How to increase the participation rate in colo-rectal cancer

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ISCN Copenhague 2008
20 Départements pilote 2003

Allier (03)
Ardennes (08)
Bouches du Rhône (13)
Calvados (14)
Charente (16)
Finistère (29)
Hérault (34)
Ille et Vilaine (35)
Indre et Loire (37)
Isère (38)
Marne (51)
Mayenne (53)
Moselle (57)
Nord (59)
Orne (61)
Pyrénées Orientales (66)
Haut Rhin (68)
Saône et Loire (71)
Essonne (91)
Seine St Denis (93)
National guidelines

1. Inclusion criteria:
   - Population at « medium risk: 75% of new cases,
   - Men and women 50-74 years old
   - FOBT non re-hydrated, every 2 years
   - Distributed by GP’s, mailed in a second step
   - Managed by a screening monitoring centre in each district

2. Training of the health professionals
   - Training the trainers 2003
   - Training the GP’s 2003-2004:
     “at least 50% of the GP’s in the area has to be trained before launching the program”

3. Accreditation of Reading labs

4. Local (MC) and national (INVS) Evaluation
National communication plan

Le cancer de l’intestin se développe sans prévenir. Plus tôt il est décelé, mieux il est traité. Un test de dépistage vous est proposé.
# Colo-rectal Cancers

**Efficacy and cost of screening related to the participation rate**

<table>
<thead>
<tr>
<th>Participation</th>
<th>Reduction in mortality</th>
<th>Cost Euros Actualised*</th>
<th>Cost E/YLS Actualised**</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>4,7%</td>
<td>4703</td>
<td>33363</td>
</tr>
<tr>
<td>40%</td>
<td>7,9%</td>
<td>5918</td>
<td>25933</td>
</tr>
<tr>
<td>50%</td>
<td>10%</td>
<td>6726</td>
<td>23447</td>
</tr>
<tr>
<td>60%</td>
<td>12,1%</td>
<td>7533</td>
<td>21786</td>
</tr>
<tr>
<td>70%</td>
<td>14,2%</td>
<td>8340</td>
<td>20598</td>
</tr>
</tbody>
</table>

* Actualisation rate 5%

**Cost /one year of life saved, actualisation rate 5%

Colo-rectal screening: participation rate

Total 42% (31-51) (n=19)

INVS:09/2006
Barriers to participation

1. Factors affecting compliance with colorectal cancer screening in France: differences between intention to participate and actual participation.

2. Identification of barriers to colo-rectal screening in Hérault (France) using focus group technique.

3. Socio-Economical factors influencing colo-rectal screening
1. Differences between intention to participate and real participation in colorectal cancer screening in Calvados.

- **Objective:** To identify social, cultural and psychological characteristics influencing behavior in colorectal mass screening.

- **Methods:** Self reported questionnaires (26 items), mailed to a random sample of 45-74 years old people living in Calvados. 1129 persons contacted, 57% returned the questionnaire, 585 could be analyzed.
### The predictive variables on Intention/realization of the test

<table>
<thead>
<tr>
<th>Variable</th>
<th>Intention</th>
<th>Realization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with the health insurance advice: yes/no</td>
<td>NS</td>
<td>0.53 (0.38-0.75)</td>
</tr>
<tr>
<td>Socio-demographic status*</td>
<td>3.99 (0.90-17.6)</td>
<td>0.44 (0.20-0.97)</td>
</tr>
<tr>
<td>- medium + low/upper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- living alone</td>
<td>NS</td>
<td>1</td>
</tr>
<tr>
<td>- living with a partner</td>
<td>NS</td>
<td>1.31 (0.68-2.51)</td>
</tr>
<tr>
<td>- widowhood</td>
<td>NS</td>
<td>2.40 (1.06-5.41)</td>
</tr>
<tr>
<td>Knowing someone with cancer</td>
<td>NS</td>
<td>1.38 (0.98-1.94)</td>
</tr>
<tr>
<td>- yes/no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General knowledge on cancer</td>
<td>1.92 (1.20-3.07)</td>
<td>NS</td>
</tr>
<tr>
<td>- Poor / good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>4.09 (2.06-8.11)</td>
<td>NS</td>
</tr>
<tr>
<td>O/ 1-2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Conclusions

Whether or not a person will perform the test cannot be predicted from their intention to do so:

“The characteristics influencing the intention differ from those to perform it”
2. Identification of barriers to colo-rectal screening in Hérault (France) using focus group technique (1)

General Objective
To identify the barriers and the possibilities to increase the participation rate in our Region

Specific objectives:
- The reactions of people vis-à-vis the mailed invitation
- To know the public opinion about the program processes (mailing, Gp’s, test,...)
- The reasons of not participating they give
Identification of barriers to colo-rectal screening in Hérault (France) using focus group technique (2)

Methods
- 2 groups, of 30 persons each, aged 50-74 from 2 towns (Lodève and Béziers), were invited to participate on a voluntary basis

- The meeting (1 hour and a half) was animated by 2 specialists (public health and gastrology)

- Discussions were recorded and a questionnaire (12 items) was distributed and recollected at the end of each meetings

- Data from the records and the questionnaire were analyzed
Participation rate 83%

<table>
<thead>
<tr>
<th>Variables</th>
<th>Modalities</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Towns</td>
<td>Lodève</td>
<td>29</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>Béziers</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>Sex</td>
<td>Femme</td>
<td>37</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>Homme</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Age (years)</td>
<td>median</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td></td>
<td>minimal</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td></td>
<td>maximal</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>Test done</td>
<td>yes</td>
<td>23</td>
<td>46</td>
</tr>
</tbody>
</table>
Results (1)
« Reactions of people vis-à-vis the mailed invitation »

• 1st mail
  - Quickly read (1min)
  - Comprehensible
  - Positive items : Invitation, Free of charge

• 2nd mail
  - >1.5 min (50%): “I have to read it several times”, before understanding
Problem with the Logo

and

dépistages 34

and

Gamm vert

Tools for gardening Logo!
Results (2)
“About the program processus»

• **Obligation to visit the GP**
  - To make a telephone call to have a “Rendez-vous”
  - To have time to go: 2-3 hours waiting for the consultation…
  - To take physician time unnecessarily
  - Absence of GP’s motivation or even “against”
Results (3)
About the program processes

• Technical difficulties to perform the Test
  - Cultural refusal
  - Irregular or slow/fast fecal transit
  - Difficulties of storage:
    - how long?
    - where?
    - hot weather? (smelling…)
Results (3)
The general reasons for not participating

- Procrastination: I will do it latter…
- Fear,
- Feeling of invulnerability: "not me"
- More important life problems (low income)
- Cost
- Lack of knowledge and understanding
- The risk are higher than the benefice
Results : 5 proposals

• To modify the mailing
  – More positive: it can avoid colorectal cancer death
  – Change the LOGO (medical)
  – Clarify the 2\textsuperscript{nd} mailing (pictures) and add a direction for use with the possible variations

• To better sell the screening program to GPs

• To link the screenings (+ breast and cervix in women at least)

• To give the choice to receive the test directly by mail from the beginning

• To better inform the public via medias (television++)
Socio-Economical factors influencing colo-rectal screening

- **Objective**: To identify the socio-economic characteristics of non participants in Calvados

- **Methods**: a randomized sample of 10000 persons from the target population
  Data collected from the health insurance system and national census
  Multi-level analysis to combined aggregated and individual data

Socio-Economical factors influencing colo-rectal screening

Results:

Factors influencing the non participation:

- Male
- Younger and older people
- Health insurance type
- Geographical area linked with higher insecurity (Carstairs index)
Conclusion

- **Barriers are link to different items**
  - Some of them are easy to change (mailing, targeted communication, even processes)
  - Some are not: cultural, social, economical…

- **Two actions are mandatory, at least**:
  - Ask the population to give their advices on the organization processes
  - Convince the GPs…
null