## Colon Cancer Screening

**Indicator Set:** Policy

### Descriptive Definition
Percentage of population, age 50 to 74, who reported having received a screening test for colon cancer.

### Method of Calculation

<table>
<thead>
<tr>
<th><strong>Numerator</strong></th>
<th>Number of individuals in the denominator who reported having received a screening test for colon cancer within the past 24 months.</th>
</tr>
</thead>
</table>
| **Inclusions** | Individual is in the denominator  
|               | Individual reported having received at least one of the following screening tests:  
|               | - Fecal occult blood test (FOBT) within the past 24 months  
|               | - Colonoscopy or sigmoidoscopy within the past 10 years  
| **Exclusions** | None |

<table>
<thead>
<tr>
<th><strong>Denominator</strong></th>
<th>Number of respondents, age 50 to 74.</th>
</tr>
</thead>
</table>
| **Inclusions**  | Age of individual is between 50 and 74 years  
| **Exclusions**  | None |

### Data Source
Canadian Community Health Survey

### Notes
**Definitions of Terms**
- Fecal occult blood test (FOBT) is the screening of one or more stool samples for gastrointestinal bleeding, which may be an indicator of colon cancer.

### Interpretation
- A high rate for this indicator can be interpreted as a positive result.

### Indicator Rationale
In men and women combined, colorectal cancer is the third most common cancer in Canada and the second most common cause of cancer death. It is estimated that approximately 22,200 Canadians developed colorectal cancer in 2011 and that 8,900 died from the disease. As with many other cancers, incidence and mortality rates of colorectal cancer rise steeply after age 50. Evidence from clinical trials and systematic reviews of the literature indicate that screening with an FOBT reduces mortality of colorectal cancer.
Colon Cancer Screening
(Indicator Set: Policy) (cont’d)

Colorectal cancer screening guidelines were established by the Canadian Task Force on Preventive Health Care in 2001,6 and were followed by population screening recommendations from Health Canada’s National Committee on Colorectal Cancer in 2002,7 including the recommendation that people age 50 to 74 with an average risk for the disease have an FOBT every two years. There is fair evidence to include flexible sigmoidoscopy in the periodic health examinations of asymptomatic individuals over age 50 and screening with colonoscopy for above-average risk individuals.6, 8

The National Committee also recommended that screening occur in organized provincial programs with ongoing evaluation; as of the fall of 2010, eight provinces across Canada were running full or pilot programs and two provinces had announced upcoming programs.2

The importance of the role of PHC providers in colorectal cancer screening is illustrated by the results of the Colon Cancer Screening in Canada Survey, which indicate that the strongest motivator for getting screened for the disease is a discussion between individuals and their doctors.9

References


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For more information on the PHC indicators, data sources and reporting initiatives, visit CIHI’s website at [www.cihi.ca/phc](http://www.cihi.ca/phc) or send us an email at phc@cihi.ca.