

CancerCare Manitoba with support from Manitoba Health, established the Manitoba Colorectal Cancer Screening Program in Manitoba in April 2007. As of August 2009 the Manitoba Colorectal Screening Program has changed their name to ColonCheck Manitoba. The goal of the program is to detect colorectal cancer early and reduce the number of Manitobans who die from the disease. The population based program will be inviting individuals of average risk between the ages of 50 & 74 to be screened with the Hemoccult II Sensa Fecal Occult Blood test (FOBT).

### Colorectal Cancer in Manitoba

- Colorectal cancer (CRC) is the 2<sup>nd</sup> most commonly diagnosed cancer in Manitoba with an estimated 800 new cases occurring in 2009.<sup>1</sup>
- It is the 2<sup>nd</sup> most common cause of cancer death with an estimated 360 deaths occurring in 2009.<sup>1</sup>
- Men have a slightly higher lifetime risk (1/14) vs. women (1/15).<sup>1</sup>
- Incidence increases with age: 93% of cases occur in people who are over the age of 50.<sup>1</sup>
- The 5 year survival rate is approximately 60%. Survival decreases with increasing stage at diagnosis.<sup>2</sup>
- The incidence of CRC is expected to increase by approximately 20% by the year 2025.<sup>3</sup>
- According to billing data, 24% of Manitobans ages 50 – 74 completed at least one fecal occult blood test in a two year period.<sup>4</sup> This rate is an underestimation of individuals screened as it does not include FOB testing done in rural hospitals. Self reported data indicates that 38% of eligible individuals have completed an FOBT in the past 2 years.<sup>5</sup>

### Evidence & Recommendations for Colorectal Cancer Screening

- Four randomized controlled trials have shown that screening using a FOBT can reduce mortality from CRC by 25%.<sup>6</sup>
- In 2002, the National Committee on Colorectal Cancer Screening recommended that screening be offered to adults 50 to 74 years of age using the Hemoccult II FOBT or its equivalent. Individuals should be screened at least every two years and positive tests should be followed by a colonoscopy.  
<http://www.phac-aspc.gc.ca/publicat/ncccs-endcc/ccsrec-eng.php>
- The Canadian Task Force on Preventive Health Care also recommends an annual or biennial Hemoccult test (an “A” recommendation). <http://www.ctfphc.org/>
- The 2008 U.S. Preventive Services Task Force Grade A Recommendations include annual screen with high-sensitivity FOB or sigmoidoscopy and high-sensitivity FOB every 5 years, or colonoscopy every 10 years.  
<http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm#rationale>

### The Test

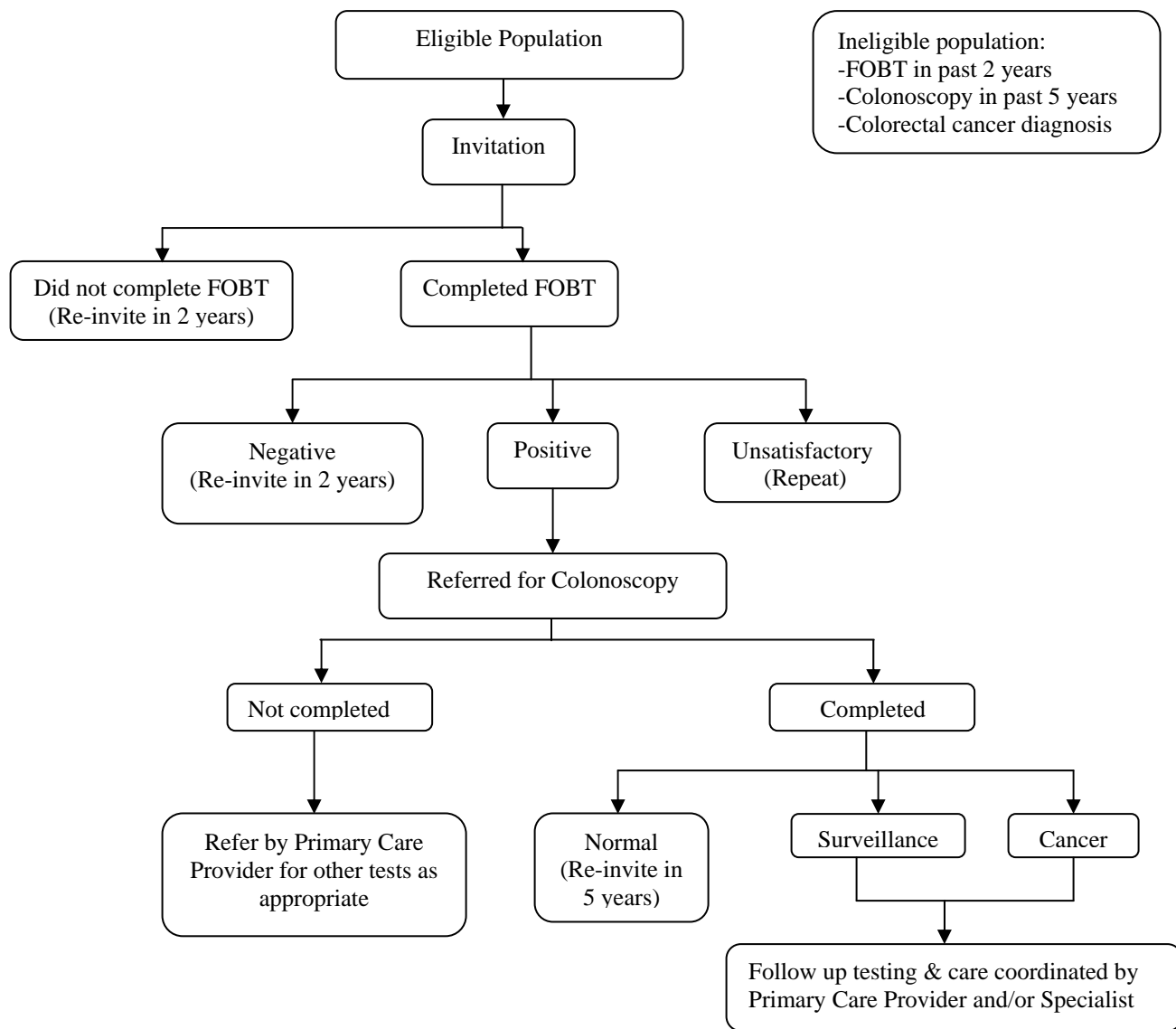
The reported sensitivity of the Hemoccult II Sensa varies based on a number of factors including the type of population (asymptomatic or diagnostic), single or repeated testing, adequacy of follow up, age and dietary restrictions. Results from a first round of screening in an asymptomatic population of 21,000 individuals show sensitivity for CRC of 85.3% (specificity 95.5%) with a positive predictive value for CRC of 5.5% and 26.6% for polyps and cancer.<sup>7</sup>

### Screening Pathway

ColonCheck Manitoba has a population based registry which allows for the identification of eligible individuals, recording of invitations, collection of results, and ongoing monitoring of data. Several invitation strategies will be used including collaborating with primary care providers, distributing through Manitoba Breast Screening, at health events and direct mail. Individuals will receive a reminder letter 6 weeks after the initial invitation. The tests are mailed to Cadham Provincial Lab and the results are forwarded to the program. If any one of the 6 samples is positive, the FOBT is considered abnormal. If any of the 6 samples are missing or unable to be tested the individual will be sent a new test. ColonCheck Manitoba mails a result letter to the participant and if known, the primary care provider.

Individuals with an abnormal result (approximately 3%) are referred for a colonoscopy. Any follow up care or surveillance recommended as a result of the colonoscopy should be arranged by the primary care provider in consultation with the endoscopist.

### Colorectal Cancer Screening Pathway



**References:**

- <sup>1</sup> Canadian Cancer Society’s Steering Committee: *Canadian Cancer Statistics 2009*. Toronto: Canadian Cancer Society, 2009.
- <sup>2</sup> CancerCare Manitoba. (2009). *Colorectal Cancer Five Year Survival Report*. Manitoba: Author.
- <sup>3</sup> Kliewer, E.V, Wajda A., & Blanchard J.F. (2001). *The increasing cancer burden: Manitoba Cancer Projection 1995-2025*.
- <sup>4</sup> Manitoba Health. (2008). *Manitoba Health FOB Screening Report by Regional Health Authority*. Manitoba: Author.
- <sup>5</sup> PRA Inc. (2008). *Colorectal cancer screening: Results of a survey of Manitobans 50 – 74*. Manitoba: Author.
- <sup>6</sup> Hewitson P., Glasziou P., Irwig L. & Watson E. (2007). *Screening for colorectal cancer using the fecal occult blood test, Hemocult*. Cochrane Database of Systemic Review, 1.
- <sup>7</sup> Rennert G., Rennert H.S., Miron E., & Peterburg Y. (2001). *Population colorectal cancer screening with fecal occult blood test*. *Cancer Epidemiology, Biomarkers & Prevention*, 10.