

Abstract

Prevention in Primary care with a focus on colorectal cancer screening

Introduction:

Preventive examinations and screening methods are an integral part of the work of a general practitioner. Primarily are focused on cardiometabolic and oncological diseases that share risk factors. The aim of this study was to evaluate the system of preventive examinations and screening programs for CRCa, and to propose modifications to preventive examinations—with regard to cardiometabolic diseases—that would be in line with current scientific knowledge. Furthermore, to determine the attitude of the Czech population towards preventive examinations and screenings for CRCa, and to analyse the current situation of CRCa screening and identify its major shortcomings.

Materials and Methods:

The thesis consists of a set of studies. The studies were aimed at the general population, general practitioners, and other primary care professionals. The research took the form of questionnaire surveys distributed among physicians and patients. The Rand/UCLA consensus method, which combines the best available scientific evidence with the collective judgement of a group of experts, was chosen in the search for an appropriate model of preventive examinations.

Results:

Selective prevention is an effective tool in the prevention of cardiometabolic diseases. The most effective method of systematically implementing selective prevention of cardiometabolic disease is a stepwise approach: initial risk assessment, with subsequent interventions when indicated. Awareness about CRCa prevention and screening, within the Czech population, has been found to be good, but, according to health insurance payers, does not reflect the actual participation of the population. Serious shortcomings were identified in the CRCa screening methodology, such as variability in the tests used for occult bleeding, or excessive waiting times for a colonoscopy in relation to European recommendations. CRCa screening—despite changes to screening modalities and the use of address invitations—does not reach the expected participation.

Conclusion:

Our research has proposed a model for selective screening for cardiometabolic diseases that could serve as a basis to develop effective prevention across EU countries. CRCa screening needs to reflect current scientific knowledge and be regularly adopted. Without positively influencing patient attitudes and motivation, increased population participation cannot be expected.

Keywords: prevention, cardiometabolic disease, colorectal cancer screening, general practitioner