



INTERACTION WITH SCREENEES AND PATIENT ORGANIZATIONS

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Content of the lecture

- **Interaction with screeners**
 - in general practice
 - professionals via media

- **Interaction with patient organizations**
 - about screening for colorectal cancer
 - about colorectal cancer



Interaction with screenes in general practice

Primary prevention

Limited possibility....

- Brief interventions
- Systematic preventive checks

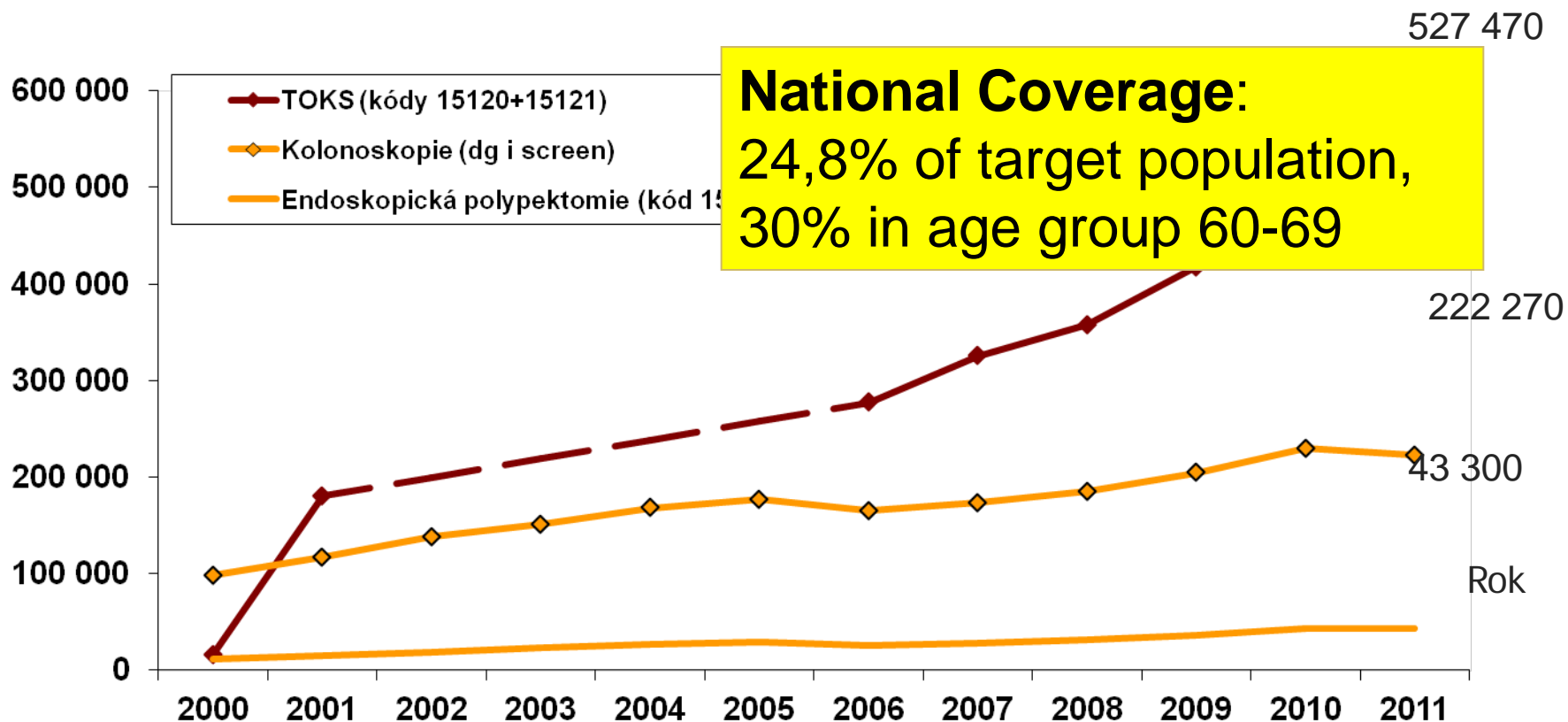
- Individual basis
- Family basis
- Group sessions

Secondary prevention

- Case finding/identification for high risk group
.....▶ GE
- **Screening according to guidelines
since age 50**
 - semi-opportunistic
 - some GPs invite
 - cohort phenomenon

Number of FOBTs, colonoscopies and polypectomies performed 2000-2011

Source of data: National Reference Centre



Adherence to screening program

GP aspects

- **Competence**
(understanding, education, knowledge)
- **Attitudes**
(resistance, pasivity, activity, enthusiasm)
- **Management / practice organization**
(allocated time, appointment system,nurse involvement)
- **Financial motivation**

Which method?

Primary care or secondary care based programs?

- Colonoscopy-naive asymptomatic patients prefer FOBT over colonoscopy for CRC screening

Debourcy(US) 2007

- 20 042 patients, age 55-64, in Italia invited for screening and randomized to 3 options: Colonoscopy, FS, FOBT
 - Adherence to FOBT, FS 32%
 - Adherence to Colonoscopy 26%

Segnan 2007

- **Clear preference of non-invasive methods**

View of CRC screenees

- The awareness exists (75%),
the understanding is lower (<50%).
the adherence is 25%.
- Personal attitudes in population vary:
 - some people active, prevention oriented.
- Education and socioeconomic status does not play a role in adherence to program.

Screening: practical issues

Reasons for non- participation

- Half of non-participants decide before and half after reading kit instructions (*gFOBT*).
- Procrastination (26%)
- Percieved unpleasantness of the test (25%)
- Recent bowel examination (24%)
- Misconception of the screening – only for symptomatic (20%)
- Anxiety about results (8%)

GP: FOBT+ consultation

- Never expected
- Never welcome and always difficult

- „*Doctor, you told me, that the test was just for sure...*“

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- „*I don't believe, give me another test!*“

- „*I feel OK, I do not believe that something is wrong*“.

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- „*I have heard about more pleasant methods than colonoscopy...*“

➤ **10% of patients disagree with colonoscopy**

GP: FOBT+ management

1. Make an appointment for FOBT+ patient **sensitively**.
2. **Calm** patient down in practice before giving bad news.
3. **Inform** what FOBT+ in screening program means.
4. **Learn** patient about colonoscopy (use brochures, websites, webcast).
5. **Explain** preparation/prescribe preparation.
6. **Support** an appointment for colonoscopy in specific centre, with specific physician, if possible.
7. **Assess positively** patient approach to his health.
8. **Invite** patient to come after colonoscopy.

Address invitation from GP perspective

- System to be introduced in 2013
- What will happen?
- How big increase in attendance (if any) we can expect?
- 10, 20, 30%? or more?
- Concern about GE capacities

Interaction with patients via media

- GP representatives are part of bodies governing screening in the Czech Republic
 - participate at press conferences
 - publish in lay magazines
 - present screening program in TV and radio
 - participate at regional promoting activities

Interactions with patient organizations

- Vize 97
- Onkomajak
- League against Cancer
- ILCO



- Facilitator of introduction of CRC screening in the Czech Republic in 2000
- Council for Colorectal Cancer under the umbrella of VIZE 97 had been governing screening for years
- Screening promotion in media: TV spots, articles, leaflets, joint activity: www.colorectum.cz
- Screening promotion at scientific meetings

Onkomajak

Citizens Association



- Support of cancer patients
- Cancer prevention
- Question and answers
- Platform for discussion
- Media activity

COLON TOUR since 2009



Pavla Freij

League against Cancer

Communication/interaction on:



- Cancer prevention
- Healthy life style
- Quality of life of cancer patients
- Support of research in oncology
- Support of departments of Oncology

ILCO

Voluntary organization of stomic patients

Key issues:

1. support of cancer patients

- Bad news management: new cancer diagnosis
- „I have a cancer, what should I do?“
- „I have a stomia, how can I live with that?“

2. promotion of cancer prevention



ILCO

- Leaflets and information to surgeries (GP, onco)
- Network of volunteers for counselling with pts.
- Hospital projects: visits to patient before and after stomia surgery
- Cooperation with stomia nurses
- Books with lay case histories
- Cooperation with Media
- Participation in scientific and public meetings

Conclusion

- The role of GPs in primary care based screening programs is crucial.
- Continuous media education campaign on screening is necessary
- Address invitation is the next step in screening development.