

UPTAKE IN A POPULATION-BASED COLORECTAL CANCER SCREENING PROGRAM ACCORDING TO A SOCIOECONOMIC STATUS INDEX IN CATALONIA, SPAIN

Montse Garcia, Llúcia Benito, Gemma Binefa, Jose Espinosa, Maria Fernández, Víctor Moreno

Cancer Prevention and Control Program; Catalan Institute of Oncology-IDIBELL, Hospitalet de Llobregat (Spain)

Background: Despite universal health coverage and organized screening programs, barriers to screening exist and affect certain groups or populations more than others. The aim of the study was to identify differences in colorectal cancer (CRC) screening uptake between socio-economic groups in Catalonia, Spain.

Methods: From November 2012 to November 2014 we sent 60,926 CRC screening invitations to individuals aged 50-69 years who lived in Hospitalet de Llobregat, an industrial city in the metropolitan area of Barcelona (Catalonia, Spain). A quantitative fecal immunochemical test (FIT) was used as a primary screening tool.

Two definitions for CRC screening uptake were considered: 1) FIT Uptake: individuals who have used and returned a screening test. 2) Complete screening process: individuals with a negative fecal test + individuals with a positive fecal test who attended the colonoscopy.

We used an area-based socioeconomic index score. This index has been elaborated by the Catalan Agency for Quality and Health Technology Assessment and it combines several domains (income deprivation, employment deprivation, health deprivation and educational skills), into a single deprivation score for a small area [score: 0-100].

Sex and aged-adjusted logistic regressions models were performed to identify whether CRC screening uptake varies with deprivation, in the context of a population-based program. Associations were estimated as odds ratios (OR) and their 95% confidence intervals (95%CI).

Results: FIT uptake ranged from 28.5% to 46.4%. A socioeconomic gradient in FIT uptake, from the most to the least deprived, was observed (OR: 0.98; 95%CI: 0.981-0.984). No socioeconomic differences regarding the follow up after a positive screening test were found (OR: 0.99; 95%CI: 0.971-1.006).

Conclusions: CRC screening disparities persist with equal access to health care in Catalonia, Spain. Instead of equal chance to be offered the ultimate goal of organized screening programs should be equity in chance to benefit from screening.