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
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.

Essink-Bot & Dekker, Lancet 2016
Invitational process in NL

- Notification-letter
- After 3 weeks: invitation
  - Extensive information brochure on the BCSP
  - Extra information on website
  - Tel information-number
Welke uitslagen zijn mogelijk?

van de 1.000 deelnemers ondergaan 50 personen een coloscopie

1.000
50

4 - darmkanker
21 - gevorderde poliepen
12 - beginnende poliepen
13 - geen kanker of poliepen
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

Rat et al, JAMA 2017
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

Wow!
You should send this one for the screening program!