

**Colon Cancer Screening**  
(Indicator Set: Primary Health Care Providers)

<b>Descriptive Definition</b>	Percentage of patient population, age 50 to 74, who had a screening test ordered for colon cancer.	
<b>Method of Calculation</b>	<b>Numerator</b>	<p>Number of individuals in the denominator who had a screening test for colon cancer ordered within an appropriate time frame.</p> <p><b>Inclusions</b></p> <ul style="list-style-type: none"> <li>• Individual is in the denominator</li> <li>• Individual who had at least one of the following screening tests ordered: <ul style="list-style-type: none"> <li>– Fecal occult blood test (FOBT) within the past 24 months</li> <li>– Sigmoidoscopy within the past 5 years</li> <li>– Colonoscopy within the past 10 years</li> </ul> </li> </ul> <p><b>Exclusions</b></p> <p>None</p>
	<b>Denominator</b>	<p>Number of primary health care (PHC) clients/patients, age 50 to 74.</p> <p><b>Inclusions</b></p> <ul style="list-style-type: none"> <li>• PHC client/patient</li> <li>• Age of individual is between 50 and 74 years</li> </ul> <p><b>Exclusions</b></p> <p>None</p>
<b>Data Source</b>	Electronic medical record	
<b>Notes</b>	<p><b>Definitions of Terms</b></p> <ul style="list-style-type: none"> <li>• A PHC client/patient is an individual who has had contact with the provider at least once in the past year and has a record with the provider dating back at least two years.</li> <li>• Fecal occult blood test (FOBT) is the screening of one or more stool samples to screen for gastrointestinal bleeding, which may be an indicator of colon cancer.</li> </ul>	
<b>Interpretation</b>	<ul style="list-style-type: none"> <li>• A high rate for this indicator can be interpreted as a positive result.</li> <li>• This indicator measures only individuals who have had a screening test for colon cancer ordered as documented in the electronic medical record. The indicator does not measure whether the individual received the screening test (for example, patient refusal).</li> </ul>	



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(Indicator Set: Primary Health Care Providers) (cont'd)**

<p><b>Indicator Rationale</b></p>	<p>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.<sup>1</sup> As with many other cancers, incidence and mortality rates of colorectal cancer rise steeply after age 50.<sup>1</sup> Evidence from clinical trials and systematic reviews of the literature indicate that screening with an FOBT reduces mortality of colorectal cancer.<sup>2-4</sup></p> <p>Colorectal cancer screening guidelines were established by the Canadian Task Force on Preventive Health Care in 2001,<sup>5</sup> and were followed by population screening recommendations from Health Canada's National Committee on Colorectal Cancer in 2002,<sup>6</sup> 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.<sup>5,7</sup></p> <p>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.<sup>1</sup></p> <p>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.<sup>8</sup></p>
<p><b>References</b></p>	<ol style="list-style-type: none"> <li>1. Canadian Cancer Society's Steering Committee on Cancer Statistics. <i>Canadian Cancer Statistics 2011</i>. Toronto, ON: Canadian Cancer Society; 2011. <a href="http://www.cancer.ca/statistics">www.cancer.ca/statistics</a>.</li> <li>2. Edwards BK, Ward E, Kohler BA, et al. Annual report to the nation on the status of cancer, 1975-2006, featuring colorectal cancer trends and impact of interventions (risk factors, screening, and treatment) to reduce future rates. <i>Cancer</i>. February 1, 2010; 116(3):544-573. PM:19998273.</li> <li>3. Jorgensen OD, Kronborg O, Fenger C. A randomised study of screening for colorectal cancer using faecal occult blood testing: results after 13 years and seven biennial screening rounds. <i>Gut</i>. January, 2002;50(1):29-32. PM:11772963.</li> </ol>

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(Indicator Set: Primary Health Care Providers) (cont'd)

**References**

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5. Canadian Task Force on Preventive Health Care. Colorectal Cancer Screening. [http://www.canadiantaskforce.ca/recommendations/2001\\_03\\_eng.html](http://www.canadiantaskforce.ca/recommendations/2001_03_eng.html). Accessed February 8, 2012.
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8. Canadian Partnership Against Cancer. *Colorectal Cancer Screening.* 2010. [http://www.cancerview.ca/idc/groups/public/documents/webcontent/rl\\_cancer\\_1crcscreen.pdf](http://www.cancerview.ca/idc/groups/public/documents/webcontent/rl_cancer_1crcscreen.pdf).

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](mailto:phc@cihi.ca).