

COLORECTAL CANCER screening
THE LOGISTICS BEHIND....

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SCREENING in FRANCE

Mass screening:

mean risk



FOBT/ 2 years

colonoscopy if FOBT pos.

Organized by the state

Individual screening:

high risk

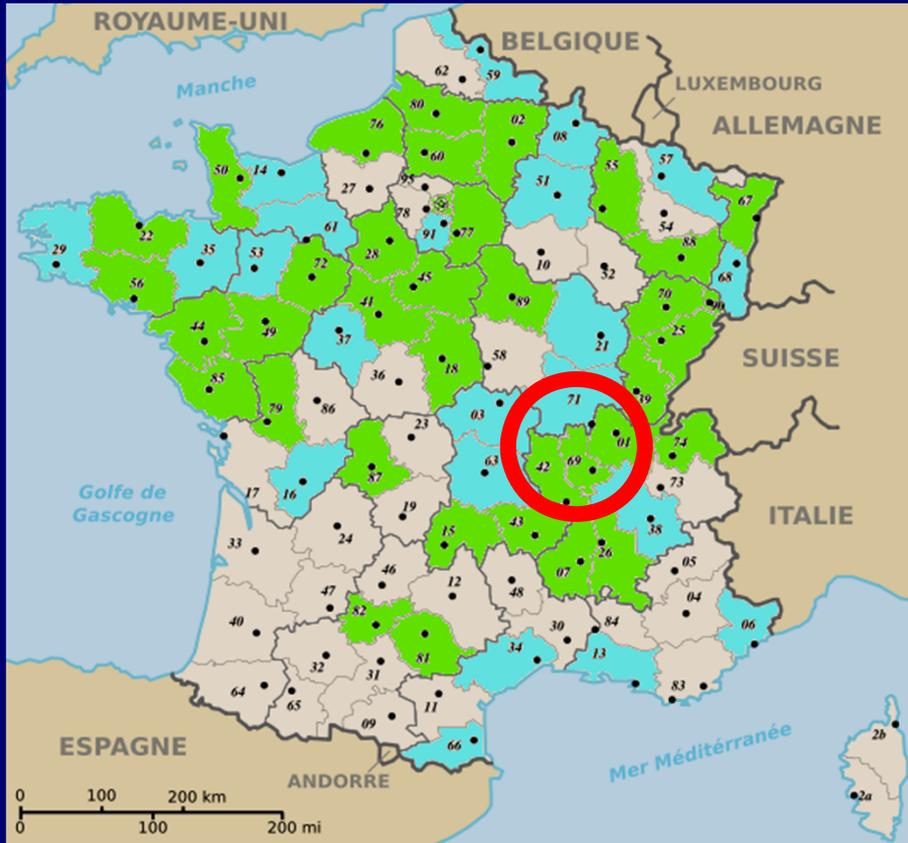
very high risk



Direct colonoscopy

Organized by the scientific societies

Mass screening in France



LYON - RHONE

Launched in 2002:

22 regions out of 95

End 2007: 41 regions

Mid 2008: 63 regions

End 2008:

95 regions = the whole country

18 millions persons

All persons $> 50y$ and $< 75y$ are advised by mail to see their GP to get the tests_

RESULTS

18 Millions people invited

Compliance to test: 31%

%age of exclusions (previous colono): 12.3%

%age of positive tests: 2.2%

Compliance to colonoscopy if positive test: 87%

Number of adenomas: 33.1% / colonoscopies

Number of cancers: 9.3% / colonoscopies

Stage 0-1-2 = 73%

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Cost related to logistics

Logistics itself

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Why CRC screening has been launched in France ?

Deaths related to CCR: 17 000 / years

Deaths related to road accident: 4 000 / years

In Rhone region (2 Million inhabitants)

400 persons can be saved / year

It saves lifes and.....

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It saves lifes and.....**MONEY**

Why it has been launched in France ?

Cost-effectiveness

UPPER LIMIT accepted by French authorities

Cost per year of life saved

< 2 gross national product/head

Or Cost < 50000 \$

Cost-effectiveness analysis of fecal occult blood screening for colorectal cancer.

Lejeune C, Arveux P, Dancourt V, Béjean S, Bonithon-Kopp C, Faivre J.

COST OF THE MASS SCREENING PROGRAM

Direct cost

breast cancer screening	38-53 M€
colorectal cancer screening	111-122 M€

Indirect cost for both programs 76 M€

TOTAL COST 208-234 M€

COST OF THE MASS SCREENING PROGRAM

COST per person screened for CRC: 21.9 €

(breast: 19.1 €)

COST per CR cancer detected: 9531 €

(breast: 3000 €)

COST with FOBT mass screening:

2500 euros / year of life saved

**In comparison, for advanced CCR, with
chemotherapy**

Minimal COST = 50 000 euros / year of life saved

COST OF THE MASS SCREENING PROGRAM

THE PAYERS:

The SOCIAL SECURITY (= The state)

The REGION

Following discussions (negociations) at a regional basis, every year, between the payers and the regional agency in charge of breast cancer and colorectal cancer screening

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Organisation 1

Mail invoice to the whole population 50 to 74 years

General practitioner

- 1) excludes high risk patients (direct colonoscopy)**
- 2) distributes and explains the test**
- 3) also explains the limits of the test:**
 - explains that, if the test is negative and if patient then present symptoms, the patient has to have a colonoscopy**

Test repeated / 2 years if negative

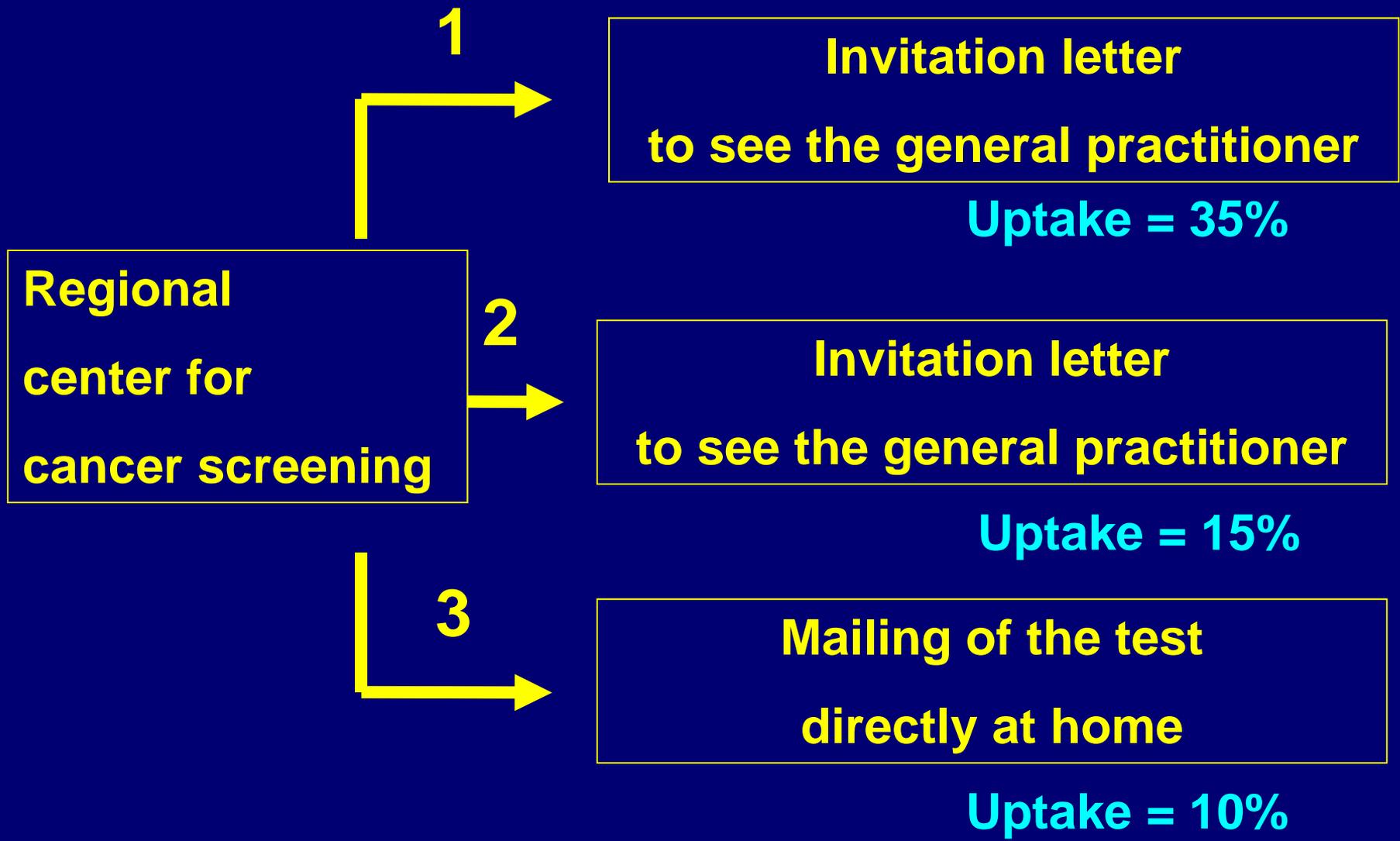
Organisation 2

General practitioner

**Has then a major role
for population education
also to promote individual screening by
colonoscopy if high risk patient**

**Should also be motivated and trained (By the
regional agency and the gastroenterologists)**

**Receives fees as a compensation
(for training, then for test distribution)**



Organisation 3: logistics...

Registry of the whole population 50-74y (social security registry) = NOT ANONYMOUS

One agency per region (same as breast cancer mass screening)

To organize the program

To send the letters to the persons

To provide tests to the GP

To collect all the data: exclusions, test results, colonoscopy results, surgical results, histology,

Organisation 3: logistics...

**6-20 persons full time / region
(including a webmaster and a
communication assistant)**

Budget in Rhone region: 2.5M€/ year

Organisation 4: logistics...

A national pilot committee

to follow the results

to decide for minor modifications or adaptations

The National agency against cancer

To organize and sponsor research on screening

The National agency on healthcare survey

To store and manage all the data

Organisation 5: colonoscopy...

Standardized case report form

National registry, quality standards

2000: prior mass screening

1.1 Millions colonoscopies / year

2008: after mass screening

1.2 millions colonoscopies / year

plus 0.1 million colonoscopies due to mass screening only

only 10% increase

COLORECTAL CANCER screening ***THE LOGISTICS BEHIND....***

A major gap in France

Logistics are not for high risk patients: patients who undergo colonoscopy are not well followed up

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CRC screening saves money

**Nevertheless logistics are expensive
and should be well adapted and sized**