National Colo Rectal Screening Programme : France

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In France, a national population-based Screening Programme for Colorectal Cancer was set up in 2002 by the Department of Health (DGS) who steers the programme with the National Cancer Institute (INCa). The programme is based on a national protocol, modalities of which were set by the French Institute for Good Practice (HAS). The French Institute for Public Health Surveillance (InVS) is in charge of the epidemiologic evaluation. A steering group monitors the programme development. National coverage is expected to be completed by end 2008.

The French programme offers biennial screening using the Guaiac Faecal Occult Blood Test (FOBT) to average risk subjects, men and women, aged 50 to 74.

Organisation of the French programme

France is divided into 100 administrative districts. Monitoring Centres, usually one per district, were set up for the National Breast Cancer Screening Programme. The implementation of the Colorectal Cancer Screening Programme relies on the same local Monitoring Centres.

A national screening training programme (3 to 5 trainees per Centre) was implemented. It was organized first by DGS/french national society of gastroenterology then by INCa and partners.

It is designed for newly selected districts joining the programme.

A total of 10 national training meetings have already been performed, training more than 300 GPs, gastroenterologists and executive directors of Monitoring Centres, in charge to secondary train GPs from their district before launching the Colorectal Screening Programme.

A national CD-ROM was created with the aim of increasing the knowledge of the GPs on target population, different risk levels, expected benefit, easiness of the screening and role of the Monitoring Centre.

Besides GP's training, the Centres are in charge of invitation of the target population, follow-up of screening participants and data collection about tests results, follow-up and colonoscopy results from GPs and gastroenterologists for people who were screened positive.

They transmit aggregated data to InVS in charge of epidemiologic evaluation on an annual basis, as part of the quality assurance protocol.

The target population receives an individual standardised letter, inviting them to consult their GP, who in turn provides the FOBT, free of charge and checks for individual risk of the subject.

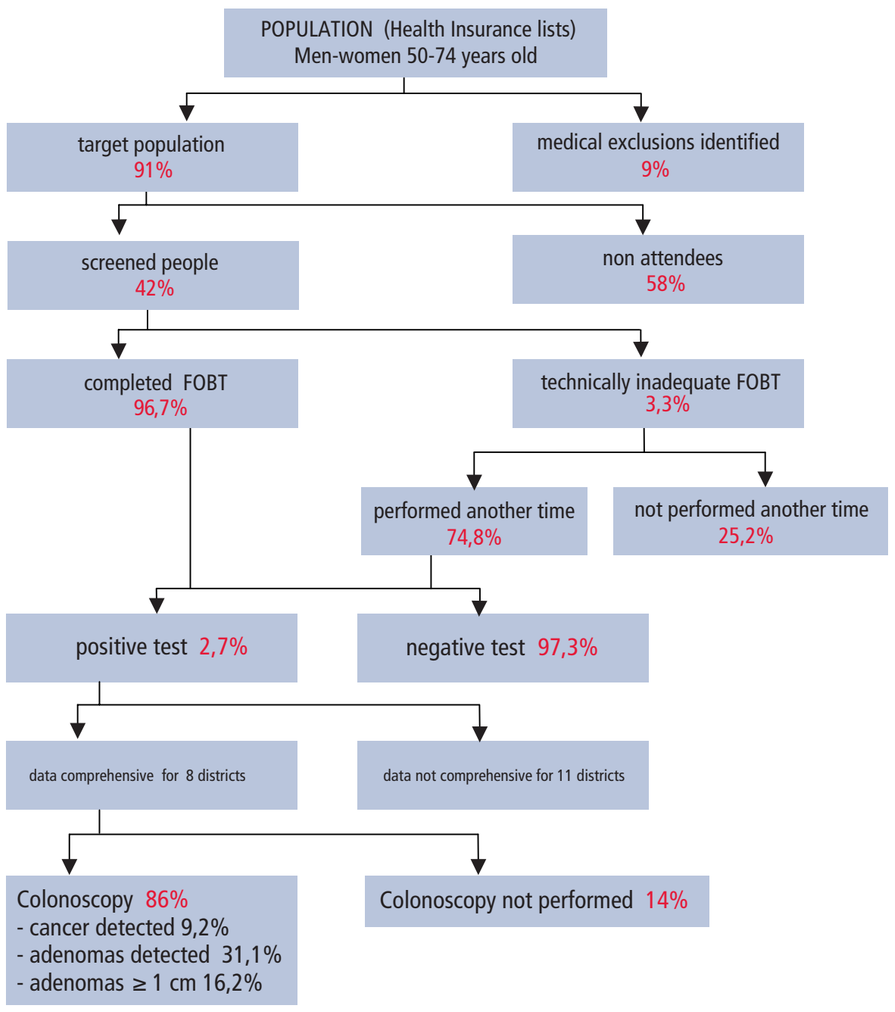
If the subject presents with a familial risk or has had colonoscopy within the 5 past years, he is excluded by the GP. GP should inform the Monitoring Centre about identity and reasons for exclusion. Exclusions range from 6 to 16% of the target population according to the districts.

The tests are sent by the subject to a laboratory. A small number of laboratories have been selected for the programme on quality criteria.

Subjects presenting with a positive test result are proposed a full colonoscopy by the GP.

The invitation process using call and recall (invitation letters, reminder letters, recall in case of a positive test not followed by a colonoscopy, result letters for patient and GPs) is based on nominative population lists supplied by local Health Insurance Organisms (in France only 0.4 % of the population don't have any Health Insurance).

Organisation and first results



Results

By September 2008, the roll out of the programme between 2007 and 2008 included 98 of the 100 districts targeting almost 17 million people. Most of theses programmes are very recent and are still in the phase of training for GP.

By end of 2006, performance indicators for the first round were available for 19 districts, (target population: 4 million). The overall participation rate reached 42% (31% to 54%). The overall positive test rate was 2.7%. In the 8 districts with comprehensive follow up data for the first round, 86% of colonoscopies were completed after a positive test. A total of 1,615 people were diagnosed with cancer, and 4, 612 people with adenoma. The cancer detection rate reached 2.3‰, it was higher in men than in women (3.4‰ versus 1.4‰), and increased with age. Total of 43% of invasive detected cancers were stage I, 24% stage II, 23% had lymph node involvement, and 10% presented with distant metastasis.

FOBT results according to gender and age - 19 districts

	Number of tests performed	Technically inadequate test		Positive test rate
		rate	repeat test rate	
All	1 118 251	3.3%	74.8%	2.7%
Men	491 109	3.2%	73.7%	3.3%
Women	627 142	3.4%	76.2%	2.2%
50-54 years	267 361	2.7%	71.4%	2.2%
55-59 years	259 238	2.9%	74.8%	2.3%
60-64 years	209 369	3.3%	77.6%	2.8%
65-69 years	200 770	3.6%	73.7%	3.0%
70-74 years	180 455	4.1%	75.3%	3.3%

Colonoscopy results according to gender and age - 8 districts

	Number of colonoscopies performed	Performed colonoscopy rate	% adenomas detected	% adenomas ≥ 10 mm	‰ adenomas rate screened people	% cancer detected	‰ cancer rate screened people
All	14 696	86.2%	31.1%	16.2%	7.2‰	9.2%	2.3‰
Men	7 974	85.9%	38.8%	21.2%	10.9‰	11.5%	3.4‰
Women	6 722	86.5%	22.1%	10.4%	4.2‰	6.7%	1.4‰
50-54 years	2 819	85.1%	26.2%	12.7%	4.8‰	4.5%	0.8‰
55-59 years	3 008	86.3%	29.4%	15.8%	6.1‰	5.4%	1.5‰
60-64 years	2 989	86.9%	29.4%	14.3%	7.2‰	8.6%	2.3‰
65-69 years	2 956	86.8%	34.0%	17.4%	8.9‰	12.2%	3.3‰
70-74 years	2 924	85.8%	35.9%	20.5%	10.4‰	14.3%	4.3‰

Discussion

The following points still need to be improved:

- Consensus on standardized data collection,
- Colonoscopy uptake after a positive FOBT,
- Comprehensiveness and quality of data transmission from GPs, gastroenterologists, and pathologists to the Monitoring Centres, and from the Monitoring Centres to InVS, mainly for data related to the follow-up of positive tests, particularly for cancer staging,
- Information on possible adverse effects of colonoscopy.

Conclusion

The national coverage of the French Colorectal Cancer Screening Programme is now nearly completed. Quality control measures have been implemented in the programme at different levels (training, invitation letters, public information, qualification of laboratories, data collection and data monitoring). The results of the French Colorectal Cancer Screening Pilot Programme suggest that impact, quality and efficacy performance indicators are consistent with other pilot programmes and controlled studies in Europe.

However, participation rates were still low in some districts. Improvements should be obtained when all districts become operational. National advertising and media campaigns should increase the population and GP's awareness to the screening programme.

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