

HOW HAS PARTICIPATION RATE INCREASED BY ROUND IN THE BASQUE COUNTRY (SPAIN) COLORECTAL CANCER SCREENING PROGRAMME?

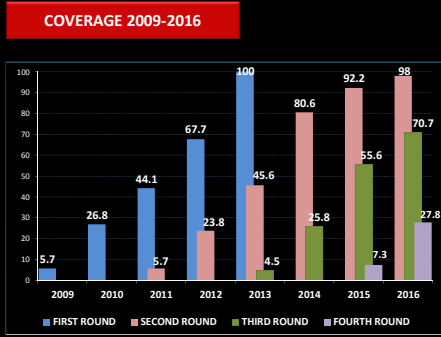
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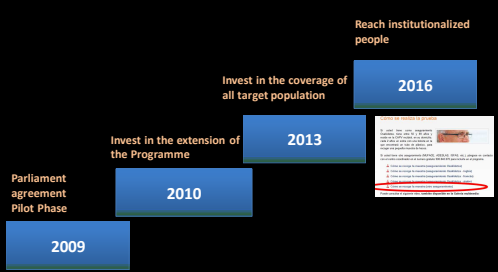
Population based Programme
Approved by Regional Parliament in 2008

50-69 years of age
586,700 target population

FIT (fecal immunochemical test)
biennial 20 µg Hb/gr faeces cut-off
OC-Sensor from 2010

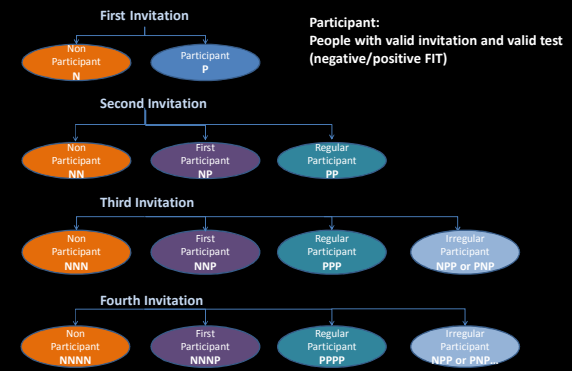
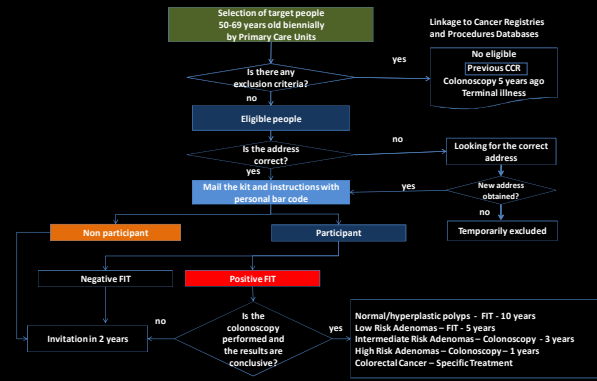


PROGRAMME IMPLEMENTATION

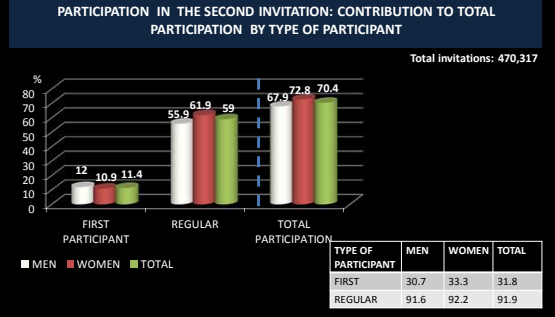
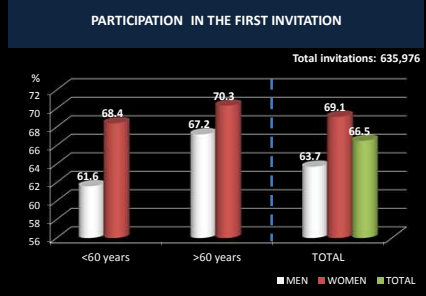
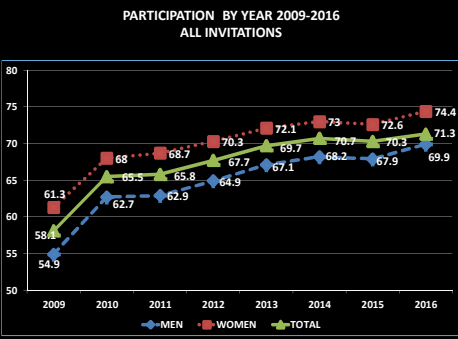


STRATEGY AND METHODOLOGY

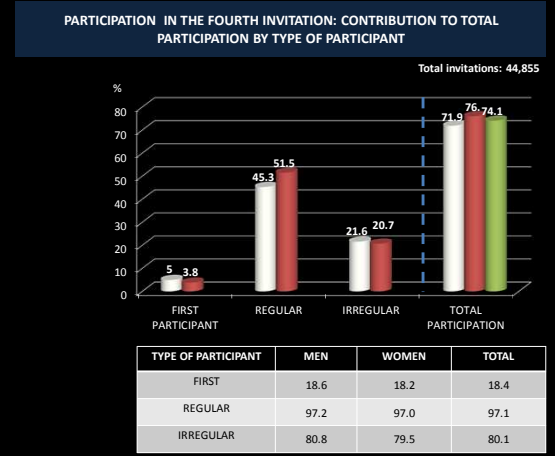
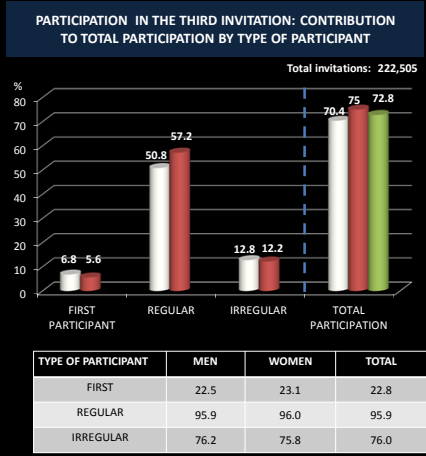
- ### STRATEGY
- Screening free of charge
 - Coordinating Office: Planning, Organizing, Monitoring and Evaluating
 - Involving Primary Care
 - Software linked with clinical data bases and Cancer Registry
 - Mailing invitation and FIT to personal address
 - Facilities to hand the kit in Health Centers
 - Reminder letters
 - Colonoscopies under sedation



MAIN RESULTS



- 1,373,653 valid invitations
- Sex and age group differences in the first and second invitation (higher in women and >60 years) $p < 0.001$
- Non significant differences between sex and age groups in third and fourth invitation.
- First participants (non participants in previous invitation) decreased in successive invitations.
- Regular participants increased in the third and fourth invitations.
- Trends of general participation (all invitations) increased along the period:
Men: 1.016 (1.015-1.018) $p < 0.0001$
Women: 1.021 (1.019-1.023) $p < 0.0001$
TOTAL: 1.019 (1.018-1.020) $p < 0.0001$



CONCLUSIONS

- First participation is the key for increasing successive participation.
- Initial and irregular participants become regular participants in successive invitations.
- Strategies to incorporate non participants must be taken into account, in order to assure a high protection against CRC and better Public Health impact.