HOW TO EFFECTIVELY INCORPORATE GENERAL PRACTITIONERS IN COMPREHENSIVE CANCER CARE

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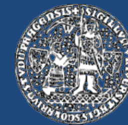

April, 26, 2013

European Colorectal Cancer Days, Brno

Role of primary care physicians in comprehensive cancer care

- **Primary prevention**
- **Secondary prevention:**
  - screening programmes for high risk persons
  - screening programmes for average risk p.
- **Early diagnosis in symptomatic**
- **Care for cancer patients**

Primary prevention

GPs have the best position in a system to influence life style of their patients

- **But the effect is limited….**

- Brief interventions

- Systematic preventive checks

Secondary prevention

- Case finding/identification of high risk group ……..► Gastroenterology
- **Screening according to guidelines since age 50**

A recommendation from GP is the most influential factor in determining whether a patient is screened for CRC

Sarfaty M, Ca Cancer J Clin, 2007

Benefits of primary care involvement in screening program

- **complex approach to person**
- **personalised care**
- **additional value of preventive/screening programs (CV, GYN, MAM, CRC)**
- **cheaper**
- (workload)

Screening – Major GP issues

- Identification of high risk patients
- Adherence of target population
- Practice organization
- Adress invitation
- FOBT
- FOBT + consultation
- Feedback

Identification of high risk patients

- Family history
- Hereditary syndromes
- Polyps
- IBD
- Cancer patients (gynaecological, urological)

- (diabetics)

Adherence to screening program
GP aspects

- Competence
- Attitudes
- Management / practice organization
- Financial motivation

Practice organization

- Important aspect of screening both in opportunistic and population based screening

CONDITION FOR FUNCTIONING OF SCREENING IN GP:

- Time for prevention allocated
- Appointment systém introduced
- Nurse/staff involved
- Sample logistic and testing organized
- POCT method established

Adress invitation

- System to be introduced in 2013

GP must me informed and prepared:

- To be familiar with the technology of adress invitation
- To know about timing of adress invitation
- To have strategy on practice level
- To be ready to cooperate with screening centre

How big increase in attendance (if any) we can expect?

- 10, 20, 30% or more?
- Capacity concerns….

FOBT

- **FOBT**
  - Guajak v. immunochemical: …….**since 2012: iFOBT**
  - qualitative v. quantitative (semiquantitative)
  - POCT v. laboratory
  - positivity rate
  - reimbursement
- Effect of introduction of **adress invitation**?
- **Waiting times,** accesibility of colonoscopy?
- **Safety** of colonoscopy

FOBT+ consultation

- Not expected
- Not welcome and always difficult

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

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-„ I don´t believe, give me another test“.

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

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

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

FOBT+ management

1. Make an appointment for FOBT+ patient **sensitively.**
2. **Calm** patient down 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** 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.

Feedback:
Primary Care Data

- **centrally collected (hard) data/indicators**:

- FOBT adherence rate
- FOBT positivity rate
- regional differencies

□ **primary care collected data (experimentally)**

- waiting times for colonoscopies
- compliance with colonoscopy in FOBT positives

- feedback on endoscopic services/adherence to guidelines

Early diagnostics of colorectal cancer

- The principal method of identification of colorectal cancer stays **symptomatic presentation** to GPs who are source of referral to secondary care.

- **90% of colorectal cancers detected in symptomatic**

- Due to increasing demand of screening colonoscopies **optimalization of referrals for colonoscopy** will be necessary.

GP: Cancer patient care

- Increasing prevalence of colorectal cancer patients; **over10 per each GP** in the Czech Republic.

- Understanding the cancer/oncological treatment and its options, incl. adverse effects
- Attention to duplicity/multiplicity

- Palliative care

Colorectal Cancer
Imperatives for primary care

- Do not miss a symptomatic cancer/refer in time.
- Identify high risk patients.
- Screen for colorectal cancer.
- Care your colorectal cancer patients