



P-144 - THE SPOC[K] PROFILE (SCREENINGS/POSITIVES/COLONOSCOPIES/[K]ANCER): A PRACTICAL SUMMARY OF INDIVIDUAL COLORECTAL CANCER (CRC) SCREENING PARTICIPATION AND RESULTS FOR CLINICAL CARE AND RESEARCH (TO "LIVE LONG AND PROSPER")

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Resumen

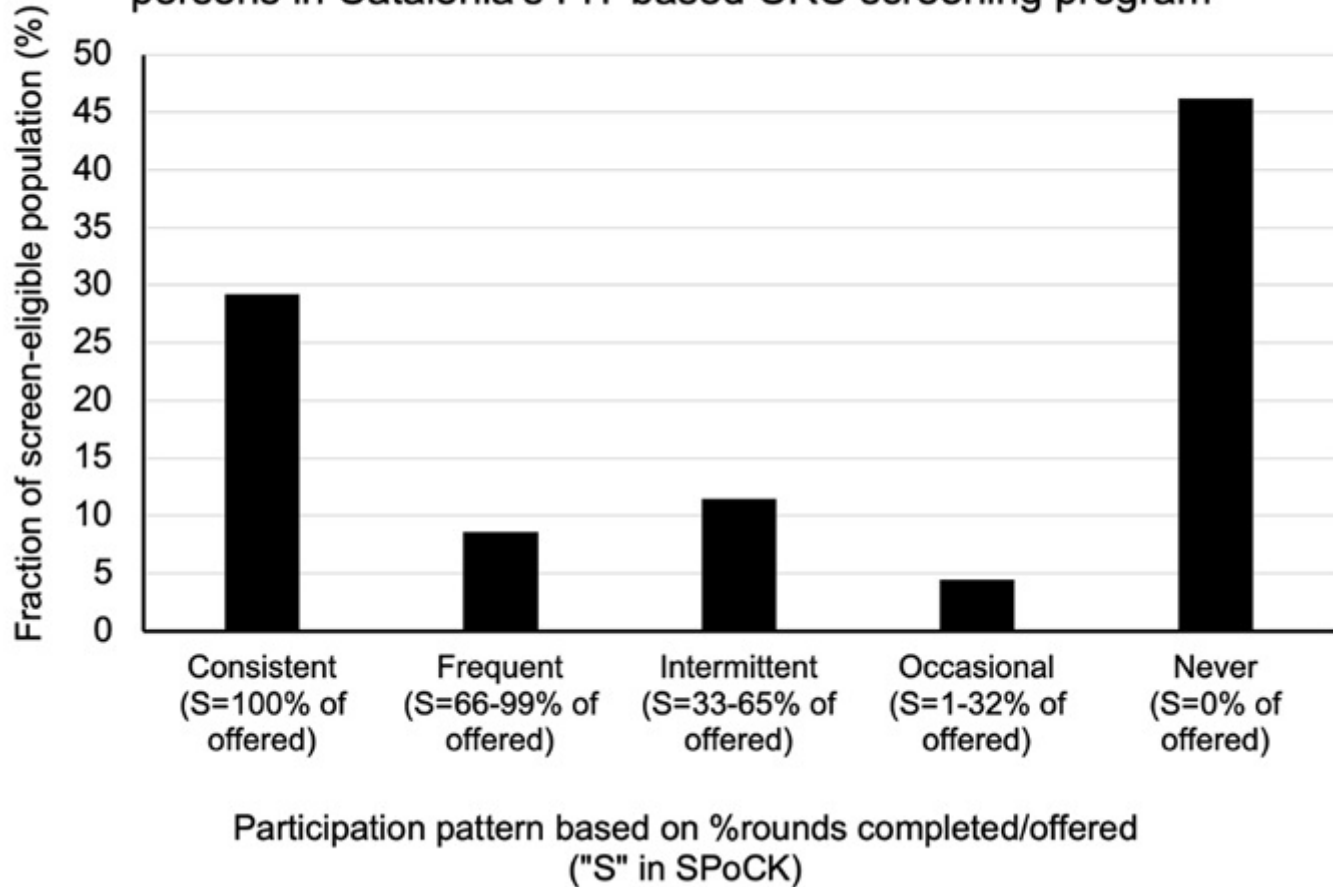
Introduction: Personalized CRC risk-management requires detailed knowledge of a person's screening history. Screening programs typically report global data, obscuring the impact of individual screening history, which is challenging to capture and reflect.

Objectives: To develop and assess the feasibility of determining for each individual a succinct profile that captures screening history and results, in the context of Catalonia's FIT-based CRC screening program.

Methods: Inspired by obstetrics (GPA = gravida/para/abortus), we developed the "SPoC[K] profile" (Screenings/Positives/Colonoscopies/[K]ancer). SPoCK can be implemented in various forms, being the simple (for clinical purposes): e.g. $S_{4/5}P_{1/4}C_{AA} = 4$ FIT completed/5 offered, FIT+ in 1/4 completed, colonoscopy with advanced adenoma [AA]. Feasibility and application: We used the screening program's database to assign each invited person a SPoC profile. K for CRCs detected outside of screening is pending cancer registry linkage. SPoC profiles were aggregated into relevant groups, and used in an analysis of programmatic participation, FIT-positivity and yield.

Results: A SPoC profile was constructed successfully for each of 2,807,582 persons. A total of 23,544 unique SPoC profiles emerged. Based on the S component of SPoC, we determined FIT participation patterns in the program: 29.2% consistent, 8.6% frequent, 11.5% intermittent, 4.5% occasional, and 46.2% never (Figure).

Participation patterns based on SPoCK profiles for all persons in Catalonia's FIT-based CRC screening program



Conclusions: It is feasible to construct SPoC for each individual in a granular database. While the possible SPoCK permutations are many, aggregation into useful groups (e.g. reflecting screening behavior over time) is feasible with simple rules. We believe that simple SPoCK is a useful summary for clinical practice, whereas a more complex SPoCK can facilitate cooperative research and publication of program-level data accounting for standardized screening history (promoting the classic ideal of Star Trek's ever-logical Mr. Spock: "Live long and prosper").