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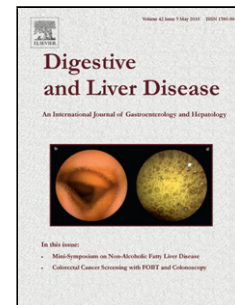
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Screening for colorectal cancer in France: how to improve adhesion and participation?

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Colorectal cancer (CRC) in France **accounts for** about 42 000 new cases and about 18 000 death each year. The major public health issues regarding this important disease in France like in other European countries are thus i) to reduce the mortality related to advanced colorectal cancer and ii) in a second step, to reduce the incidence by removing pre-cancerous colorectal lesions. Until major progresses **are** made in the treatment of advanced colorectal cancer, which probably can be expected in the next 20 years, the main tool for lowering colorectal cancer-related number of deaths is screening. According to a relatively recent analysis, the major survival gain observed during the last 20 years in colorectal cancer patients in **the United States** relies **firstly** on improved screening, secondly on risk factors prevention, and very **little** on advanced colorectal cancer treatment.[1]

What is the situation of CRC screening in France? There are 16 million people at average risk for colorectal cancer, aged 50-74 years (4 % cumulative risk, 1 person **in** 25), which represent the target population for mass screening. This screening has been extended to the whole country in 2009 **taking** advantage of regional structures dedicated to colorectal and breast cancer screening present in every French department and centralizing the results of CRC screening. The 2 cornerstones of this generalized CRC screening are i) the use of the same test for the whole target population, and ii) the central role of the general practitioner in distributing this test based on the demonstration of a 80 %-90 % fulfillment of the test when proposed by the GP as compared to 30 % when directly sent to the target person by mail.[2] The target population are invited every 2-year to perform a fecal occult blood test. Recently, after a strong collective action of the French gastroenterology, endoscopy, and cancerology scientific societies, the French government accepted the switch from **the guaiac**-based to immunological haemoglobin testing as the accepted test for the whole target population. Interestingly, based on several published studies, the French Health Authority (HAS) had recommended this switch since 2008. Finally, the switch was initiated in 2015 and **is** now completely effective in 2016, with the first results expected early **in** 2017.

The **main limitation** of a mass screening campaign is the low participation of invited people. Using the " Hemoccult° test, the final mean participation in the target population was 30 %, far from the European recommended objective of 45 % participation which would allow a 15 % (at least) reduction in CRC mortality. The Fecal

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