

Obstacles to Participation in Colorectal Cancer Screening Identified in the Pilot Study in the Bejaïa Region.

Authors:

Chahira MAZOUZI¹, R. BENYAHIA², N. LARABA³, N. BELIK⁴, M. BELLOUL⁵

¹Medical oncology chu Bejaia, ²Radiology CPMC, ³university hospital of bab eloued internal medicine department university of Algiers 1, ⁴Medical nephrology university of Béjaïa, ⁵Gastroenterology University of Béjaïa

Corresponding Author:

Chahira MAZOUZI

Medical oncology chu Bejaia

Article Received: 25-February-2024, Revised: 15-March-2024, Accepted: 05-April-2024

ABSTRACT:

The effectiveness of colorectal cancer screening using fecal occult blood testing has been established. However, there is not yet mass screening organized at the national level in Algeria. An oncology network in the Bejaia region has provided funding to carry out a feasibility study of free screening of patients at average risk of colorectal cancer. The general practitioners participating in this screening campaign managed, in very variable ways, to have the tests carried out by their patients, citing different behaviors towards screening. The main objective of our article is to explore the obstacles encountered by doctors in colorectal cancer screening and find solutions to overcome them. Three participating daira were organized. General practitioners from both sectors participate. Time was the main obstacle identified. It takes time to inform patients and explain to them the benefit of screening, time to provide the documents accompanying the test and explain its performance, and time to think about screening. The interactive discussion resulted in numerous solutions to improve the organization of general practitioners.

Keywords: Colorectal Cancer Screening, pilot study, colonoscopy

INTRODUCTION:

Screening consists of presumptively identifying, using tests applied in a systematic and standardized manner, subjects suffering from a disease or an abnormality previously unnoticed (WHO, 1960) [1]. In our country, colorectal cancer meets the conditions that the WHO has established in the context of screenable cancers [2]:

- It is a common cancer in Algeria (first position among cancers in men, and second among women).
- Serious (the mortality rate increases from this cancer in Algeria)
- Preceded in 60 to 80% of cases by an adenomatous polyp whose excision helps prevent malignant transformation.

The issue of the need or not to introduce mass screening for colorectal cancer into the national program arose after the publication of new epidemiological data published by the east and south east national network in 2016 which concluded that an increase in the percentage annual 7% of the incidence of colorectal cancer [3-4], in 2030 the incidence and mortality data will be identical to those observed today in industrialized countries, the preparation of a strategy which aims to detect the disease at an early stage or precancerous lesions, would in our reflection be necessary in order to verify it on the Algerian ground the feasibility of mass screening? To determine the risks of its failure before its extension, in the near future, but also to determine

the lack of diagnostic and therapeutic tools in terms of digestive endoscopy equipment, and specialist doctors concerned by the pathology. But also in order to know and identify the obstacles that can oppose it

The results of various randomized clinical studies have led to the establishment of pilot programs or even organized colorectal cancer screening programs in several countries. To date, there is no mass screening program or strategy for colorectal cancer in Algeria for the average-risk population. In 2017 a feasibility operation for colorectal cancer screening was carried out and we are looking at the obstacles encountered during this intervention.

PATIENTS AND METHODS:

We propose in our study report a pilot strategy for mass screening of colorectal cancer whose aim is, firstly, to answer the questions of feasibility and acceptability in the Algerian field, and secondly to determine the specific performance indicators established by international scientific communities. Our strategy is defined by inviting an asymptomatic population aged 50 to 74 years old without any personal or family history of first-degree colorectal cancer every 2 years, to carry out a standard qualitative immunological test at local health structures. of the three designated pilot dairas. People who have

obtained a positive test are invited to carry out a total colonoscopy at the Khellil Amrane University Hospital by trained endoscopists. This study was conducted between January 2017 and February 2019.

RESULTS:

As part of mass screening for colorectal cancer in the pilot dairas of Souk el Tenine, the commune of Amizour and the Adekar daira of the wilaya of Bejaia, which lasted from January 2, 2017 to February 28, 2019, we collected, on the basis of 10,000 guests, 3002 files from citizens aged between 50 and 74 years old. Or a total participation rate of: 30.02%

The age range of the highest participating population is between years, then the age range between [60-64] years, the participation rate is decreasing with increasing age of the population aged [65-74] years, Figure 1. The participation rate curve is decreasing (graph 2), with the curve for the number of awareness actions. The correlation between these two curves was studied by applying a Pearson correlation coefficient $R^2 = 0.99$. Its positivity shows us that there is a real correlation between the number of awareness actions and the number of participants calculated per month during the year 2017. The correlation index is also calculated for the months of May, June and July of the

year 2017 and shows a correlation $R^2 = 1$. The correlation index calculated for the month of January, February and March of the year 2018 and shows a correlation $R^2 = 1$. The correlation coefficient calculated for the year 2017 /2018 per quarter finds an $R^2 = 0.86$. The number of participants is in perfect correlation with the number of awareness actions. Figure 2. We note that general practitioners in the public sector at the Souk el Tenine polyclinic all participated in the pilot program for colorectal cancer screening organized in the daïra. On the other hand, none of the general practitioners from the liberal sector in the same periphery participated. In the same way, 25% of these general practitioners in the liberal sector participated in the organized screening program for colorectal cancer in their daïra. Table 1

We detected 17 cancers in the eligible population (2685) for mass screening, representing a rate of 6‰ for colorectal cancer. The average age of people screened for colorectal cancer is 59.76 years +/- 8.2, a median of 57 years and a mode equal to 50 years. The total number of polyps found in our target population is 196 in 89 people. A person can have a minimum of 1 polyp and a maximum of 6 polyps, the average polyps per person is 2 polyps. Less than 75% of the study population could have 3 polyps.

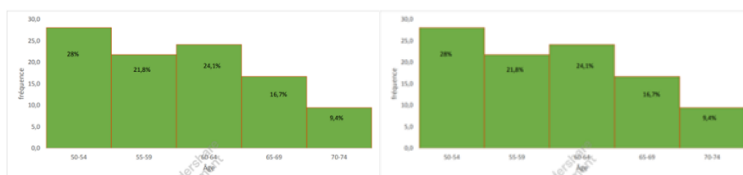


Chart 1: Overall participation rate by age



Graph 2: Participation rate and awareness action by month 1st quarter 2017

Table 1: Participation rate of general practitioners

Structure Sanitaire	Public Sector General Medicine	Liberal Sector General Medicine	TM Public	TP Liberal
Polyclinic SET	10	10	(10) 100%	0%
Polyclinic Melbou	10	05	(10) 100%	0%
Polyclinic Amizour	15	20	(05) 33,3%	(5) 25%
Polyclinic Adekar	05	01	(02) 40%	0%
Total	40	36	(27) 60%	(5) 13,9%

DISCUSSION:

The literature notes that various obstacles to participation must be addressed rigorously into consideration, this depending on numerous factors: policies (will and means), cultural, organizational, financial, standard of living, expectations of the population, quality of information and invitation process. Various studies highlight, through the choices of organization or method (as for other prevention programs) [5], factors which facilitate or restrict the participation of the population [6-7]. As the effectiveness (and efficiency) of a program depends on the participation rate, particular attention should be paid to these issues.

The obstacles identified at our level are:

- The culture and perception of health prevention influence the effectiveness of a Program, cancer is a taboo disease which means death; the concept of healing is not possible due to the lack of knowledge of colorectal cancer and its carcinogenesis process by the citizen.
- The fact of not feeling concerned because of your state of health (absence of symptoms) should not be underestimated. Family, social and economic situation.
- Sex: in our study we did not find a significant difference between participation between the two sexes. However, in Europe or the USA, men are less concerned than women about screening. The latter can, however, play an essential information and incentive role, particularly because of their experience of breast cancer screening as a successful program.
- Age: the oldest people in the target population (65-74 years old) are more reluctant (graph 1).
- Precariousness: this category of the population generally has an average general state of health and are often less informed and aware.
- The information and organization methods of the program are insufficient for the continuity and stability of participation, Fear linked to the screening result.
- The cost of participation (personal payment) To encourage the support of the population, several avenues of action are identifiable.
- Family and loved ones (friends, work colleagues) have a certain influence in the personal decision to participate or not in a screening program. Positive shared experiences induce a dynamic attitude in favor of improving one's state of health, therefore to avoid illness and the treatments that result from it.
- Strengthening the dialogue between the patient and the attending physician is in principle considered as the key element. This is verified in the evaluations of colorectal cancer screening programs in several studies and thesis works devoted to the role of the general practitioner in the screening of all cancers.
- Clear information on the benefits of the program and the screening methods.
- the commitment of local authorities to raising awareness in all sectors.

Analytical Consideration:

Considering the novelty of the program, the modest size of the awareness campaigns and the low commitment of general practitioners or the non-integration of pharmacists and medical analysis laboratories, the participation rate in the pilot project is especially satisfying as the primary objective of the study is to determine the strategy, the obstacles, and the feasibility of mass screening in the wilaya. specific communication intended for people who refuse to participate in the program, as well as targeting to certain categories of the population, including people with low levels of education. According to the 2014 Health Barometer study in France, 70% of the population estimated be well informed about cancer while this figure was 77% in mainland France [8]. Our study revealed, on the contrary, that the participants were demanding more information on colorectal cancer and its screening. Lack of knowledge on organized screening for colorectal cancer was a factor in the non-achievement of the screening found in the literature [9-10]. The feeling of not feeling concerned could be linked to a lack of knowledge about the usefulness of screening. Thus, participants mentioned the absence of symptoms as a reason for not carrying out screening. In a qualitative study on barriers to colorectal cancer screening in general practice, Professor Aubin-Auger found that patients did not have a perception of care [11] which corresponded to screening [12]. Similar results are found in our study: the absence of symptoms or the fact of favoring a healthy diet with a sporting activity were perceived as not requiring screening.

CONCLUSION:

This work has highlighted various obstacles to carrying out screening for colorectal cancer as well as the motivations for its realization in the Béjaïa region. Knowledge about colorectal cancer and its screening is reduced or erroneous and influence the performance of the screening. Participants may not feel concerned about screening due to lack of knowledge about its usefulness to detect precancerous or cancerous lesions while they are asymptomatic. On the contrary, some participants are motivated to take the screening because they think they have symptoms. Carrying out the screening test can be taken at wrongly considered to be performing a colonoscopy. The role of a balanced diet, physical activity or even the belief in divine protection are other perceptions of care and ways of managing one's health. Fear of colorectal cancer, treatments and the suffering caused by treatments are also mentioned as obstacles to carrying out screening. The reluctance to handle stools as well as problems linked to stool collection paper also hinder the performance of screening. This study highlighted the obstacles encountered by general practitioners regarding the screening of occult blood in stools. This

sample of particularly involved doctors essentially revealed barriers in their personal organization. Other studies are necessary to identify and study the Algerian terrain before generalizing this screening.

REFERENCES:

1. Wilson J, Jünger G. Principales and practice of screening for disease. Public Health Papers 34 Geneva: World Health Organization. 1968.
2. Hamdi-Cherif M, Sekfali N, Coleman MP. Incidence of cancer in the wilaya of Setif , Algeria. Bull cancer. 1991; 78(2):155–167.
3. National Cancer Registry Network. Ministry of Health and Hospital Reform , Algiers 2016
4. Hamdi Cherif M, Zaidi Z, Abdellouche D, Hamdi S, Lakhdari N, et al. Cancer registry of Sétif (Algeria): incidence, trend and survival, 1986–2005. J Afr Cancer. 2010; 2(4):245–258.
5. Bouvier AM. Colon-rectal cancer. In: Evolution of cancer incidence and mortality in France from 1978 to 2000. INSERM-INVS:53-9.
6. Mitry E, Bouvier AM, Faivre J, Rougier P. Colon cancer: how to organize mass screening? The general medicine practitioner's journal 2002;582:164-7.
7. Towler B, Irwig L, Glasziou P et al. A systematic review of the effects of screening for colorectal cancer using the faecal occult blood test, hemocult. BMJ 1998;317:559-65.
8. Richard JB, Balicchi J, Mariotti E, Pradines N, Beck F. First results of Aubin-Auger I, Mercier A, Lebeau JP, Baumann L, Peremans L, Van Royen P.
9. Bous A. Factors for non-participation in organized cancer screening colorectal: point of view of patients in Upper Normandy. Faculty of Medicine and Rouen pharmacy; 2013.
10. Obstacles to colorectal screening in general practice: a qualitative study of GPs and patients. Family Practice. 2011;28(6):670-6. general medicine 2006; 746:1150-2.
11. Goel V, Gray R, Chart P et al. Perspectives on colorectal cancer screening: a focus group study. Health Expectations 2004;7:51-60.
12. Vermeire E, Van Royen P, Griffiths F et al. The critical appraisal of focus group research articles. Eur J Gen Pract 2002;8:104-8.