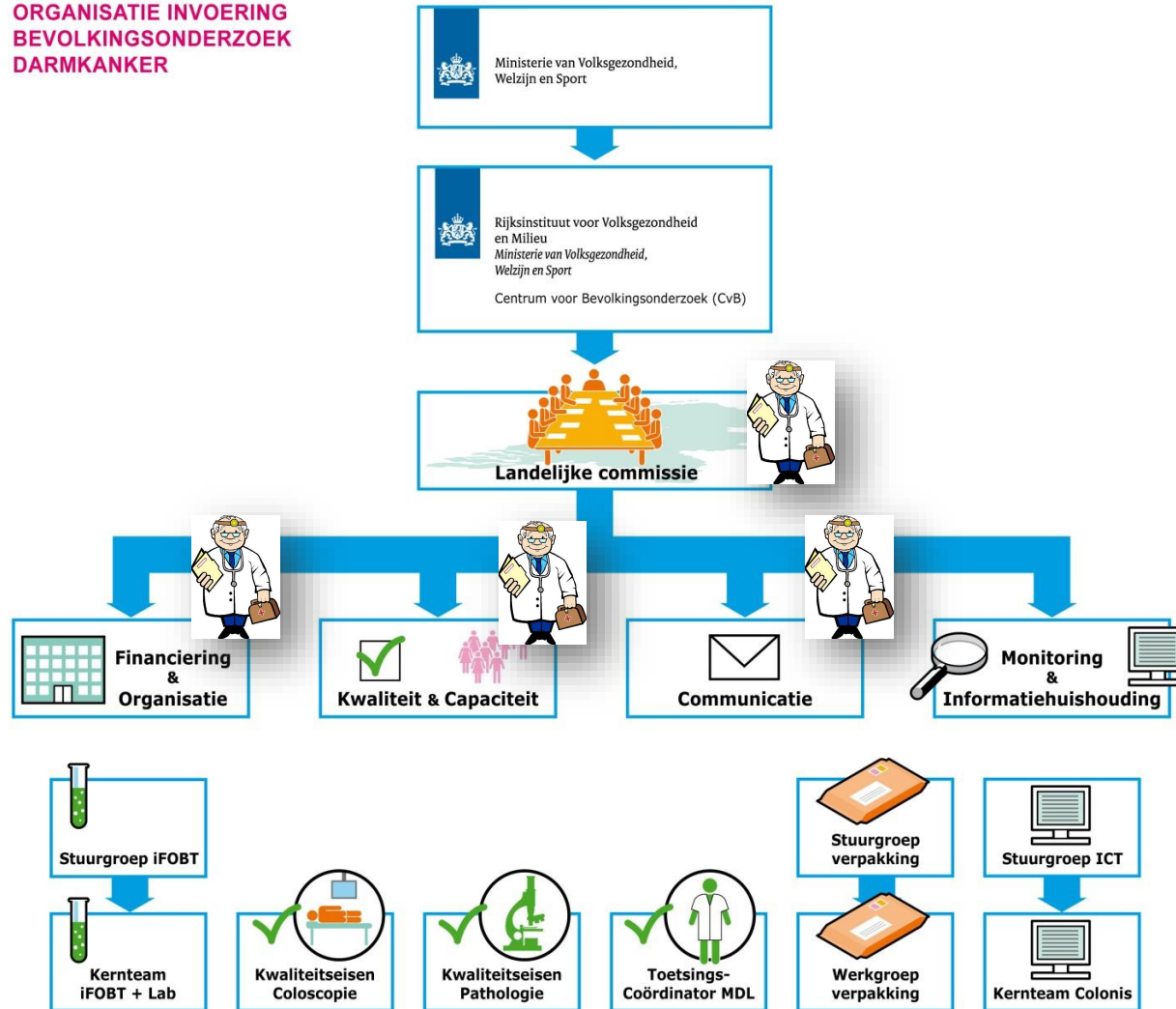
Nation-wide BCSP in NL

- Biennial FIT
- Invitational: by postal mail, including FIT & brochure
- Population 55-75 yrs
- Exclude: symptomatics, those with CRC
- FIT (*FOB-Gold*) at cut-off 47 μg Hb/g feces



Governance

ORGANISATIE INVOERING BEVOLKINGSONDERZOEK DARMKANKER



Nation-wide BCSP in NL



- Role of GP:
 - Not involved in primary invitational process
 - Can be consulted to discuss eligibility
 - FIT-result: receive result of FIT-positives
 - FIT-positives are advised to see their family doctor before the intake for colonoscopy (to provide medical information to colonoscopy centers)

Invitational process in NL

- Aim: high participation rate
- Informed decision-making is essential
- To prevent inequity in screening, informed decision-making on BSCP participation is essential, also in groups with low socio-economic status.

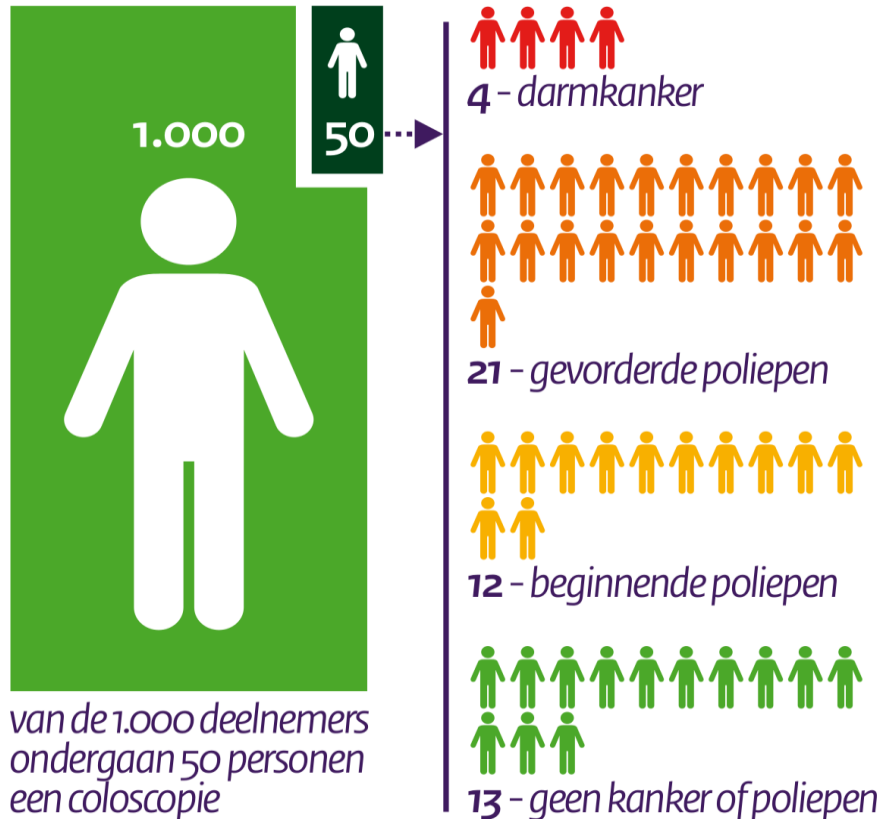
Invitational process in NL

- Notification-letter
- After 3 weeks: invitation
 - Extensive information brochure on the BCSP
 - Extra information on website
 - Tel information-number



Information on program

Welke uitslagen zijn mogelijk?



No GP-involvement in invitations



- Advantages:
 - Logistics simple
 - Same for breast cancer and cervical cancer SPs
 - Not dependent on personal view/opinion of GP
- But:
 - GP is able to provide individualized, more personal advice
 - GP could potentially increase participation-rates, but in practice often lower..

Role of GP to improve Dutch BCSP?



- Involve GPs in mailed test-kit, e.g. by signing the invitation and inviting for visit: improvement in participation rates and/or better information-based decision-making?
- But...
 - In NL: no central database of GP-allocation
 - GPs not motivated to be centrally involved
 - GPs have variable opinions about the program

Role of GP to improve Dutch BCSP?



- Involve GPs by sending GPs a list of patients not participating (France: 24.8% vs 20.6%)
- But... same issues

Role of GP to improve Dutch BCSP?



- 73% participation-rate to FIT-screening, but only 80% of FIT-positives have a colonoscopy (8% CRC, 40% advanced adenomas)
- GP could be more involved in managing & providing information of those 20% not undergoing colonoscopy
 - Colonoscopy in non-screening setting
 - Unfit for colonoscopy (at GP, at screening center)
 - Personal decision not to undergo colonoscopy

Dutch BCSP aims to constantly improve..

- FIT cut-off, brand, risk-factors, logistics, communication, quality..
- GPs:
 - Especially focusing on providing information to invitees, FIT-positives and to the BCSP-office
 - Currently: research on role of GP in FIT-positives is being performed



FOKKE & SUKKE

DOEN MEE AAN DE PILOT



RGvT