

ColonCancerCheck UPDATE

Spring 2010

Welcome to the ColonCancerCheck Update with information on Ontario's colorectal cancer screening program, designed for primary care providers.

What is ColonCancerCheck?

In the spring of 2008, the Ministry of Health and Long-Term Care, together with Cancer Care Ontario (CCO), launched Canada's first organized, population-based colorectal cancer screening program. The goals of ColonCancerCheck are:

- To reduce deaths from colorectal cancer through an organized screening program;
- To improve the capacity of primary care providers to participate in comprehensive colorectal screening.

ColonCancerCheck Program Participation

Screening rates have continued to rise since the ColonCancerCheck program launch. Data shows that almost 30% of Ontarians aged 50-74 had an FOBT within the last two years (2007-2008). This is an increase of almost 10% over the previous reporting period (2005-2006), but remains short of the ColonCancerCheck target of 40% of eligible Ontarians participating in FOBT screening by 2011. You can play an important role in promoting colorectal health. Please discuss colorectal screening options with your patients aged 50-74. Studies show this conversation between patient and provider is the strongest driver of screening participation.

Opportunity for Improvement

While more people 50-74 years of age are being screened, a large proportion of these individuals are not being screened using ColonCancerCheck's "green" FOBT kit for screening. During the last 12 months, non ColonCancerCheck FOBT kits have accounted for almost one third of the FOBT screening activity.
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What Are the Benefits of using the ColonCancerCheck kits for your Patients?

By recommending the "green" ColonCancerCheck FOBT kit to your eligible average-risk patients, they will become a **participant of ColonCancerCheck – offering them several quality advantages.**

Your patients will be **notified in writing of normal or negative test results** or if they require a retest.

Your patients will be **invited back** for screening in two years and biennially thereafter, increasing the likelihood of regular, repeated screening.

The ColonCancerCheck FOBT kit has **few dietary restrictions.**

The ColonCancerCheck FOBT kit comes with a postage-paid return envelope and can be **mailed** back to the laboratory for processing.

Laboratories follow new **clinical quality guidelines** for all ColonCancerCheck FOBT kits to ensure that testing is consistent and laboratory quality is continually monitored.

Opportunity for Improvement (continued)

This represents over 184,000 Ontarians who will not benefit from ColonCancerCheck's quality advantages, such as receiving result and recall letters. If you are not already providing the ColonCancerCheck FOBT kit, please consider ordering a supply of the "green" FOBT kits. For instructions on how to obtain kits please visit:

http://health.gov.on.ca/en/ms/coloncancercheck/docs/how_to_obtain_FOBT.pdf

Non-ColonCancerCheck FOBT kits are available from your community laboratory and are to be used for diagnostic purposes, or for patients under the age of 50.

Please note that when completing the laboratory requisition for the ColonCancerCheck FOBT kits, no other tests can be ordered on the same Laboratory Requisition. Single requisitions have been established to ensure quality tracking at the laboratory. If your office has any further questions, please call INFOLine at 1-866-410-5853 (TTY 1-800-387-5559).

Following Patients Throughout the Screening Journey:

Recalls & Reminders

Regular, repeated FOBT screening has been shown to reduce mortality from colorectal cancer by 16%. In 2010, ColonCancerCheck will begin sending a recall letter to past FOBT participants aged 50-74 who are due to repeat biennial FOBT screening. Four months after the recall letter has been sent, the program will send one reminder letter to any participant who received a recall letter but did not submit an FOBT to a lab or have any other screening activity (e.g. colonoscopy, flexible sigmoidoscopy) in the intervening period.

Appropriate Care Following a Positive FOBT

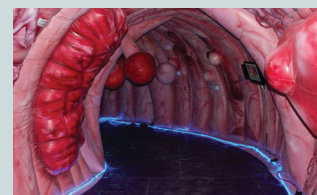
ColonCancerCheck defines a positive FOBT as a kit for which there is at least one positive window. For ColonCancerCheck branded FOBT kits, the overall kit positivity rate is about 4.5%. This rate has remained relatively stable over the past 18 months.

ColonCancerCheck sends result letters to all FOBT participants with normal/negative test results, as well as those who require a retest (indeterminate result or rejected kit). ColonCancerCheck does not send results correspondence to participants with positive results unless the participants do not have a primary care provider.

ColonCancerCheck has adopted the Canadian Association of Gastroenterology's wait time guidelines, which recommend a follow-up colonoscopy within two months of receiving a positive FOBT. Since the program's launch, however, only 60% of participants with a positive FOBT had a colonoscopy within six months – meaning 40% of people did not receive timely and appropriate follow-up within the recommended interval. (continued on page 3)

The Inside Truth About Colorectal Cancer

To raise awareness of the importance of regular colorectal cancer screening among Ontarians, ColonCancerCheck sponsored a tour of the Giant Colon Exhibit in malls across the province, running from January through March 2010.



The Giant Colon - a 40-foot multimedia exhibit- owned and operated by the Colorectal Cancer Association of Canada (CCAC), offered visitors a rare look inside a human colon.

Ontarians heard from local physicians and colorectal cancer survivors about the importance of maintaining a healthy colon and how to reduce the risk of developing colorectal cancer.

From January to March 2010, the exhibit visited more than 12 cities across Ontario including Windsor, London, Kitchener, Toronto, Kingston, Thunder Bay and Sudbury.



Appropriate Care Following a Positive FOBT (continued)

How should primary care providers follow up with participants who had a positive FOBT followed by a normal colonoscopy? Participants who have had a positive FOBT followed by a normal colonoscopy should be followed up with colonoscopy at an interval recommended by the endoscopist. Clinical guidelines recommend a 10 year follow-up interval for individuals who have no family history of the disease who have a normal colonoscopy.

In-Office Occult Blood Testing

Cancer Care Ontario has examined OHIP claims data and found that the in-office occult blood test (G004A) is billed at a fairly high level – between 4-5000 claims per month. The overwhelming majority of these claims are filed by family physicians. This billing may be used for processing FOBTs in-office for screening purposes or for single in office sample collected by digital rectal exams (DREs) performed for diagnostic purposes.

Evidence-based guidelines do not recommend using stool obtained at DRE for colorectal cancer screening because it has a very low sensitivity for detecting cancer in asymptomatic individuals. ColonCancerCheck encourages primary care providers to screen their average risk asymptomatic patients aged 50 and over using a ColonCancerCheck branded FOBT kit.

ColonCancerCheck kits are processed at participating community-based laboratories with enhanced quality assurance mechanisms.

Using Technology to support ColonCancerCheck

Organized screening programs, like ColonCancerCheck, rely on technology to enable functions such as inviting individuals to participate in screening, recalling participants for rescreening, tracking participants throughout the screening process and continually evaluating program quality and performance.

To address this need, ColonCancerCheck developed an information technology solution called InScreen. InScreen collects clinical, administrative and laboratory data to create screening records for Ontarians. Screening records include demographic and clinical information that allow ColonCancerCheck to:

- Identify eligible Ontarians
- Invite eligible Ontarians to discuss screening with their physician
- Notify Ontarians about their screening result
- Recall Ontarians for periodic screening
- Remind Ontarians who have not responded to a recall, and
- Report activity across the screening journey

Between April 2009 and February 2010, ColonCancerCheck conducted a Primary Care Invitation Pilot with 120 physicians across Ontario to test the value of InScreen's data and technology for the work of primary care. (continued on page 4)

Giant Colon Exhibit (continued)

"The exhibit attracts a lot of attention" says Dr. Linda Rabeneck, Medical Director, ColonCancerCheck. And that is the whole point, says the gastroenterologist from Sunnybrook Health Sciences Centre in Toronto, who sees too many patients whose newly diagnosed colorectal cancers have already reached an advanced stage. "Together we need to continue to spread the message that early detection saves lives. We don't often talk about our bowels, colons or rectum, but this is actually the second leading cause of cancer deaths in Canadian men and women."

It was important to stress that screening means having a test when a person feels perfectly well and is not experiencing any symptoms. The message was simple – when caught early enough through regular screening, colorectal cancer is curable in 9 of every 10 people.

We know that primary care practitioners are crucial in helping their patients make decisions about cancer screening. Please consider having this important conversation with your patients.



Using Technology to support ColonCancerCheck (continued)

InScreen generated lists of eligible patients that were provided to participating physicians for validation. Early results show that InScreen's data is highly accurate in identifying screen-eligible patients.

In November 2009, approximately 14,000 co-branded (ColonCancerCheck + physician name) invitations generated by InScreen were mailed directly to these patients, inviting them to speak with their physician about screening. Co-branded invitations were chosen because research shows people are more likely to undergo screening based on the advice of a physician.

In January 2010, ColonCancerCheck provided participating physicians with customized reports summarizing their practice screening activity. The reports also identified care gaps, including patients who began the screening journey but were lost to follow-up.

In the future, InScreen's technology may be expanded to include all patients that are eligible for colon cancer screening and leveraged for other organized screening programs and population based initiatives.

Protecting Participants Privacy

The ColonCancerCheck Program has been designed with the participant's right to protect their personal health information in mind. As a prescribed registry under the Personal Health Information Protection Act, the privacy practices of ColonCancerCheck are reviewed and approved by the Information and Privacy Commissioner (IPC) of Ontario every three years. The last approval of the practices was obtained October 2008. ColonCancerCheck has developed privacy-specific Frequently Asked Questions (FAQs) for health care providers. You can access these FAQs on the ColonCancerCheck page on the Ministry of Health and Long-Term Care website: http://health.gov.on.ca/en/ms/coloncancercheck/pro/privacy_faq.aspx

Questions, comments or feedback?

Let us hear from you!

By phone:

1-866-662-9233

For more information go to:

ontario.ca/coloncancercheck

By email: coloncancercheck@cancercare.on.ca



A 53 year old patient of mine came to see me today that I haven't seen for two years. She said she came . . . "because of the letter you sent me". Her husband died two summers ago of metastatic colon cancer. He never had any colon cancer screening and died within two months of his diagnosis. Today, she received her first ever ColonCancerCheck kit . . . It was the invitation pilot letter that motivated her to come in.

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