



Colorectal cancer screening

In your office now?

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Screening for colorectal cancer is either on its way or already here, depending on how you practise. Health Canada's National Committee on Colorectal Cancer Screening¹ has recently made recommendations, as has the Canadian Task Force on Preventive Health Care.² The National Committee recommends provincial governments begin to plan and phase in population-based screening programs using fecal occult blood tests at least every second year and targeted at those aged 50 to 74. The Task Force recommends that we do annual screening for fecal occult blood among adults 50 years and older in our clinical practices now.

While I recognize there is debate about where our fiscal resources should be best spent,³ the National Committee and the Task Force provide us with compelling evidence of efficacy. Only the provinces can control whether they will support the costs of developing newly organized screening programs.

In the meantime, these recent recommendations force family physicians to think systematically about this screening item in the care of adult patients. Like other screening maneuvers, the acceptability and ease of conducting screening tests makes it appealing to patients. Fecal occult blood testing is not difficult. It will be very tempting to make access to the test in organized screening programs (and not through family physicians' offices) easy. Informed consent to the screening test and its consequences, however, can be obtained in the office. Discussion of screening will need to include the follow-up steps to a positive result, most likely requiring a colonoscopy. Colonoscopy is a safe diagnostic test but is not completely free of possible adverse events, such as perforation or even death. Patients participating in screening need to know this. Designing the recruitment methods and ensuring informed consent to participate will be a challenge in the development of provincial screening programs. I hope that patients will be recruited primarily in family physician offices. There will, however, likely be patients who would like to access screening directly and who will challenge screening programs to develop direct access.

The other issue for each province to consider will be how to reimburse family physicians for this activity. Not all provinces pay for physicians to administer or discuss screening tests for otherwise healthy people. Taking time to include this screening test among others in a well-adult visit (annual or otherwise) becomes a challenge given current reimbursement strategies. In the costing model developed for the National Committee, 63% of the annual costs of screening resulted from visits to family doctors before testing and for follow up after positive results. Provinces must recognize this financial reality.

Finally, adding another screening test raises the bigger issue of screening and preventive health care in family practice. It is yet one more reason for practices to computerize. Computerization allows physicians to generate lists of who needs to be screened and who has been screened when. The capacity to print reports of such activity and conduct clinical audits on the quality of recommended care in family practice will be possible only through computerization. We need a reimbursement strategy that supports broader implementation of screening and regular audit and quality improvement in primary care in general. ♦

References

1. National Committee on Colorectal Cancer Screening. *Recommendations for Population-based Colorectal Cancer Screening by the National Committee on Colorectal Cancer Screening*. Ottawa, Ont: Health Canada; 2002. Available from: <http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/ncccs-cndcc/>. Accessed 2003 May 8.
2. Canadian Task Force on Preventive Health Care. Colorectal cancer screening: recommendation statement from the Canadian Task Force on Preventive Health Care. *Can Med Assoc J* 2001;165:206-8.
3. Marshall KG. Population-based fecal occult blood screening for colon cancer: will the benefits outweigh the harm? *Can Med Assoc J* 2000;163:545-6; discussion 547.

Disclaimer: Dr Burge represented the College on the Health Canada-sponsored National Committee on Colorectal Cancer Screening. Views expressed are those of Dr Burge and not those of the National Committee on Colorectal Cancer Screening, or of Health Canada, or of the College of Family Physicians of Canada.

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