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Title: Colorectal cancer screening practices in Swiss primary care: Variation in care between physicians reporting for the Sentinella Network

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Background: Only 45% of patients visiting their primary care physicians (PCP) in Switzerland are up-to-date with CRC screening. Many patients are never offered the choice of screening and having PCPs discuss screening could increase screening rates.

Objective: Within a systematic data collection on CRC screening practices, we aimed to determine the proportion of 50-75-year old patients eligible for screening, who had a discussion on screening, who chose to be screened, which method they chose and how many refused. We further aimed at describing variation in care between PCPs.

Design: We invited 129 PCP practices reporting for the Sentinella Network. Each physician collected data on 40 consecutive patients. They collected demographic data, data on previous CRC testing, contra-indications for screening, if a discussion had taken place and which decision was taken. After 6 months, PCPs voluntarily reported if the decided test had been performed.

Result: Out of 129 eligible PCP, 91 were included in the data analysis. Among the 3451 included patients, 46% had already been tested for CRC and the ratio of colonoscopy/ FOBT was .9. Among the 50% eligible for a discussion, PCPs reported having discussed CRC screening with 51%. Among these, 61% decided to screen (33% with colonoscopy and 27% FOBT), 29% refused and 6% did neither refuse nor plan a screening. After the consultation, 64% overall had been tested or decided to be tested. We saw wide variations between PCPs in rates of discussion (Q1:31%,Q3:73%) and on which test was chosen (ratio FOBT/colonoscopy Q1:0,Q3:7). At 6 months, 35% of PCPs reported that 76% of the decided tests had been conducted.

Conclusion: Within a systematic data collection, PCPs could discuss CRC screening with half of eligible patients. The discussion led to an increase in the number of patients who decided to be tested. We found wide variation in practices between PCPs.

Keywords: primary health care, colorectal cancer, fecal occult blood testing, colonoscopy, variation in care