

Integrating CRC screening into health care in Australia

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Colorectal cancer is now the commonest internal malignancy in Australia. Furthermore, the incidence continues to rise. The federal health department has chosen to take a centrally organised approach to offering screening, using fecal immunochemical tests (FIT) mailed out to the Australian public aged 50 years or over. An address for >95% of the population can be accurately determined for the universal health insurance scheme Medicare. A pilot feasibility study has been undertaken in almost 60,000 subjects in two urban and one rural setting with varying degrees of affluence and ethnicity. The intention has been to trial a process that integrates easily into the existing health-care system, evaluates capability of resources to manage cases properly, and tracks cost to facilitate budgetary planning. While FIT are mailed from a central facility, those with positive tests have colonoscopic follow-up arranged by the general practitioner. This strategy has been chosen to maximise population participation with at least some screening test. Those with symptoms or other high risk settings are directed towards their GP who would triage direct to colonoscopy where appropriate. While the pilot is now complete, only interim results as of early 2004 are publicly available. FIT participation rates have varied between sites and have fallen in the range 38-66%. There is evidence that significant numbers with high risk for CRC have consulted their GP for further advice but data on the frequency of this are not yet complete. Time between advice of the positive FIT and performance of colonoscopy has averaged about 39 days. Caecal intubation has been achieved in over 90% of colonoscopies and 86% have been judged adequate. At this stage, data on detection rates of neoplasia are not publicly available.

Conclusions: Screening of this type is acceptable to the general population – a participation rate of around 50% for a first-time offer is felt to reflect major acceptance by the public. Follow-up is effective and within a reasonable time-frame suggesting that doctors follow guidelines and that resources are adequate. Clearly, a centralised, systematic approach to screening at the population level does engage people and is feasible.