Colorectal cancer (CRC) is the second leading cause of cancer death in Canada. Screening is one of the important approaches to reduce mortality. This report is intended to provide Canadian health professionals with a brief overview of our rapid progress in the past few years and some insights as to how we can accelerate progress in the immediate future.

In the 2008 Canadian Community Health Survey (CCHS), 32% of adults aged 50 to 74 had had either a fecal occult blood test (FOBT) in the past two years or a sigmoidoscopy/colonoscopy in the past five years for asymptomatic reasons. This is much improved over the 2003 data (complete data available for NL and BC only) when screening rates among Canadians aged 50 to 74 were about 13% lower in these two provinces compared to 2008.

Canadians may undergo CRC testing for symptoms, for follow-up or for other reasons. In 2008, an additional 7.5% (39.7% total) of all adults aged 50 to 74 had had either an FOBT in the past two years or a sigmoidoscopy/colonoscopy in the past five years for any reason (Figure 1). This is an increase from earlier studies in Canada which found lower CRC testing rates for individual provinces or sub-provincial regions.1-9

CRC testing rates lag behind those in the United States, where those reporting up-to-date CRC testing (for any reason) have increased from 37.6% to 44.2% between 2000 and 2005 for adults aged 50 to 64 and from 48.7% to 56.4% for adults 65 and older.12

Canadians are more likely to be screened for CRC as they get older. Among those aged 60 to 74, 37.7% of Canadians report getting screened for asymptomatic reasons compared to 27.5% of those aged 50 to 59. A similar pattern is seen in all provinces, with the exception of Nova Scotia, where screening rates are higher among the younger age group (24.8% vs. 21.8% for those 50 to 59 and 60 to 74, respectively).

Are Canadians ready for CRC screening?

The Colon Cancer Screening in Canada Survey† was undertaken in March and April of 2009. 3,153 Canadians aged 45 to 74 were interviewed regarding their understanding and attitudes about getting screened for CRC. The survey was intended to advise Canadian screening programs in designing their awareness and recruitment efforts.

At the time the survey was done (2009), there was still a common belief among professionals that the general population was not aware of screening and, if they knew

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† Conducted by Angus Reid Public Opinion and the Applied Health Research Centre at St. Michael’s Hospital on behalf of the Canadian Partnership Against Cancer (CPAC), the survey used random digit dialling methodology. The margin of error for sampling variability was +/-2.1% points (95% confidence interval) and the results were weighted using the 1996 Canadian census data to ensure sample representativeness of the Canadian population aged 45 to 74.
of the tests, they found them unacceptable. But this wasn’t the case: the vast majority (80.9%) of Canadians surveyed aged 50 to 74 are aware that tests exist to screen for CRC and 83.5% think that people their age should get screened for CRC (Figure 2). Only 12.4% strongly agreed that the test “just grossed them out,” and fewer than 6% said they would definitely be embarrassed to talk to their doctors about the test.

But the problem is this: Many Canadians (60.0%) do not understand that screening occurs before symptoms of CRC have developed (Figure 3). Among those not screened for CRC, not seeing the need/lack of symptoms is the most common reason given for why they have not been screened (Figure 4). We need to be clear about this: screening is a “health” behaviour that is not linked to symptoms.

The importance of conversation with health care providers

Among Canadians who were not screened, one of the most common reasons given was not having been told to do so by their doctor or rarely having contact with their doctor (32.5%) (Figure 4). The role of this conversation with health care providers is critical. For those Canadians aged 50 to 74 who had discussed colon cancer testing with their doctors, 72% report being up-to-date in their colon cancer screening versus 33% among those who say they had not had this conversation with their doctor.

Resources to help with those conversations about CRC...

The survey shows that people are not embarrassed to talk about CRC screening and that conversation is important. However, there may be challenges in initiating conversations that get Canadians motivated to start screening.
Colonversation (www.colonversation.ca) is an initiative of the National Colorectal Cancer Screening Network under the leadership of the Canadian Partnership Against Cancer. Physicians are encouraged to suggest that patients visit the site for step-by-step information on screening in their province. For example, an animated video on exactly how to use a self-test kit (FOBT) may be useful to patients as a resource when they go home with their tests. An animation about colonoscopy is also available on the website. Website visitors are also able to find out how and where to get checked for CRC in their provinces.

Organized CRC screening in Canada

As of early 2010, organized screening programs were established across the country with ten provinces and one territory having announced or currently running organized CRC screening programs or pilot programs. For information on the CRC screening program in your province, visit www.cancerview.ca/colonversation/wheretogetchecked

The goal of the provincial CRC screening programs is to increase access to high-quality CRC screening for eligible Canadians and thus reduce mortality due to the disease. Each program follows the recommendations for CRC screening set out in the population-based guidelines developed in 2002.11 While all programs are using the FOBT as the entry test, some are using guaiac tests and others are using immunochemical tests.

Each province’s context is different, and so there are variations among provinces in the specific components of the screening programs in place. Different recruitment strategies are used to encourage Canadians to get checked, and there currently is not any Canadian evidence about which of these strategies will optimize uptake and follow-up on a population basis.

Taking action to increase CRC screening

We have made progress in increasing uptake of CRC screening, but there is still a long way to go. The findings from the survey are encouraging: people are generally aware that screening tests exist for CRC, and see the value in being screened. The strongest barrier to screening — the belief that screening is linked to symptoms — can be easily addressed in conversations. And healthcare providers should know that patients are very likely to accept their encouragement to get screened. For tips to help your patients get the conversation started, encourage them to visit www.colonversation.ca.

For more information on CRC screening in Canada, please visit www.cancerview.ca under Resource Library.

TAKE-HOME MESSAGES

WE ARE MAKING STRIDES in increasing uptake of colorectal cancer (CRC) screening in Canada, but overall uptake is still low. A total of 32% of Canadians aged 50 to 74 have had a fecal occult blood test (FOBT) in the past two years, or sigmoidoscopy or colonoscopy in the past five years and an additional 7.5% underwent testing for symptoms, follow-up or other reasons.

CANADIANS ARE GENERALLY POSITIVE about CRC screening, and are not embarrassed to talk with their physicians about it.

THAT SAID, A LARGE GROUP OF CANADIANS in the target age group (50 to 74) mistakenly believe that “screening” means testing after they develop symptoms and so may not think screening messages are actually meant for them.

CONVERSATION WITH HEALTH CARE providers is critical in increasing screening uptake. For Canadians aged 50 to 74 who discussed colon cancer testing with their doctors, 72% report being up-to-date in their colon cancer screening versus 33% among those who had not had this conversation with their doctor.
References


Current Screening guidelines for Canadians at average risk of CRC

- There is good evidence to support annual or biennial FOBT.
- There is fair evidence to include flexible sigmoidoscopy in the periodic health examination of patients aged 50 years or older.
- There is insufficient evidence to include or exclude colonoscopy as an initial screening test.

Terminology

- FOBT refers to fecal tests that may include guaiac tests (gFOBT) or fecal immunochemical tests (FIT).
- CRC testing refers to CRC tests done for “any reason”, including for follow up of a problem, for follow up of colorectal cancer treatment, or for other reasons.
- CRC screening refers to tests done when the respondent had no symptoms; that is, they were not tested because of a follow up to CRC or other problem.
- CRC testing or screening is considered up to date if the respondent had an FOBT within two years or a colonoscopy or flexible sigmoidoscopy within five years.

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